68TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE

Rome, Italy, 17-20 September 2018

Can people afford to pay for health care? New evidence on financial protection in Europe

Sarah Thomson, Jonathan Cylus, Tamás Evetovits













Everybody needs a strong umbrella

No one should experience

Financial hardship



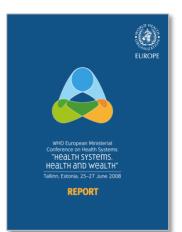
Unmet need

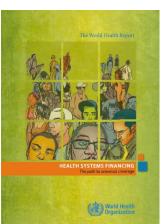


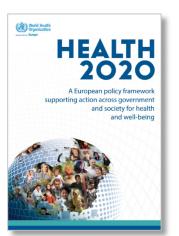
What is financial protection?

The degree to which people are protected from out-of-pocket payments when using health care

A health system goal highlighted in global and regional reports and commitments















Policy-relevant | Action-oriented | Pro-poor



Filling a gap in evidence and relevance



Regional report using an advanced methodology for Europe

Global report | EU & OECD reports | WHO Bulletin





Special theme: health and the Sustainable Development Goals



Health and the Sustainable Development Goals: launch of a theme issue of the Bulletin of the World Health Organization



WHO Director-General Dr Tedros Adhanom Ghebreyesus will launch a theme issue of the Bulletin of the World Health Organization on health and the sustainable development goals.

The launch event will be open to all staff and will include a moderated panel discussion followed by a question and answer session.

Lunch will be provided.

Panellists:

Ilona Kickbusch (Moderator Director of the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva





Maria Nazareth Farani Azevêdo Permanent Representative of Brazil to the UN and other International

Organizations in Geneva and Chair of WHO Executive Board







Special Representative of the World Bank to the United Nations and World Trade Organization in Geneva





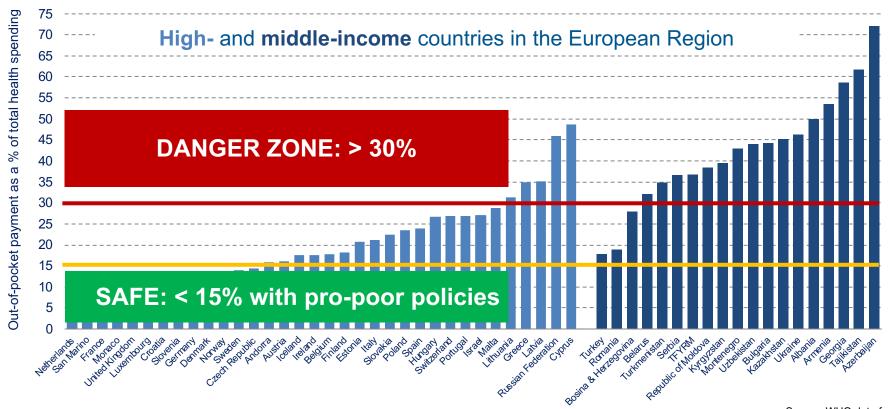
11:30 - 13:00 Friday 31 August 2018 **Executive Board Room**



www.who.int/bulletin

Abstracts in פעט 中文, Français, Русский and Español

Out-of-pocket payments as a % of total spending on health is a good proxy for financial protection



✓ Who experiences financial hardship

✓ What services drive financial hardship

✓ Which coverage policies work

Policy-relevant | Action-oriented | Pro-poor

Regional report based on country-level analysis that goes beyond the numbers





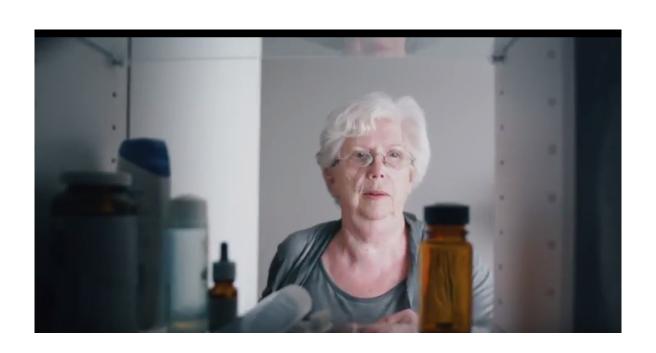






ALB | AUT | CRO | CYP | CZH | DEU | EST | FRA | GEO | GRE | HUN | IRE | KGZ LVA | LTU | NLD | POL | POR | MDA | SVK | SVN | SWE | TUR | UKR | UNK

