



Social Health Security Program

(Health Insurance)



Government of Nepal

Dr Guna Raj Lohani
Executive Director

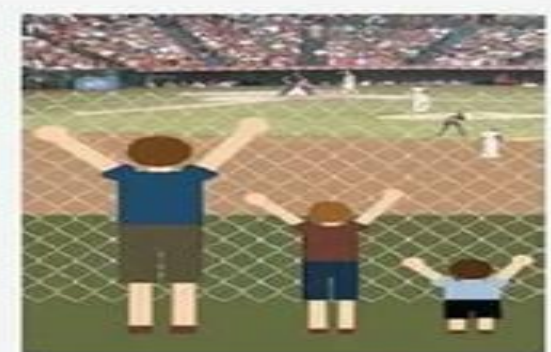
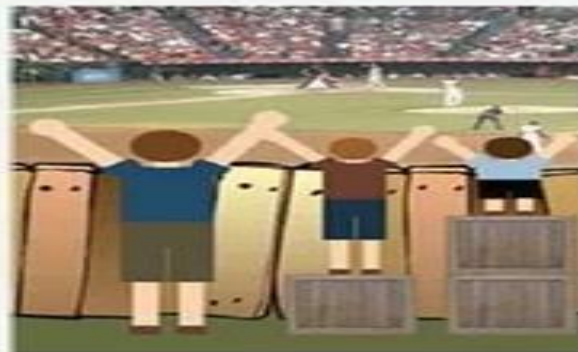


Social Health Security Program (Health Insurance)

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



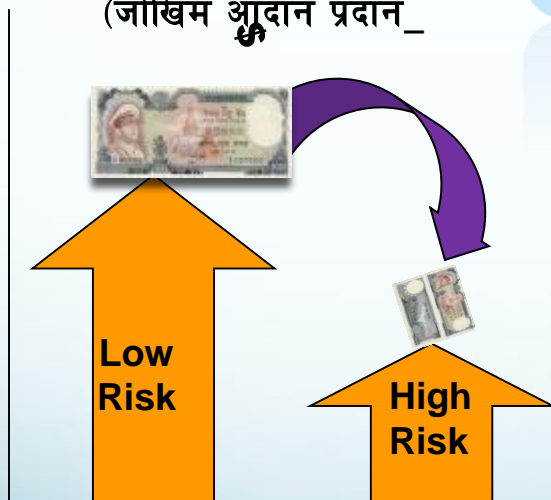


Risk & Contribution Pooling



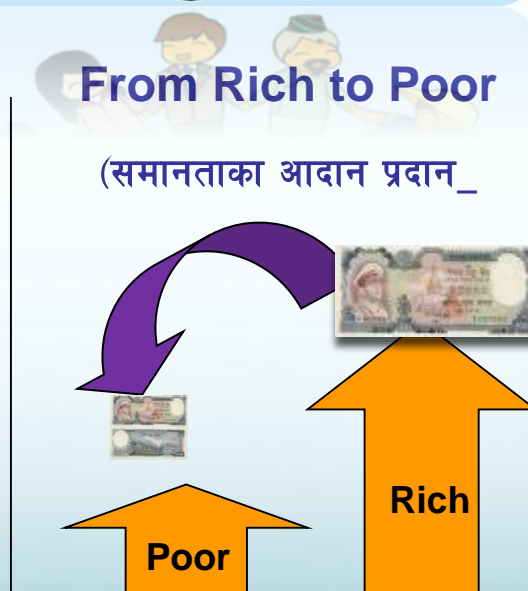
From Low Risk to High Risk

(जोखिम आदान प्रदान_)

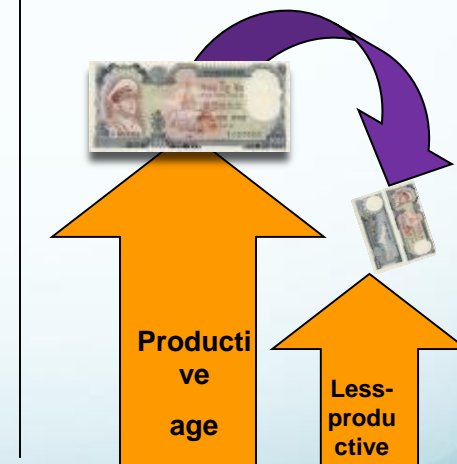


From Rich to Poor

(समानताका आदान प्रदान_)



