Fact sheet 6

# Operationalising and professionalising a single national SHP/UHI Insurance system

## Three major functions

A national SHP institution (Figure 1) must fulfil the three functions of Social Health Protection:

1. universal health insurance for the entire population of the country, a population that contributes according to its means through contributions, except for the poor
2. social assistance that pays UHI membership for the poor
3. the organisation of the exercise of patients' and insured persons' rights to health, to SHP and to citizen participation.

**The diagram refers to the close and complementary relationship between SHP and quality care provision.**

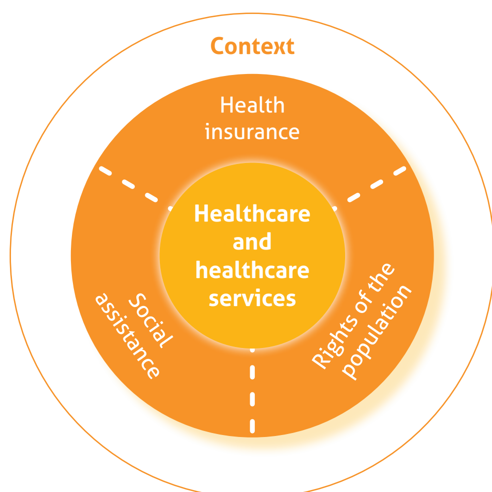


**Figure 1**: Function of a single SHP system in a given country and its close relation with health care provision.

## Organisational obligations of a single SHP/UHI that is close to the population

At the 'operational' level, as singly UHI for the country, must organise operational health insurance units at the level of health districts (for a population of 100,000 to 200,000 inhabitants). These units must meet the following criteria:

1. **Professionalising of the workforce**: Develop technical skills for the implementation of SHP systems and support the professionalisation of the meso level which ensures technical intermediation between the base (citizens) and the central SHP structure. Such an organisation relies on a professional team: economists, sociologists, doctors, ICT experts and accountants are part of a multidisciplinary team and contribute to the realisation of all technical and management functions.

2. **Coordinate with the insurance business units of the same level and with the level above**: Health insurance operational units are multiplying throughout the country according to the same standards and procedures. Local adaptations will always be necessary.

3. **Contracting the health care system**: The operational level of health insurance needs to contract a large number of health facilities spread over a large area to ensure meaningful portability. In practice, this means contracting local health authorities. Between districts, contracts will be uniform, which will allow a high degree of UHI portability (for details, see 'contracting' fact sheet).

4. **Participatory and transparent governance**: A health insurance scheme needs the trust of the population, and the population has a say in the performance of UHI as it contributes financially. This is why community participation bodies need to be organised at every level of the organisation and therefore also at the operational level.

5. **Democratic internal control and audit**: The unit must be accountable on its own initiative and accept internal audits as a sign of trust between the unit and the community.

6. **Awareness raising / awareness of rights related to SHP**: Even if insurance is compulsory, it is important that people are properly informed about their rights and what insurance can do for them.

7. **Defending the rights of the insured**: A complaints management mechanism should enable insured persons to lodge complaints, to be defended and to be represented in relation to the provision of care (for points 4, 5, 6 and 7, see also fact sheet 'Exercising people's rights').

8. **Integration of poor families in the health insurance system**: The system provides for the state to pay 100% of UHI fees for all poor families.

9. **Collect fees**: This must be done by a mechanism and staff in whom the contributors have full confidence.

10. **Actuarial capacity**: Operational units must be capable to calculate the financial viability of the unit and argue with national authorities about difficulties or possible surpluses so that the level of reimbursement is increased or the basket of care covered by the insurance is expanded. They should be able to calculate the cost of additional care and services that the insurance would like to offer to its policyholders.

11. **Control of invoices received from health facilities and their payment**: This should be done within a minimum time (maximum one month) so that the health facilities are reimbursed in time and can buy back their stocks of medicines in time.

12. **Digitisation**: Without digital membership registration, billing, accounting, actuarial calculations or data analysis, UHI cannot work on a large scale. Digitisation also increases transparency in management.

### 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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