Lise's story: exempt from co-payments



households

using health services without financial hardship

Can people afford to pay for health care?

all formal & informal out-of-pocket payments

for any health service from prevention to palliative care

Two indicators of financial protection: both use national household budget survey data

Catastrophic out-of-pocket payments:

OOPs that are >40% of

a household's capacity to pay

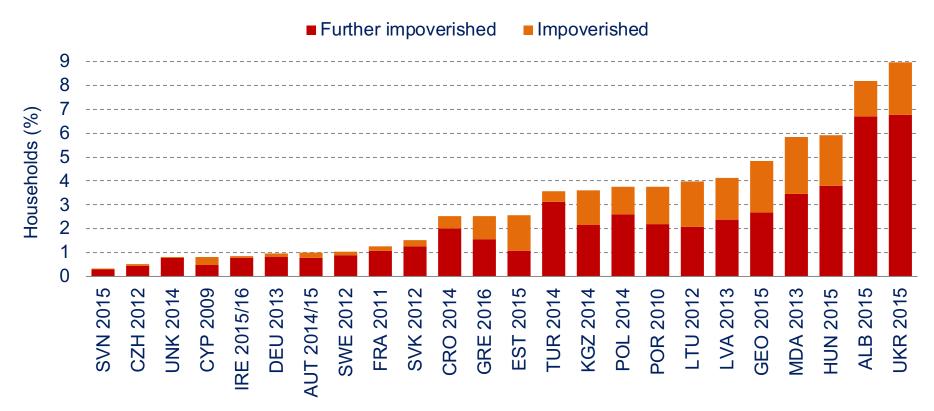
Impoverishing out-of-pocket payments:

push households below the poverty line

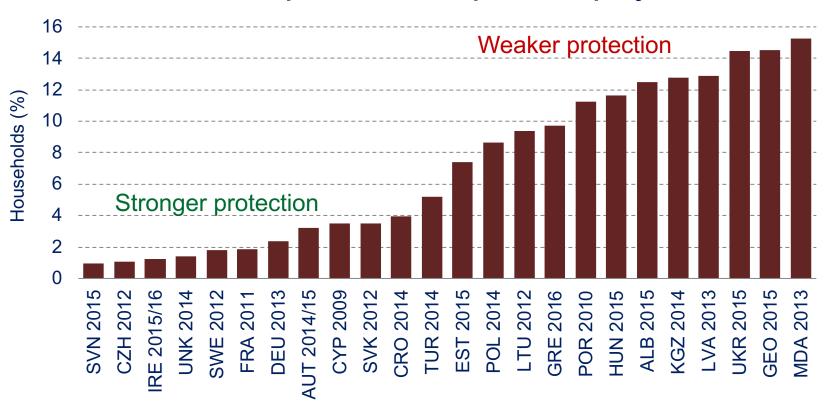
or further below it

What do the numbers tell us?

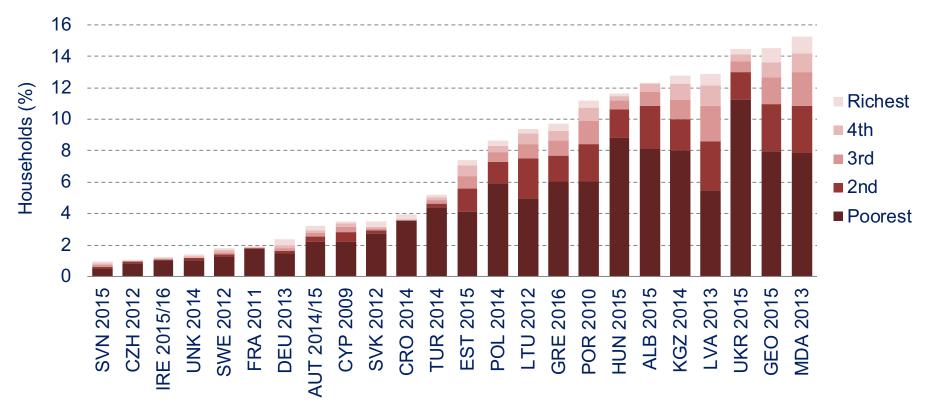
How many households are impoverished after out-of-pocket payments