From Productive to non-productive age group

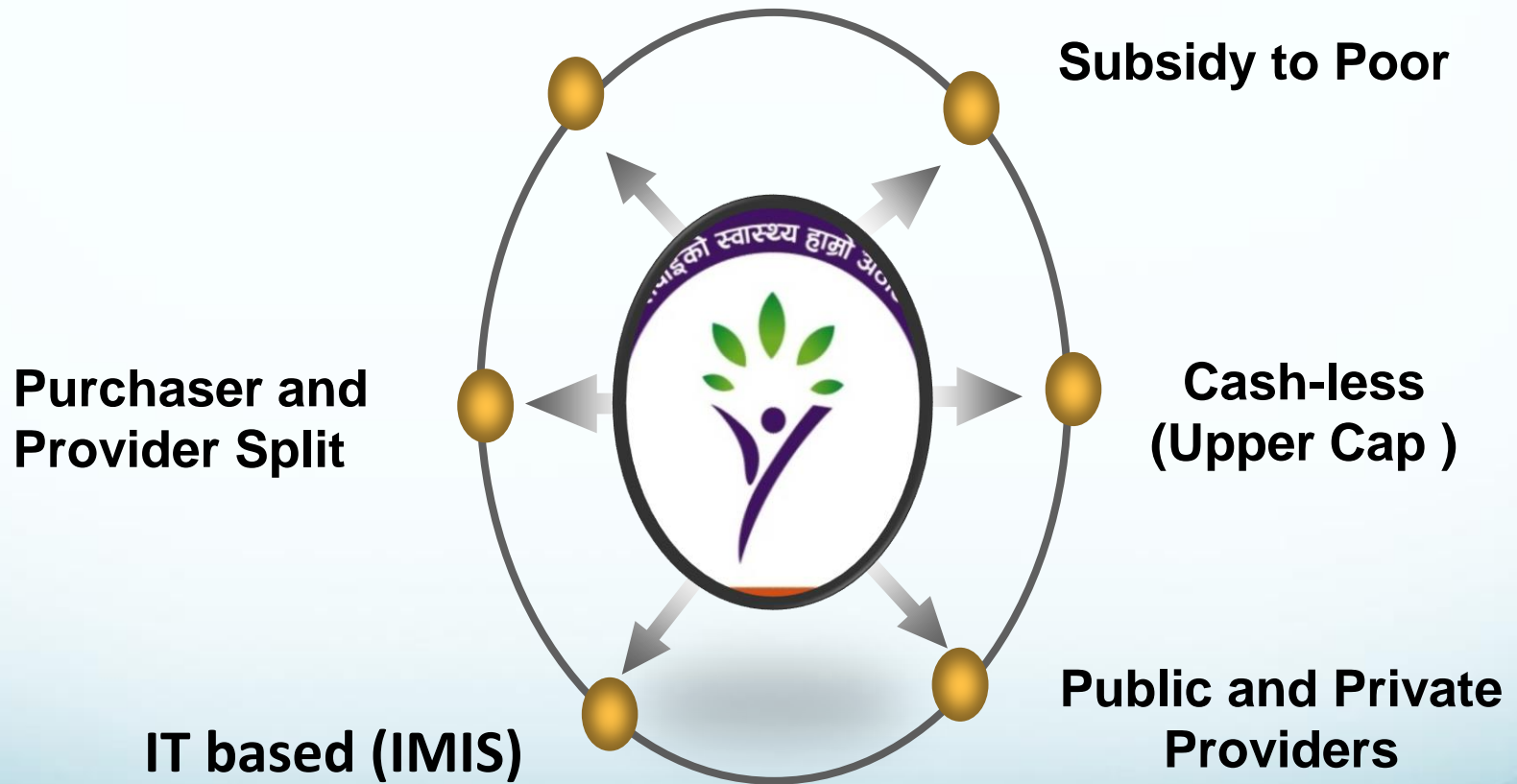




Features of Health Insurance in Nepal



Contributory/Family Based





Regulating/Coordinating Mechanism

Social Health Security Development Committee

Provincial Social Health Security Coordination Committee

Local Level Social Health Security Coordination Committee

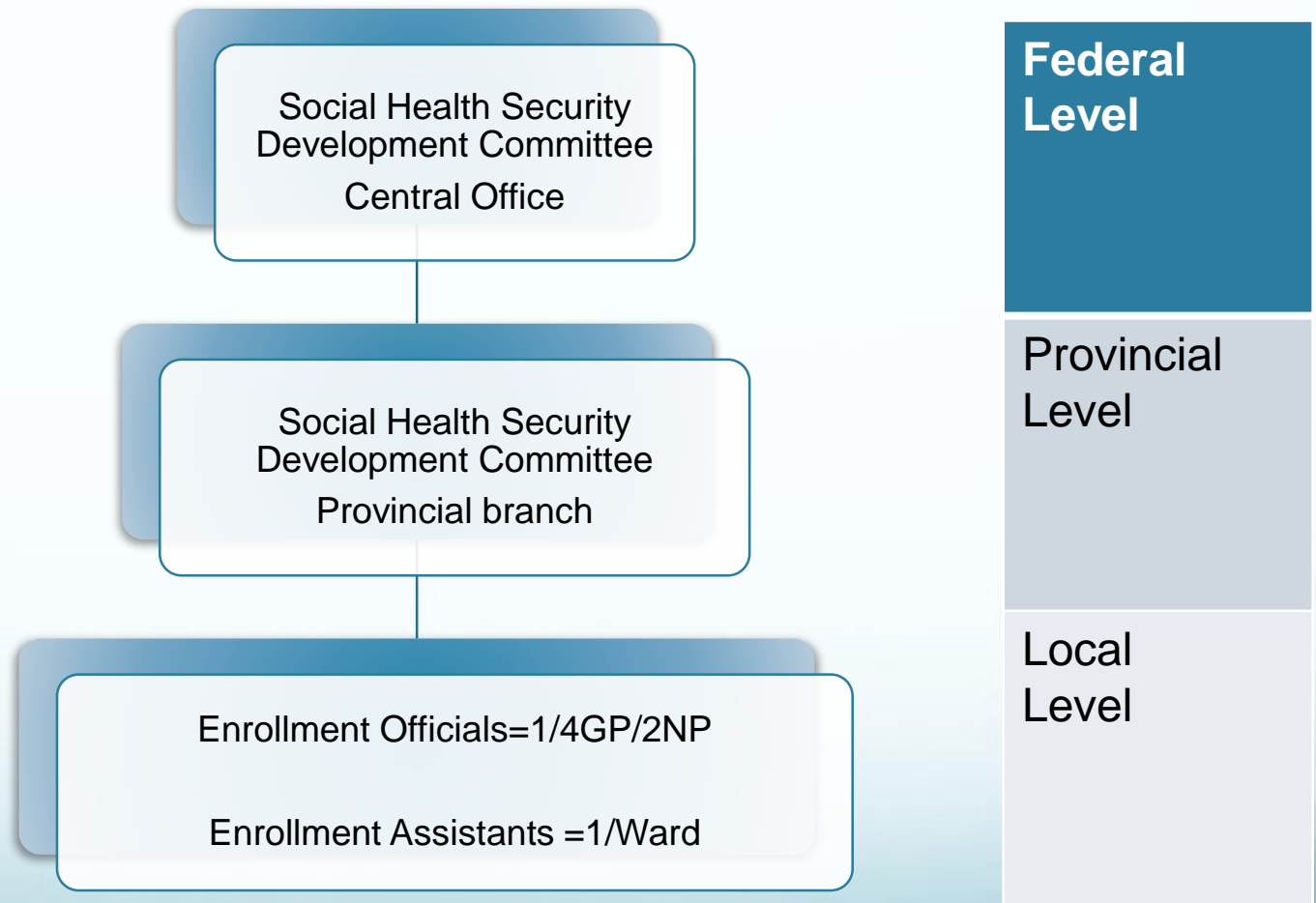
Chair- Secretary of Health
Member- DG DoHS
Member- Joint Secretary (MoF)
Member- Joint Secretary (MoH)
Members- Health financing (2)
Member-Secretary- Executive Director

