

Should Public Health Programs be Integrated into National Health Insurance?

The Case of Immunization

Panelists



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Overview

Cheryl Cashin, Ph.D.
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December 9, 2020

Universal Health Coverage (UHC)

What is the goal?

- In 2015, 193 United Nations Member States committed to an ambitious set of 17 “Sustainable Development Goals” (SDGs) by 2030.
- The right to health – SDG3: “Ensure healthy lives and promote well-being for all at all ages”
- UHC is embodied in the 8th Target of SDG3:
 - 1) Coverage of essential services (including immunization), and
 - 2) Financial risk protection from the incurrence of economically burdensome health costs.

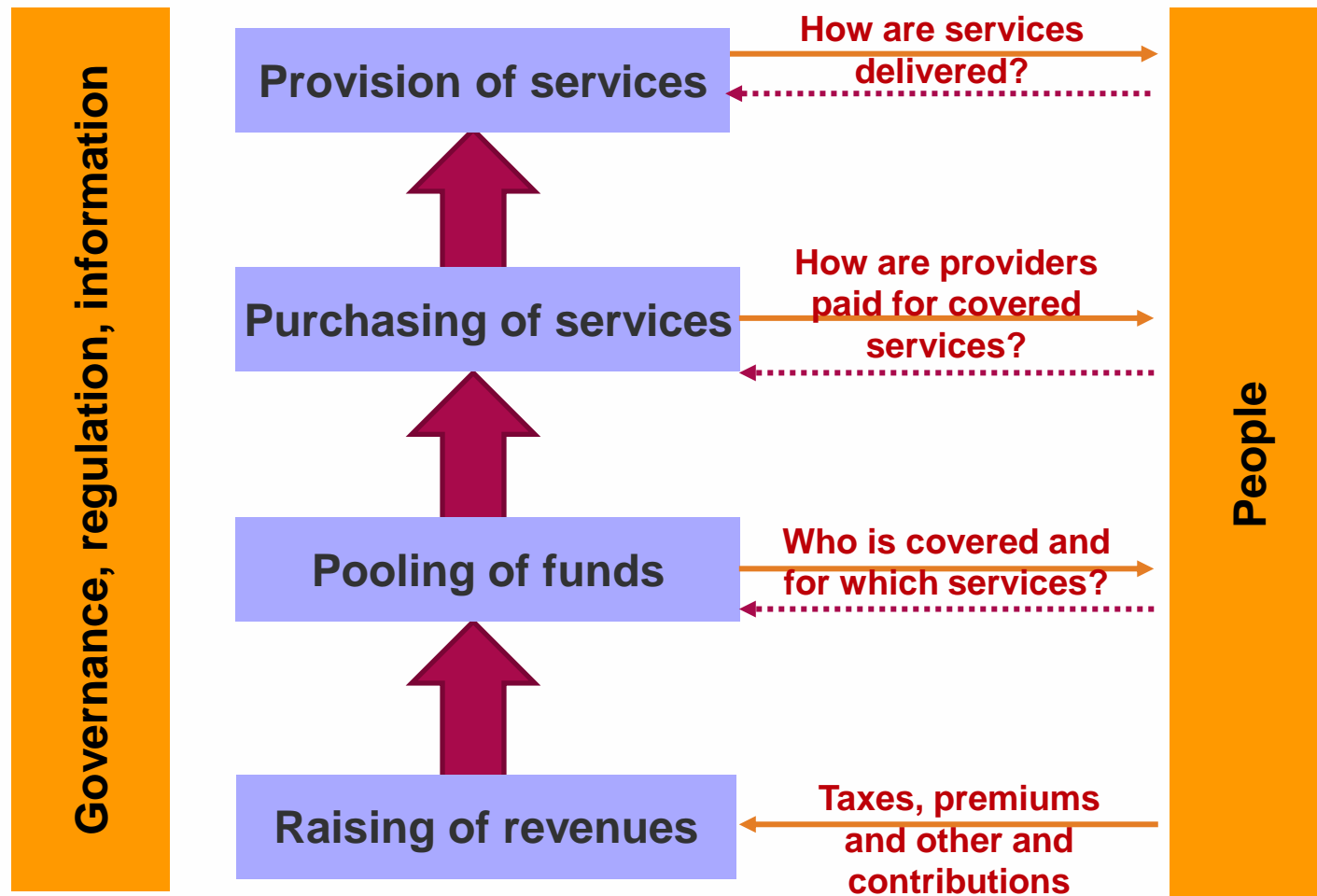
This definition of UHC embodies three related objectives:

Equity

Quality

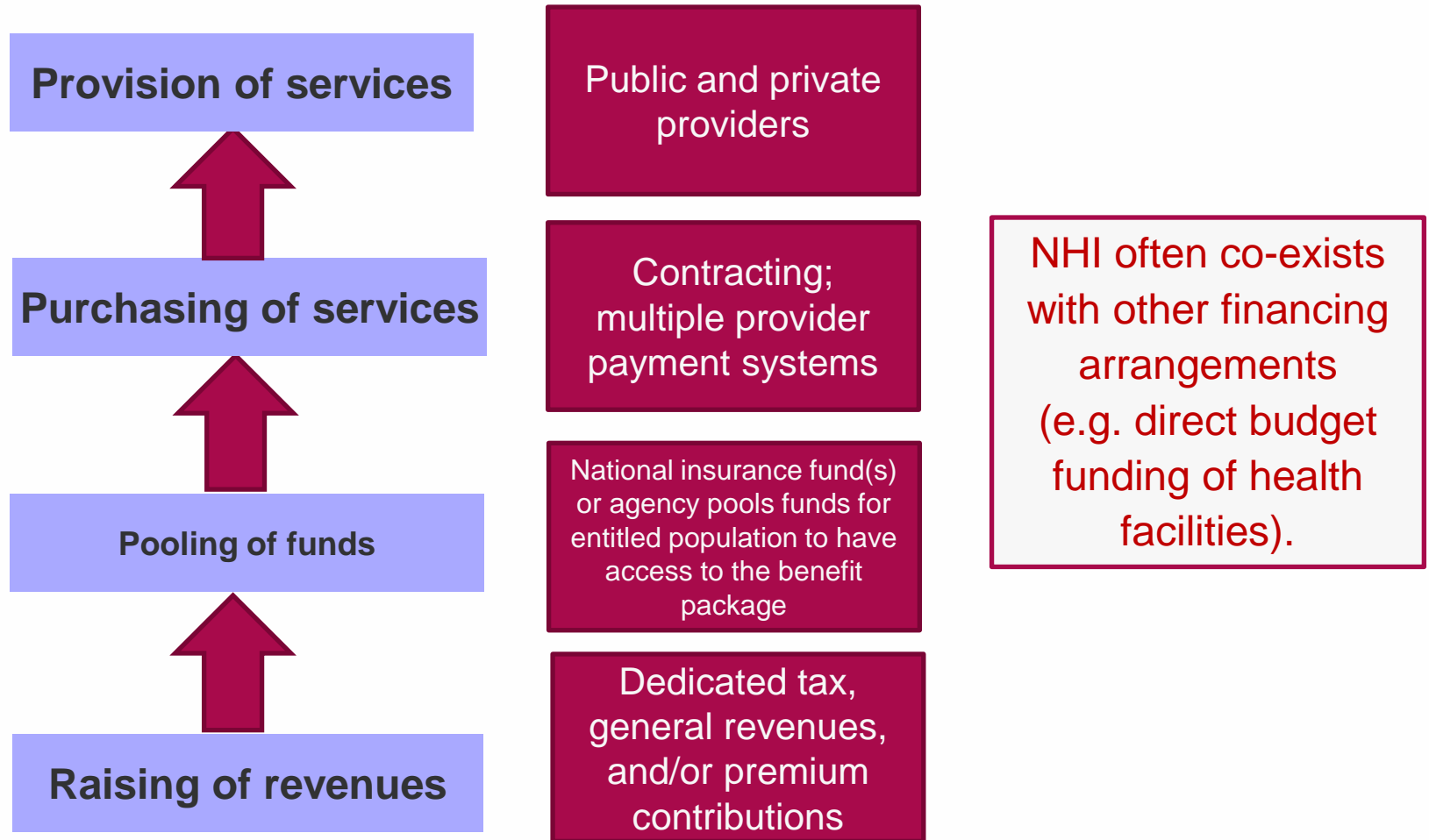
**Financial
protection**

What functions does the system need for UHC?



Source: Kutzin, J. (2000).

National Health Insurance (NHI) is one way of organizing the financing and delivery of services for UHC



Why do countries introduce NHI?