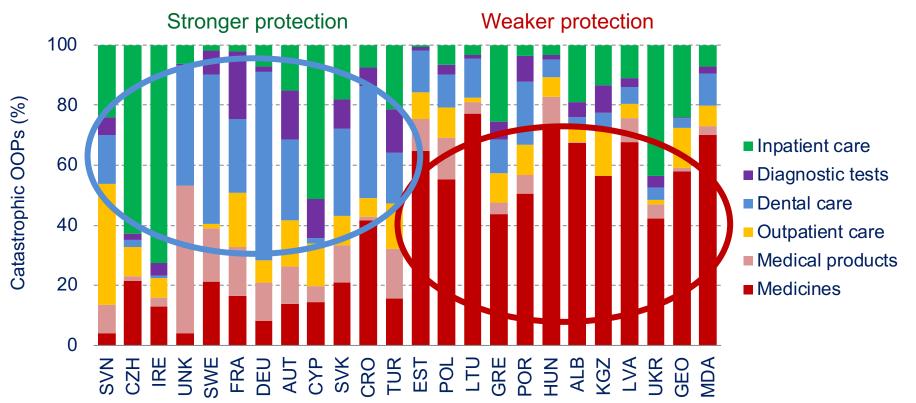
How many households experience catastrophic out-of-pocket payments



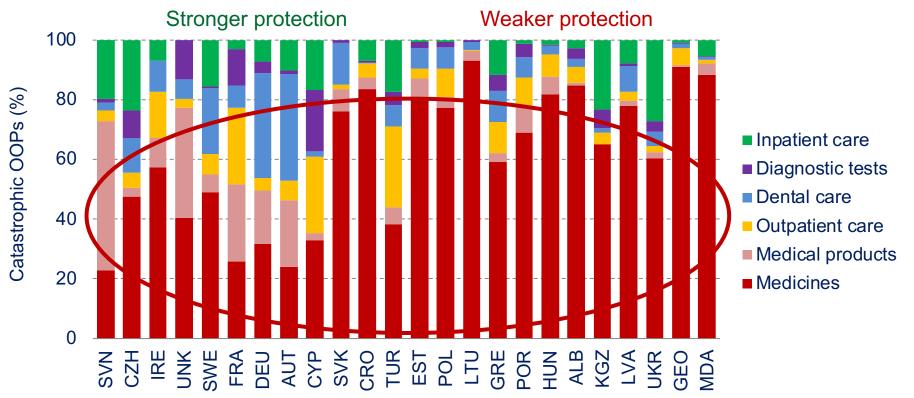
Who experiences catastrophic health spending: poor people suffer the most



Which health services are responsible for catastrophic spending among all households



Which health services are responsible for catastrophic spending among poor households

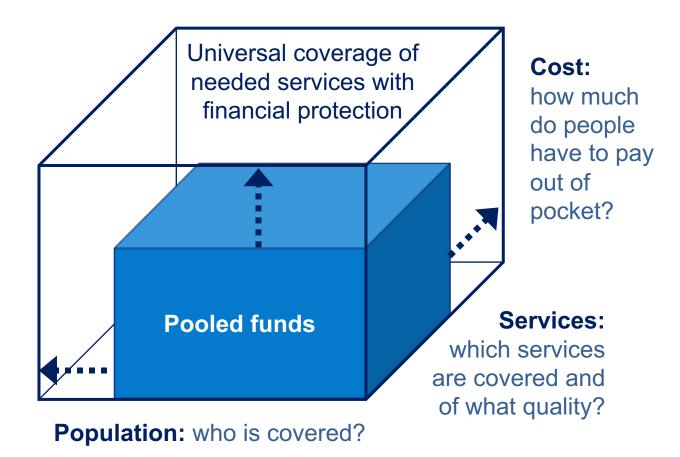


Financial protection is stronger where out-of-pocket payments are low as a share of total spending on health