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

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



Implementing Institution





Enrollment

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

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

Selection Committee at Ward Level

Coordinator - Ward Chair

Member - Ward Secretary

Member Secretary –Health institution in charge



Premium



Rs 2500/member/year

Rs 425 /added mem/year



Rs 425 /added mem/year

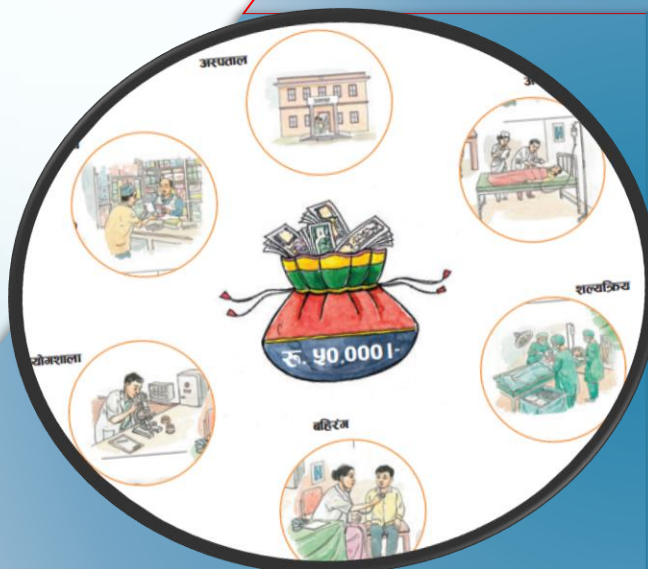


Health Care services (Benefit Package)

