

Global Social Protection Week

Achieving SDG 1.3 and Universal Social Protection (USP2030) in the Context of the Future of Work

Stream 1

Achieving universal social protection, covering the uncovered and reducing inequalities

Technical session 1.2

Extending social health protection and achieving universal health coverage

Wednesday, 27 November 2019

14:00pm – 15:15pm

BACKGROUND

Reaching universal health coverage is a central objective of social protection systems. Universal health coverage is a stepping stone to realize both the right to health and the right to social security.¹ The United Nation General Assembly Resolution on Global health and foreign policy adopted in 2012 underlines “the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, including nationally determined social protection floors”.² Effective access to quality health care, including maternity care, and financial protection in case of sickness are at the heart of International Labour Standards,³ and are highlighted as the first guarantee of social protection floors as part of comprehensive social protection systems.⁴ This systemic approach aims at addressing the multiple dimensions of financial protection in case of illness, encompassing direct health and non-health costs as well as income loss due to sickness. It also calls for institutional coordination, indispensable to effectively address key determinants of health,⁵ including in the workplace.⁶

Social health protection designates a series of public or publicly organized and mandated private measures against social distress and economic loss caused by the reduction of productivity, stoppage or reduction of earnings, or the cost of necessary treatment that can result from ill health. The ILO’s ultimate objective in the field of social health protection is to achieve universal access to affordable health care of adequate quality and financial protection in case of sickness. The lack of affordable quality health care and income security in case of sickness for the majority of the world’s population

¹ Universal Declaration of Human Rights, article 25 and *Committee on the Economic, Social and Cultural Rights, General Comment 19*.

² A/RES/67/81.

³ In particular the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Medical Care and Sickness Benefits Convention, 1969 (No. 130).

⁴ Social Protection Floors Recommendation, 2012 (No. 202).

⁵ WHO. 2012. Social Protection: Shared interests in vulnerability reduction and development. Social Determinants of Health Sectoral Briefing Series 4. Available at:

https://apps.who.int/iris/bitstream/handle/10665/44876/9789241503655_eng.pdf?sequence=1

⁶ Employment Conditions Knowledge Network (EMCONET). 2007. Employment Conditions and Health Inequalities. Final Report to the WHO Commission on Social Determinants of Health (CSDH). Available at: https://www.who.int/social_determinants/resources/articles/emconet_who_report.pdf

constitutes an important poverty risk, leaving the most vulnerable behind. Each year 100 million people slide into poverty after paying for medical care and 800 million people spend at least 10 percent of their household budgets to pay for health care. This situation is due to insufficient or absent social health protection coverage, which affects more prominently the poor.

Social health protection contributes to overcome barriers of access to health care and financial distress resulting from sickness, and thus contributes to the realization of the human rights to health and social security. The need for social health protection is further put forward by the concept of universal health coverage which underlines the importance of financial protection and effective access to health care services. With a view to achieve SDG target 3.8 by 2030, a number of countries are strengthening their efforts to ensure that social health protection is a right enjoyed by all. In doing so, they are often confronted with highly fragmented systems of coverage, financing and delivery, which in turn impact equity.

This session will bring together a diversity of country experiences illustrating the various paths towards integrated social health protection coverage. The panellists will provide insights on the pathways they have used in reducing fragmentation, notably through: i) the creation of national systems based on a single risk pool; ii) the merge of several social health protection institutions and schemes; and iii) the integration of programmes that are usually vertically funded and implemented into national social health protection schemes. The discussion will revolve around the key factors of success and the impact of integration on equity in access and financial protection.

OBJECTIVES

Organized in the context of the Global Social Protection Week as part ILO Centenary celebrations, this technical session has the following objectives:

- To provide an overview of the various pathways towards integrated social health protection systems.
- To discuss its impact on equity in access to health care and financial protection against medical expenses.
- To highlight challenges and key factors of success to foster integration of social health protection schemes.

FORMAT

This technical session will consist of a moderated discussion, where the moderator will ask two (or three rounds of questions) to the panel members. The panel members will not be required to deliver any power point presentation.

MODERATOR AND PANELLISTS

Moderator: **Dramane Batchabi**, Social Protection Specialist, DWT-Yaoundé, ILO

- **Fiorella Molinelli Aristondo**, Presidenta Ejecutiva, Seguro Social de Salud EsSalud, Peru
- **Zoé Robledo Aburto** – Director General del Instituto Mexicano de Seguridad Social, Mexico (tbc)
- **Dr Le Van Kham**, Director of the Health Insurance Department, Ministry of Health, Vietnam
- **Benjamin Kusi, Director**, Membership and Regional Operations, National Health Insurance Authority (NHIA), Ghana
- **Dr Agnes Soucat**, Director, Health Governance and Financing Department, WHO (tbc)
- **Elke Kasmann**, Senior Advisor, Social Protection, GIZ