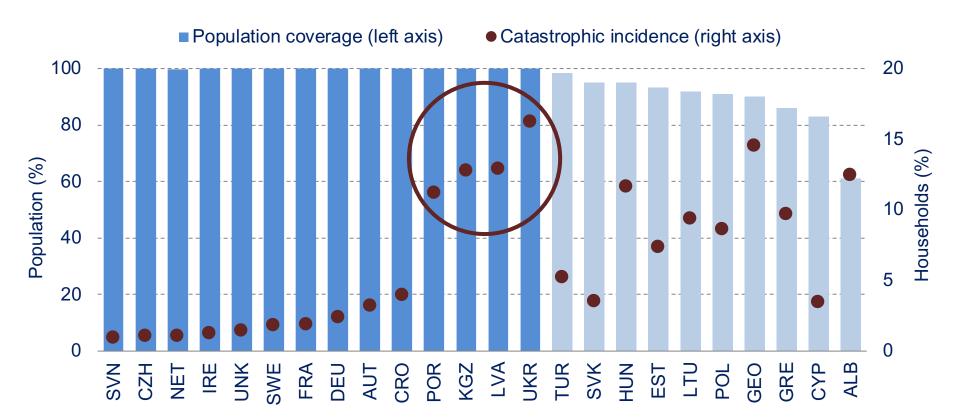
Out-of-pocket payments as a share of total spending on health (%)

Coverage policy is the primary mechanism through which people are exposed to out-of-pocket payments



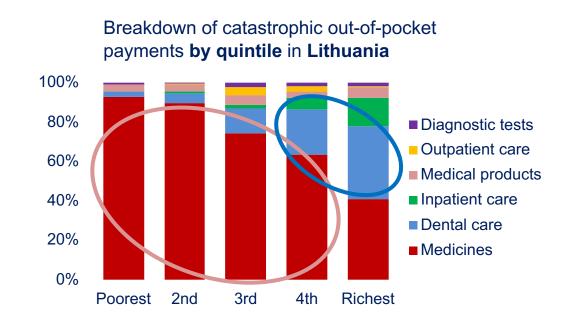
What's the story behind the numbers?

Population coverage is a prerequisite for financial protection – but not a guarantee



Gaps in **service coverage** can lead to financial hardship for the rich and unmet need for the poor

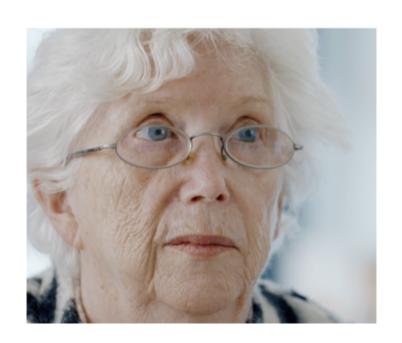
Everyone
uses
outpatient
medicines –
but the poor
suffer the
most



Poor people are not using dental care – unmet need for dental care is nine times higher among poor people

This pattern is even more likely to occur when preventive services are not fully covered

User charges shift the burden of paying for health care onto those least able to afford it



Lise experiences financial hardship because she has to pay out of pocket for medicines to treat her diabetes and heart disease

Countries can improve financial protection by carefully redesigning co-payment policy