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



Rs 50,000/year/5 member
Rs 10,000/added member/yr
maximum Rs 100,000

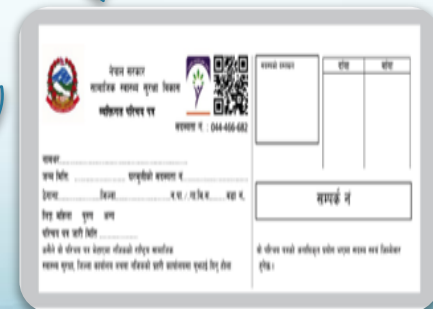


Negative List

- 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 canal, etc.

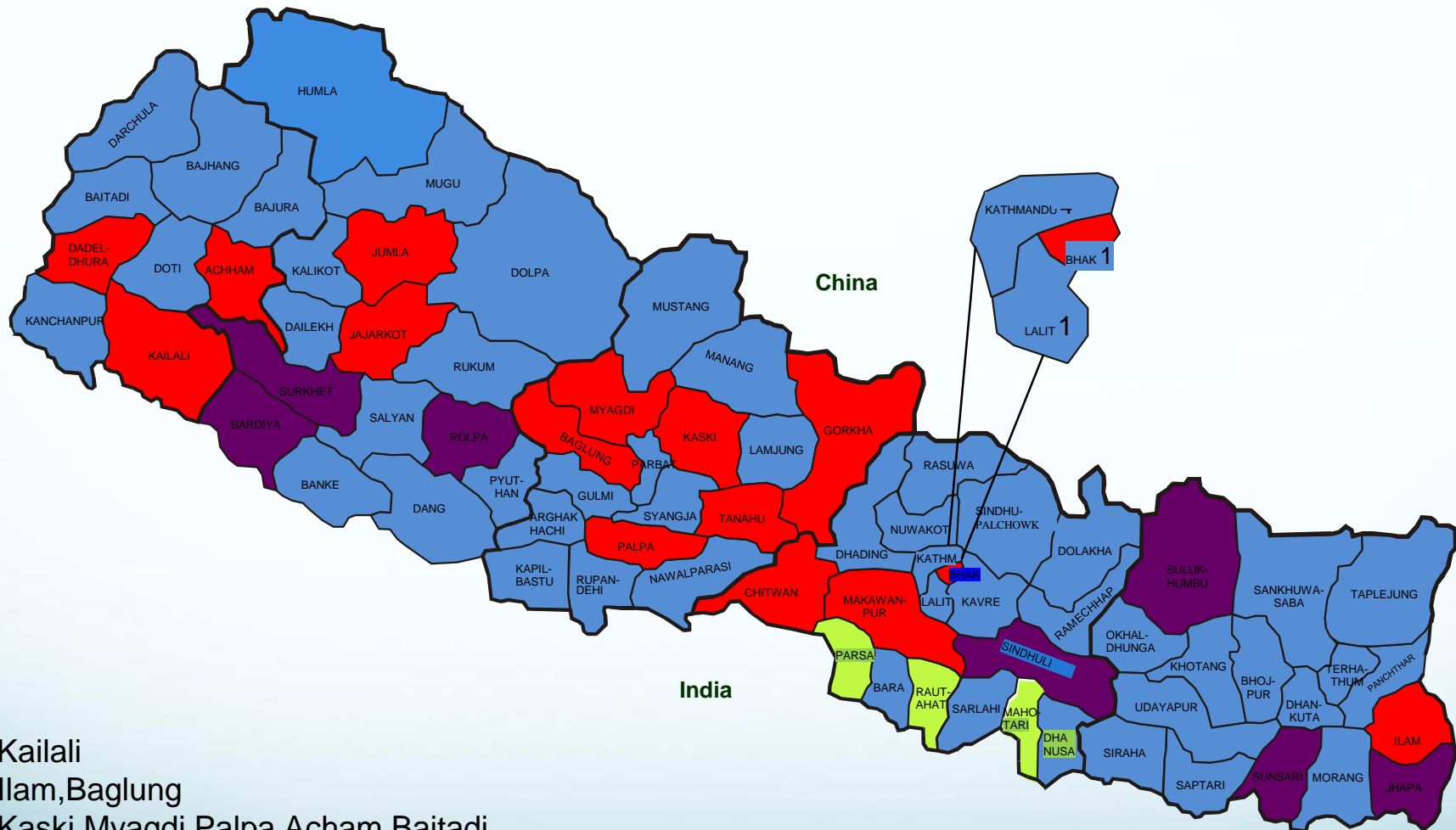