OBJECTIVES

The hope of increased funding for the health sector

Creating a dedicated funding stream for the health sector

Explicit commitments to the population in terms of service entitlements

Introducing a purchaser-provider split

Increasing the flexibility in the use of funds, including new provider payment systems

Challenges in Practice

Funding allocation is often changed *within* the health sector not *to* the health sector

Earmarked funds often offset by reductions in other parts of the health budget

Even with explicit service entitlements, supply side constraints may limit access to services

A large share of funds often continues to flow through the supply-side budget

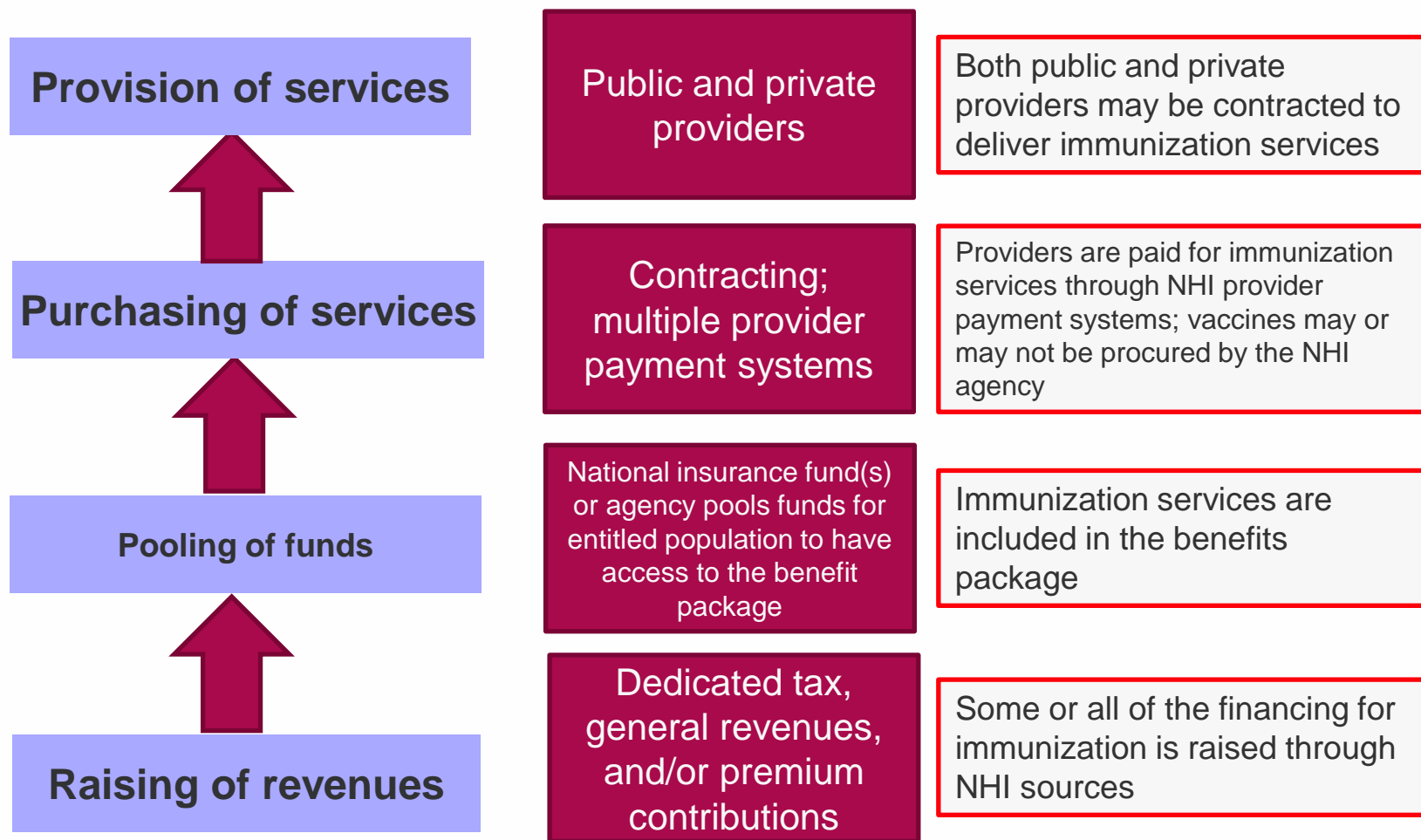
Public financial management systems may limit the autonomy of providers to respond to new incentives

Immunization deserves special consideration for whether and how to integrate into NHI systems