STRONG

- ✓ exemptions
- ✓ protective caps
- ✓ low fixed co-payments

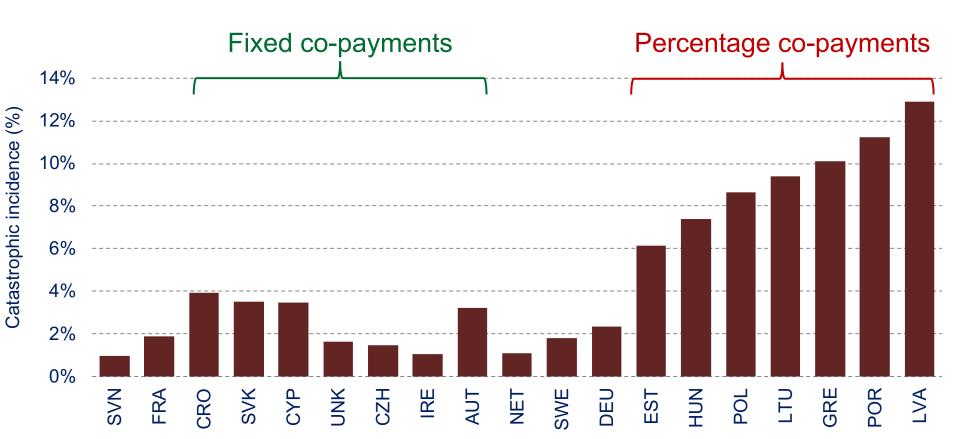
protects against system failures

WEAK

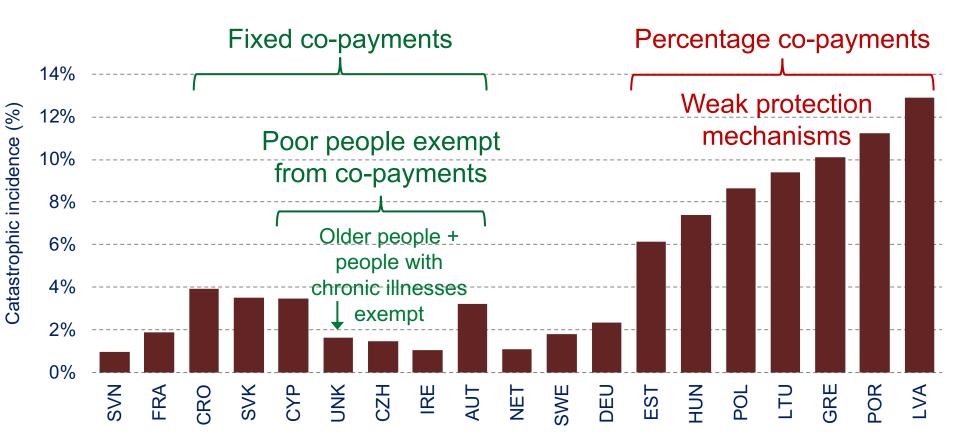
- x no exemptions
- x no caps
- x percentage co-payments

people pay for system failures

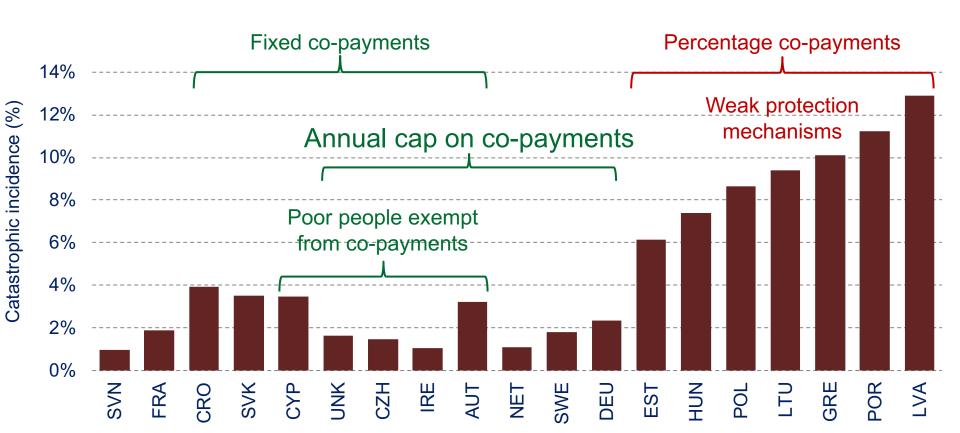
1. Percentage co-payments have disadvantages– especially for medicines



2. Exemptions protect those who need it most



3. Caps protect everyone



Simple & people-centred co-payment design works best for everyone

1
Replace
percentage
co-payments
with low fixed
co-payments

Exempt poor people and regular service users

3
Cap all
co-payments
per person

The numbers tell us: protect poor people and improve coverage of medicines

The stories behind the numbers reveal a wealth of good practice in Europe

But this is not yet widely applied



To improve financial protection put people first