1. PHCC, Hospitals (Public, community, Private, etc.)
2. Contract based on similar Service cost for all health institution (Per visit cost, Case based, Fee for service)





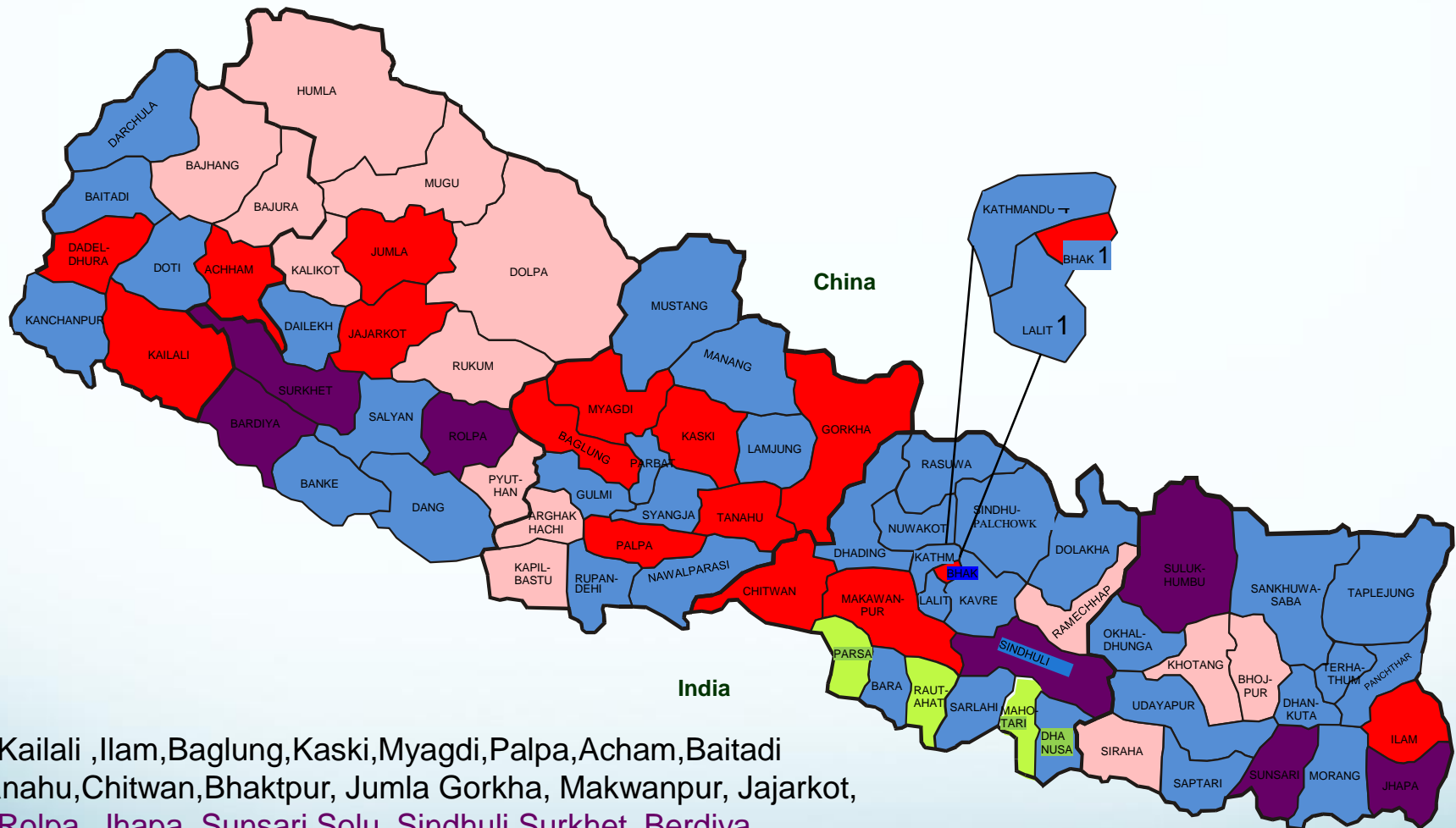
Social Health security (health Insurance) Program