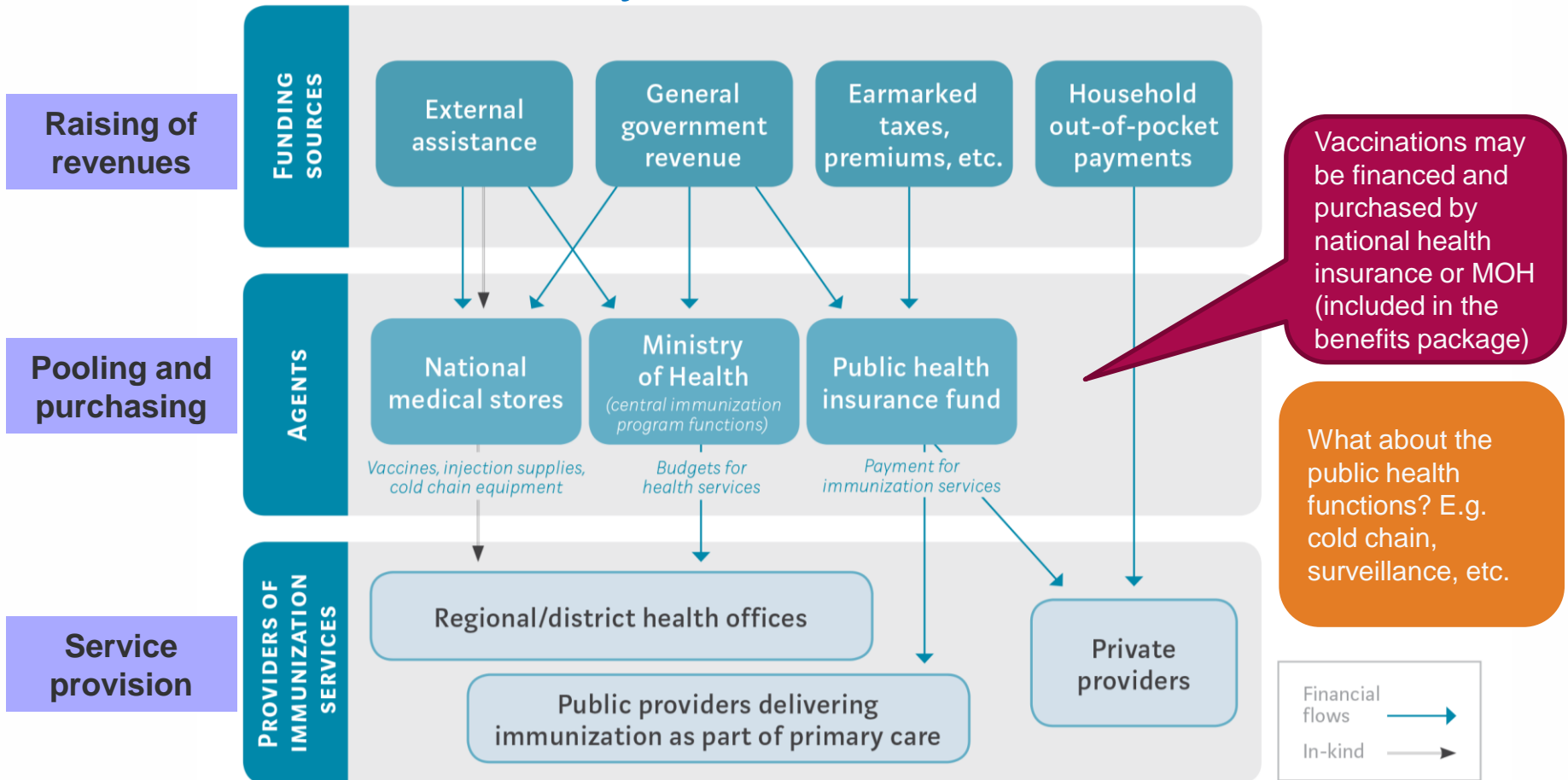
Immunization includes both public health and personal health services

- “Public health” nature of certain services is an argument for ensuring that they are delivered
 - e.g. immunization protects the vaccinated person and others he/she would have infected--this **externality** is economic rationale for public action
 - Some immunization functions are population-based (e.g. surveillance)
- Individual nature of service delivery is an argument to use same agency for pooling and purchasing as with other individual services
 - Consider option to integrate into unified benefit package, with purchasing agency responsible to hold providers accountable to deliver these services

What does it mean to integrate immunization into NHI?



