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Social Health Protection

A path to fight against inequalities

Every country in the world faces the challenge of protecting its population. But how to set up social protection? Where to start?

Access to health care: A human right

- Access to health care is an internationally recognised human right (Universal Declaration of Human Rights, Art. 22 and 25, SDG 3).
- Health care must be accessible everywhere and it must be financially affordable.
- In all countries of the world but particularly in low-income countries, financial access is a major problem for the majority of the population.
- Generally, the facilitation of financial access to health care is based on a contributory system of health insurance and assistance for the poorest people.
- Universal Health Coverage (UHC) and Social Health Protection contribute significantly to the fight against inequalities and thus strengthen social stability, the credibility of the state and social justice.

A strong and lasting political commitment

Social Health Protection is accessible to low-income countries provided there is a strong and lasting political commitment.

- Social Health Protection requires considerable public financial efforts, but in reality these are profitable investments with a real impact on the health of the population, which thus becomes more productive, and on the reinforcement of democracy and social stability, which are otherwise sources of financial losses.
- Social Health Protection requires the gradual establishment of a national Social Health Protection institution, covering the whole country. This institution must have the technical capacity to incentivise the population to contribute to this system and it must be able to receive, verify and pay invoices for health care services. These technical and organisational aspects are as important as the financing.
- Social Health Protection will not be legitimate in the eyes of beneficiaries if health care is not efficient and of good quality. The state's commitment thus also includes the delivery of health care as close as possible to the population.

A national vision and strategy

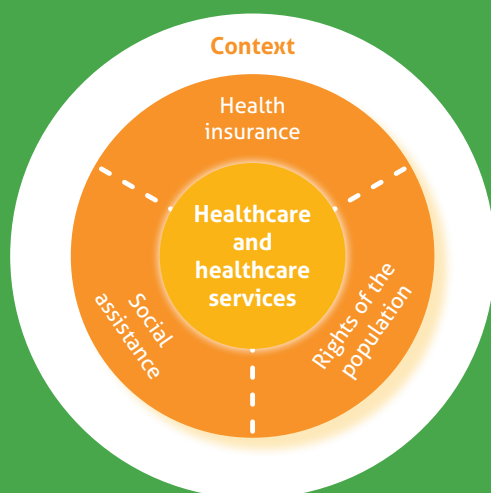


Figure 1: Social Health Protection built around quality healthcare and healthcare services.

The vision

Figure 1 shows aspects and actions for the gradual realisation of Social Health Protection. The model consists of 3 major dimensions: the provision of health care and services (inner circle), Social Health Protection (middle circle, comprising three components) and the sector and country context (outer circle). All three dimensions are critical to achieving universal health coverage and will inevitably require intervention, ideally simultaneously, on all three.

Social Health Protection (middle circle) is built around the provision of quality health care and services (inner circle).

The strategy

A single, multi-level Social Health Protection institute for the country

A national Social Health Protection institute can function if operational units (health insurance offices) are rolled out throughout the country. This is done through an intermediate (usually regional) level, which ensures the functioning of the operational units, but which is, in turn, topped by a national level, which sets the standards, ensures their correct application and provides sustainable funding (Figure 2).

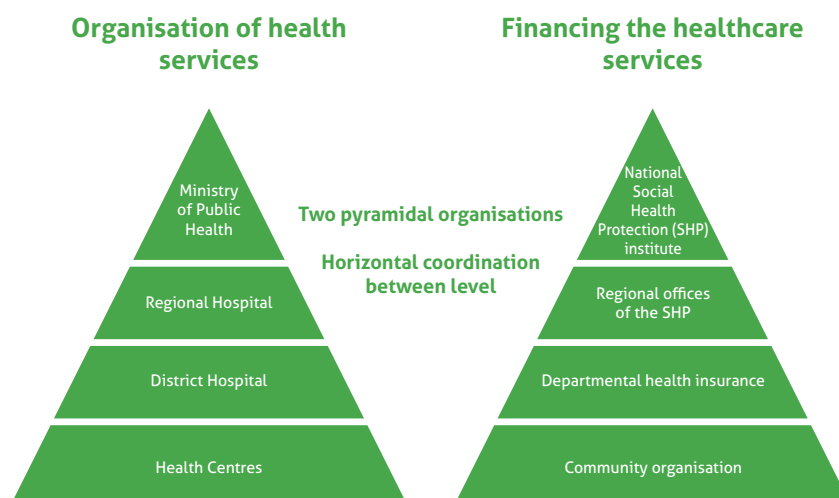


Figure 2: Organisation of a single Social Health Protection institute for the country, scaled to match the health system.

Social mobilisation - community participation

Access to health care is an internationally recognised human right. This means that the whole of society is concerned and must be able to exercise its right. If the state does undertake to create Social Health Protection for the whole of its population by obliging all to

contribute financially, it should also provide for participatory or co-governance bodies.

In principle, the more the population and its local and traditional representatives are involved in the organisation of 'their' social health protection facility, the more they will defend it and thus guarantee the sustainability of the system.

Gradual roll-out

It is impossible for a state to create a national social health protection system in five years, which is why a consistent medium-term political commitment is needed. The system must necessarily be rolled out gradually, both geographically and in terms of the package of care covered by the insurance.

Social Health Protection is broken down into three components:

1. Foresight through health insurance;
2. Poverty management, which allows people living in poverty to have financial access to care through a 100% contribution by the state;
3. Promotion of the rights of people and service users, in particular through community participation and transparent management.

“Investment in efficient Social Health Protection pays off immediately in economic terms. The incomes of the population increase as does its productivity. This means that in the medium term, a committed state that funds Social Health Protection wins rather than loses.”

Social Protection in Health: a way to fight against inequalities

From 10 to 13 May 2022, the Ministry of Public Health, Population and Social Affairs of Niger, in collaboration with the Belgian Development Agency Enabel, the platform of Belgian actors in Global Health (Be-cause health), the World Health Organisation (WHO) and the International Labour Organisation (ILO) organised an international conference on social protection in health in Niamey.

About ten African countries involved in the implementation of a social health protection system (SHP), as well as representatives of governmental organisations, bilateral and multilateral partners, academic institutions and civil society actors participated.

The objective of this meeting was to share experiences on social protection in health and the fight against inequalities, starting from strategic, technical and political options based on critical and cross-analysis of existing initiatives in the participating countries in order to reach a common vision that will create opportunities for more concerted, structural and efficient collaboration in the progress towards Universal Health Coverage.

Scan the QR code to access the video featuring interviews with:

- Ms. Myriam Bacquelaine, Belgian Ambassador to Niger
- Mr. Ouhoumoudou Mahamadou, Prime Minister of Niger
- Mr. Illiassou Idi Mainassara, Minister of Public Health, Niger
- Ms. Blanche Anya, WHO Niger
- Mr. Adam Dramane Batchabi, ILO West Africa
- Ms. Elies Van Belle, Because Health
- Mr. Jean Van Wetter, Managing Director of Enabel



Also available

8 fact sheets describing different aspects of the implementation of social protection in health:

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

Find all the fact sheets on www.enabel.be

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