- 1-Kailali
- 2-Ilam, Baglung
- 3-Kaski, Myagdi, Palpa, Acham, Baitadi
- 4-, Tanahun, Chitwan, Bhaktapur, Jumla, Gorkha, Makwanpur, Jajarkot,
- 6-Rolpa,, Jhapa,, Sunsari, Solu, Sindhuli, Surkhet, Berdiya,,
- 7-Rauthot, Mahottari, Parsa



Social Health security (health Insurance) Program



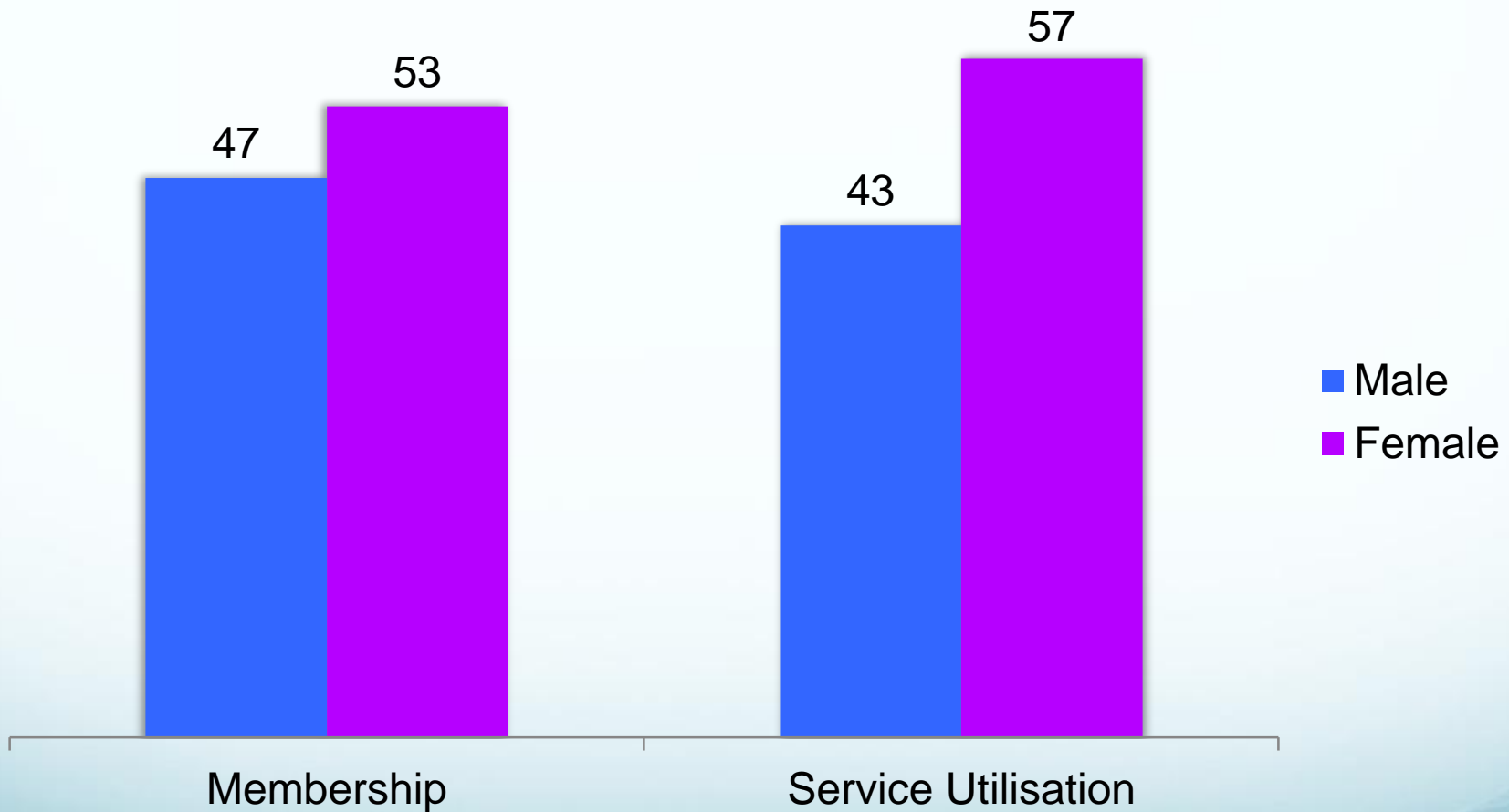
- 1-Kailali ,Ilam,Baglung,Kaski,Myagdi,Palpa,Acham,Baitadi
Tanahu,Chitwan,Bhaktpur, Jumla Gorkha, Makwanpur, Jajarkot,
2-Rolpa,,Jhapa,,Sunsari,Solu, Sindhuli,Surkhet, Berdiya,,
3-Rauthot,Mahottari,Parsa
4-Bajhang,Bajura,Humla,Kalikot,Mugu,Dolpa,Rukum,Arghakhachi,
Kapilbastu,Puthan,Ramechap,Siraha,Bhojpur,Khotang