What does this mean for immunization financing and service delivery?



Source: Immunization Financing Resource Guide, p.25

Opportunities and challenges of integrating immunization into NHI

Opportunities

- Access to immunization is made explicit in the benefits package
- Possibly dedicated funding stream with more flexibility than input-based budgets
- Incentives through more strategic provider payment

Challenges

- Access gaps if coverage with NHI is not universal
- Incomplete understanding of beneficiary entitlements and provider obligations
- Crowding out of preventive services such as immunization if providers are paid more for curative services
- Adding new vaccines to the benefits package may face resistance from NHI agency

Questions for discussion

- How do countries leverage the opportunities of including immunization in NHI and minimize the challenges?
- What are the pros and cons of integrating vaccine procurement into NHI?
- What is the best way to finance and deliver the public health functions of immunization in a NHI system?
- Others?

Thank you



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ტერიტორიებიდან დევნილთა,
ზრუნის, ჯანმრთელობისა და
სოციალური დაცვის სამინისტრო

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Immunization Program in Georgia

Tamar Gabunia, MD, MPH
Ministry of IDPs from the Occupied Territories, Labor,
Health and Social Affairs of Georgia
December 2020

Universal Health Coverage and immunization program

- Universal Health Care Program launched in 2013 provides free access to primary care services
- Services provided by a family physician and a nurse is covered by capitation payment in urban and by fixed salary payments in rural areas
- Child health surveillance, immunization counselling and providing immunization services are part of the primary care team's responsibility
- National Center for Disease Control and Public Health closely monitors implementation of the immunization programs to ensure adequate coverage

Key features of the Immunization Program

- **Service is integrated** within UHC/Village Doctors Program
- **Financing:** After graduating from Gavi, the Georgian government is now financing its immunization program independently (100% financing since 2019)
- **Access:** All vaccinations and immunizations included in the national vaccination calendar are free for the population.
- **Supply:** Vaccines are purchased centrally to guarantee their quality and safety.
- **Information Management System** has been upgraded to improve reporting and quality of data

Institutional framework for implementing the immunization program

National
Center for
Disease
Control and
Public Health:
Lead Agency
for
Immunization

Primary care
Providers:
vaccination
service

Public Health
Units:
Vaccination
and Health
Education

Hospitals:
Vaccination
Service

National
Health Agency:
Purchasing
Health
Services

Ministry of Health:
Develops UHC Policy

International Partners:
WHO, UNICEF, GAVI,
USAID

Oversees implementation of the immunization program
National Technical Advisory Group composed of national
clinical experts advises on immunization related issues

Benefits of integrating immunization with the UHC program

- Integration with PHC services helps to generate community demand by having family physicians directly providing health education and immunization counselling
- Using PHC services as a platform for immunization is less costly and improves continuity of care among health care providers and families
- Immunization visits can be used as an opportunity for addressing other health problems among patients and their family members
- Reduces geographic access barriers and allows for improving coverage

Challenges

- The need for mobilizing additional financial resources for extending the immunization program
- Along with other tasks primary care providers may not always prioritize immunization interventions
- Weak linkages between public health and primary care workers
- Lack of incentives to stimulate good performance of private providers for better immunization coverage
- Maintaining uninterrupted delivery of immunization services during the pandemic as primary care providers are overburdened with COVID related responsibilities

Thank You for Your attention!



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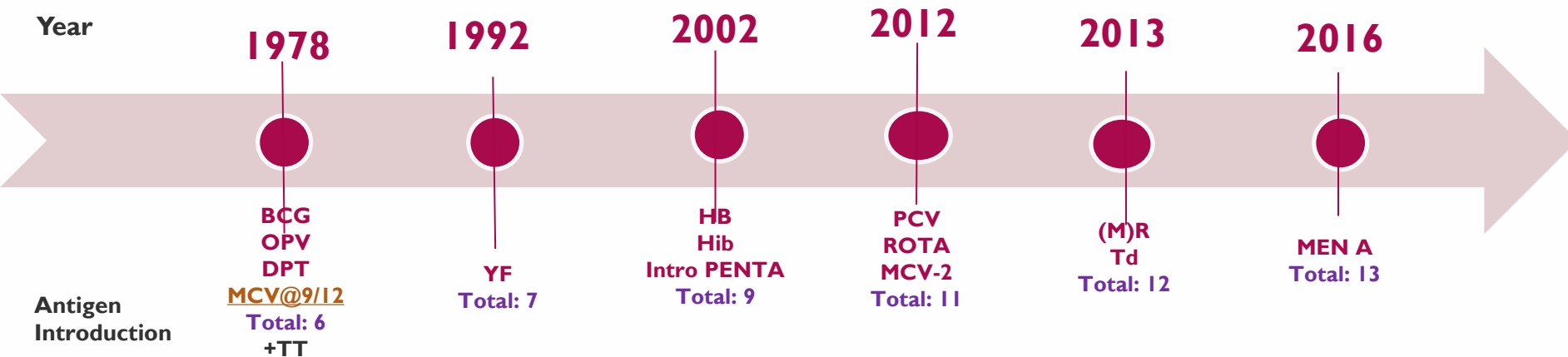
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Immunization Through National Health Insurance Scheme in Ghana: ‘The big debate on exclusive benefits package’

