Social Health Security Program
(Health Insurance)

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Social Health Security Development Committee
Government of Nepal
Social Health Security Program (Health Insurance)

Government program based on comprehensive social contributory scheme with subsidy to the poor and universal Health Coverage.

Objective:

- To ensure access to quality health service (equity & equality).
- To protect from financial hardship and reduce out-of-pocket payments.
Risk & Contribution Pooling

From Low Risk to High Risk

(जोखिम आदान प्रदान)

From Rich to Poor

(समानताका आदान प्रदान)

From Productive to non-productive age group

Low Risk

High Risk

Low Risk

High Risk

Rich

Poor

Rich

Poor

Productive age

Less-productive
Features of Health Insurance in Nepal

- Contributory/Family Based
- Subsidy to Poor
- Purchaser and Provider Split
- Cash-less (Upper Cap)
- Public and Private Providers
- IT based (IMIS)
Regulating/Coordinating Mechanism

Social Health Security Development Committee

Chair- Secretary of Health
Member- DG DoHS
Member- Joint Secretary (MoF)
Member- Joint Secretary (MoH)
Members- Health financing (2)
Member-Secretary- Executive Director

Provincial Social Health Security Coordination Committee

Chair- Chief Local Level
Member- Admin chief Local Level
Member- Health sector Chief Local L
Member- Edu sector Chief Local L
Members- Rep from service provider
Members- Rep From Civil society
Member-Secretary- Enrollment Official

Local Level Social Health Security Coordination Committee

Chair- Chief Local Level
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Members- Rep from service provider
Members- Rep From Civil society
Member-Secretary- Enrollment Official

Coordinating role: 1) in promotion of health services quality and access.
2) in promotion of Enrollment (membership) in Health insurance.
Implementing Institution

Social Health Security Development Committee
Central Office

Social Health Security Development Committee
Provincial branch

Enrollment Officials=1/4GP/2NP
Enrollment Assistants =1/Ward
Enrollment

- People from all ages
- Family as a Unit
- Voluntary
- By Enrollment Assistant (EA), 1/ward, incentivised.

Selection Committee at Ward Level
Coordinator - Ward Chair
Member - Ward Secretary
Member Secretary – Health institution in charge

Subsidy to Ultra poor, poor and marginalized group 100%, 75%, & 50% respectively by Government based on Poverty Card

Premium

Rs 2500/member/year
Rs 425 /added mem/year
Enrollment Process (EA)

Premium
Rs 2500/member/year
Rs 425/added mem/year
Health Care services
(Benefit Package)

1) Free Drugs
2) Free care services.
3) Targeted free care service

Negative List
1) Cosmetic surgery
2) Abortion
3) Equipment like artificial organ, reading glass not more than 500 once in a year, hearing machining
4) Artificial insemination services, organ transformation, Sex transformation etc.
5) Injuries treatment cost due to personal warfare
6) Accident related treatment due to alcoholic and drug use
7) In the case of dental treatment, modern dental implant, root canalling, etc.

Rs 50,000/year/5 member
Rs 10,000/added member/yr maximum Rs 100,000
Service Utilization Process
(First Service Point, Referral, Emergency)

1. PHCC, Hospitals (Public, community, Private, etc.)
2. Contract based on similar Service cost for all health institution (Per visit cost, Case based, Fee for service)
Social Health security (health Insurance ) Program

1-Kailali ,Ilam,Baglung,Kaski,Myagdi,Palpa,Acham,Baitadi Tanahu,Chitwan,Bhaktpur, Jumla Gorkha, Makwanpur, Jajarkot,  
2-Rolpa,,Jhapa,,Sunsari,Solu, Sindhuli,Surkhet, Berdiya,,  
3-Rauthot,Mahottari,Parsa  
4-Bajhang,Bajura,Humla,Kalikot,Mugu,Dolpa,Rukum,Arghakhachi, Kapilbastu,Puthan,Ramechap,Siraha,Bhojpur,Khotang
Gender Based Membership / service utilized (As of end of Ashad 2074)

- Membership: Male 47, Female 53
- Service Utilisation: Male 43, Female 57
Present situation

Implemented in 15 Districts/38 Target.
5% of Population enrolled.

- **Insurees/Service utilized**: 238344
  - 80000 (33.6%)

- **Premium/Claim reimbursed**: 142425000
  - 50300000 (35.3%)
Financial Management

**Income:**

1. Government Budget
2. Premium from Membership
3. Technical Assistance from EDPs
   (KOICA, GIZ, Save The Children, WB, WHO, H4L, SABAL/USAID)

**Expenditure:**

1. Incentives to Enrollment Assistants
2. Reimbursement to service provides
3. Program Implementation/Promotion activities
4. Administrative cost

100 % Beruju Clearance
Governance

1. Balance Inquiry
   By Scanning ID card – EA, at Health Institution.
   By Mobile SMS of used services cost.

2. Web-site www.shs.gov.np
   www.shs.gov.np/dashboard

3. Toll Free No. 16600111224

4. Complaint Handling: Any complain regarding Health insurance will be addressed by Focal Person at Health institution, Enrollment Officials, Enrollment Assistant, SHSDC offices.

5. Other Formal and Informal mechanism
Challenges

➢ Enrollment
   ❖ Voluntary
   ❖ Poverty Card implementation
   ❖ Coverage =5%
   ❖ Target  2017--20%,
     2020--50%,
     2030—100%

➢ Health services
   ❖ Availability
   ❖ Continuity
   ❖ Increase Access
   ❖ Quality-- clinical quality
     -- quality care

Opportunities

➢ Health Insurance Act 2074
   (Discussion in Parliamentarian Committee WCSCSWC)
   ❖ Mandatory enrollment for Formal and Informal sectors.(Premium based on progressive taxation).

➢ Policy
   ❖ Premium Rs 5000/5 mem/yr.
  受益 Package Rs 1,00,000/yr
   ❖ Complementary Package
     Rs 20,000/Rs 200,000
   ❖ Government Subsidy to poor
Thank You