Gender Based

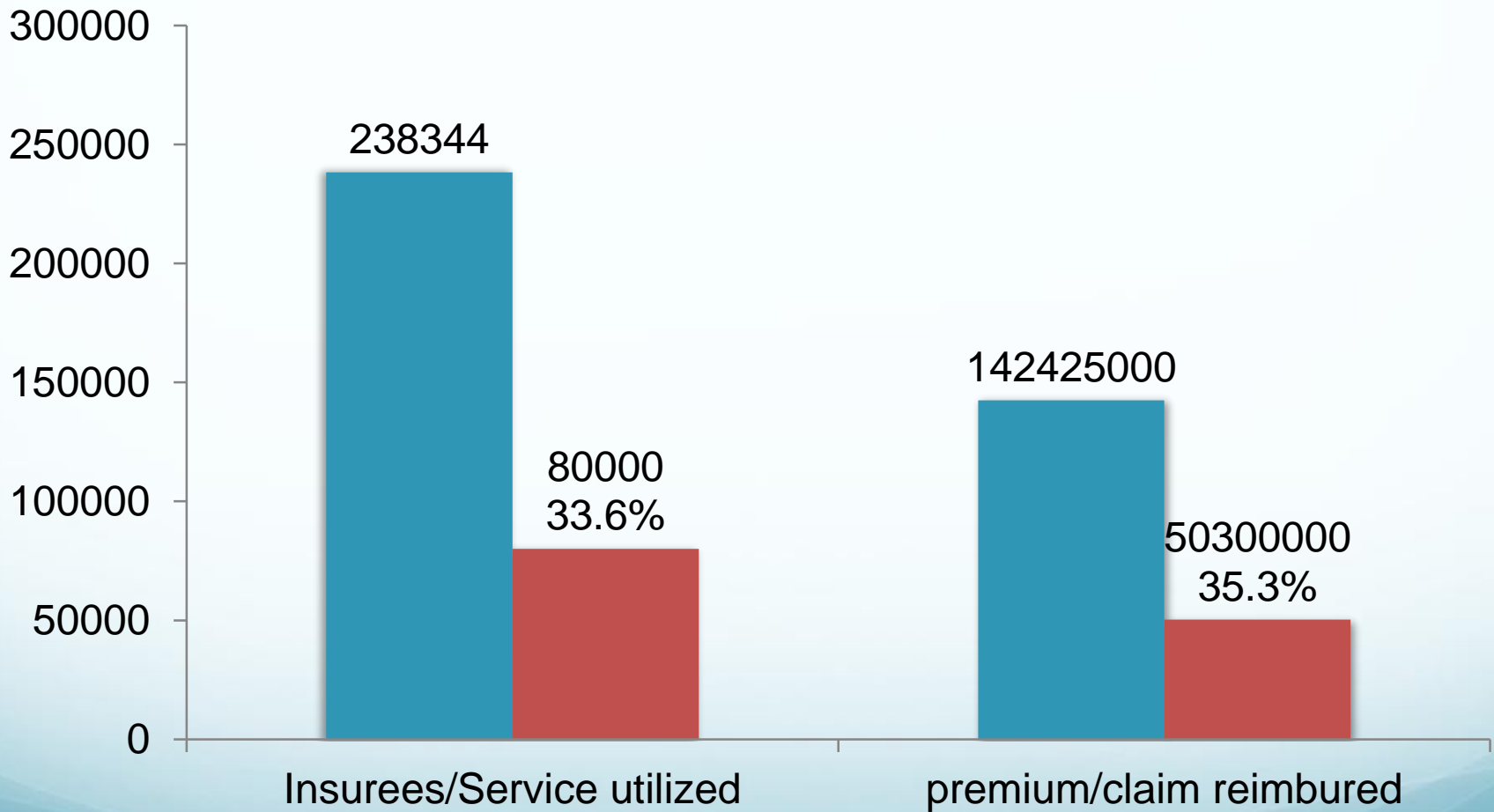
Membership / service utilized

(As of end of Ashad 2074)