Dr. Koku Awoonor-Williams, Ghana
December 2020

Overview of EPI in Ghana

- Global EPI was launched in 1974 by the World Health Organization
- Provided opportunity to promote integrated services across different continents.
- Greatest public health intervention and have saved over 2-3 million lives



Health Financing Reforms in Ghana's Health System



1957

Free health care policy implemented.

1970s

Ghana experienced economic shocks and began structural adjustment programs (SAP). Nominal payments for health services introduced.

1985

User fees (Cash & Carry) was introduced. This policy excluded majority of people from access to healthcare

1990s

Community-based mutual health insurance schemes were introduced.

2000

High Out-of-Pocket expenditure on health and very low utilization of health services.

2003

National Health Insurance introduced.

Benefit Package

Over 95% of disease conditions in Ghana are NHIS covered

- Out Patient Services
- In Patient Service
- Oral Health
- Maternity care
- Eye care
- Dental care
- Emergency care

Exclusions from the Benefit Package: Services classified as unnecessary or very expensive are excluded including **immunization**, cosmetic surgery etc.

Public Health Essential of Immunization & NHIA

Immunization Essentials

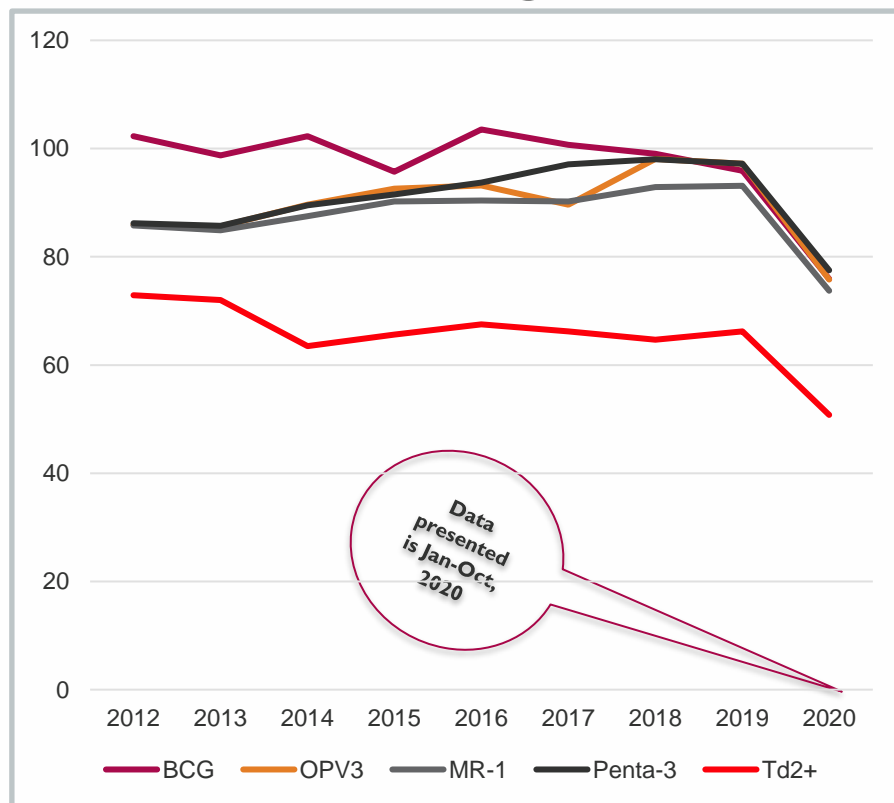
- Advocacy:
 - *Allocated funds will shape public opinion and influence behavior.*
- Social & community mobilization:
 - *Create partnership to increase coverage for immunization and stimulate community engagement.*
- Behavior change communication:
 - *Positively influence attitude and practices towards uptake of vaccines*