Present situation

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





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

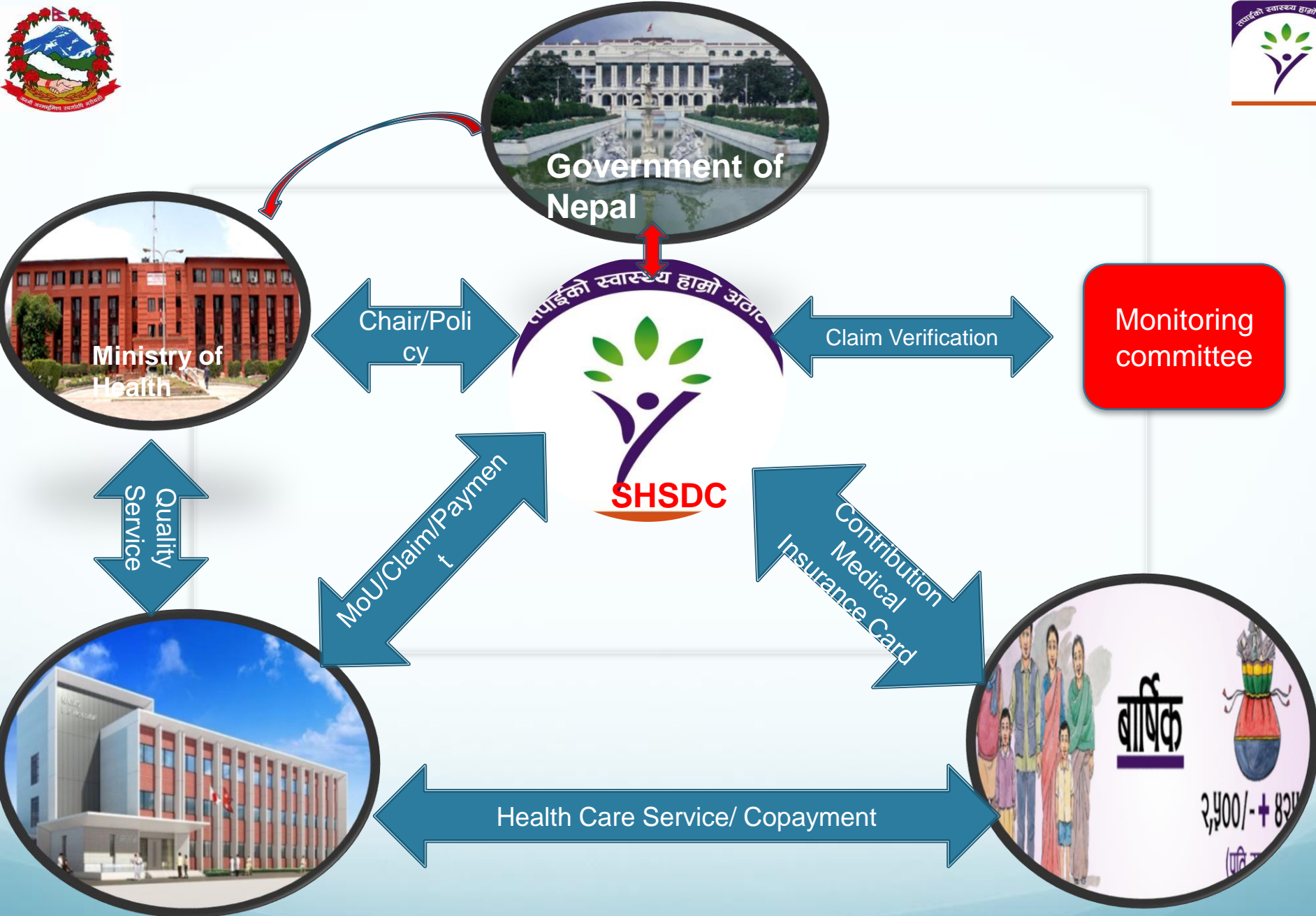
➤ Health Insurance Act 2074

(Discussion in Parliamentary Committee WCSCSWC)

- ❖ Mandatory enrollment for Formal and Informal sectors.(Premium based on progressive taxation).

➤ Policy

- ❖ Premium Rs 5000/5 mem/yr.
Benefit Package Rs 1,00,000/yr
- ❖ Complementary Package
Rs 20,000/Rs 200,000
- ❖ Government Subsidy to poor





Thank You



9/24/2017