NHIS

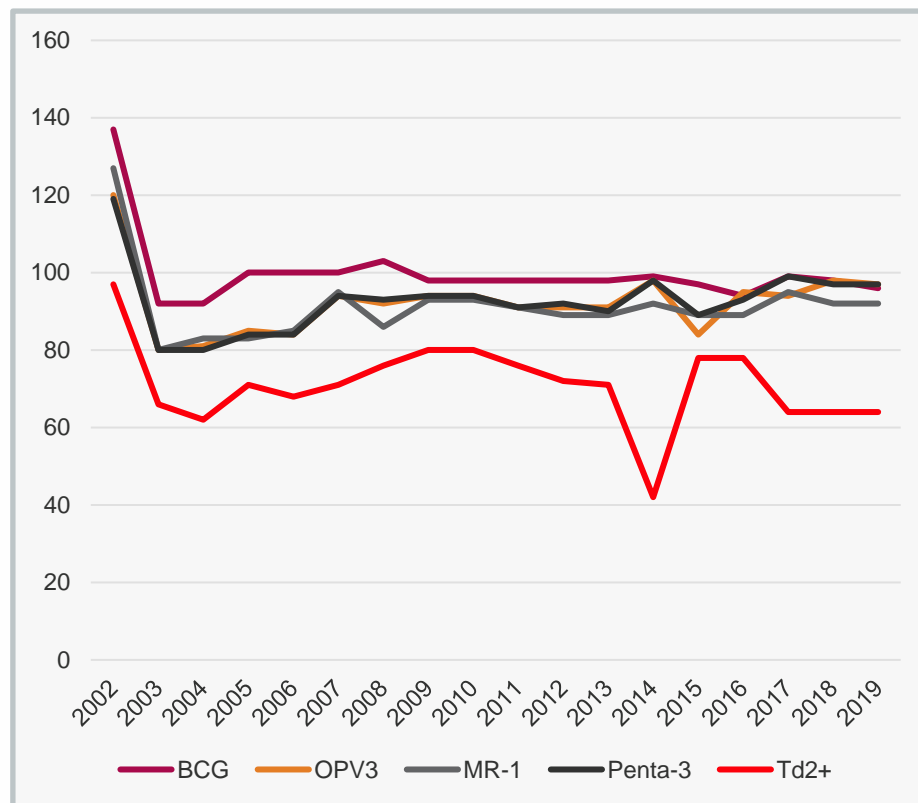
- Absence of dedicated financial mechanism for public health intervention by the NHIS Act.
- Over concentration on clinical services
- Integrated systems of health services could be a pathway for NHIS to fund outreach services
- Lack of Focus on NCDs e.g. screening on hypertension, diabetes, cancers etc.
- Strengthen surveillance systems for vaccine preventable diseases.

Selected Indicators: National Immunization Coverage

Historic EPI Data from DHIMS2



Retrospective EPI Coverage (WHO & UNICEF)



Current funding sources for EPI in Ghana

Main sources of funding for Ghana's EPI over the past years consist:

Government of Ghana

- Support for human resources and infrastructure to ensure smooth implementation of EPI

UNICEF

- Supports for equipment e.g. vaccine fridges, cold box, monitors etc.
- Supports for vaccine supply and delivery

WHO

- Support for Technical Assistance and development of Operational Guidelines for implementation of EPI

GAVI

- Support for procurement of vaccines

Likely immunization Challenges with NHIS

- Potential low coverage and quality of EPI services.
- Lack of dedicated funding to increase immunization services including logistics supply.
- Likelihood of increasing number of children and communities who are left-out of immunization as well as high drop-out rate.
- Shortcomings of outreach services to reach the unreached, islands communities and slums, etc.

Conclusion

- Increase funding for immunization including DRM.
- NHIS reform to include/focus on public health services
- Expand PPP Networks to improve service delivery
- Strengthening domestic funding for EPI services critical to sustain gains made so far and attaining global target.
- Prioritize integrating PH services into NHIS essential service package.
- Immunization is for public good and must be used as advocacy to allocate funding from NHIS.

Thank you

1) The problem



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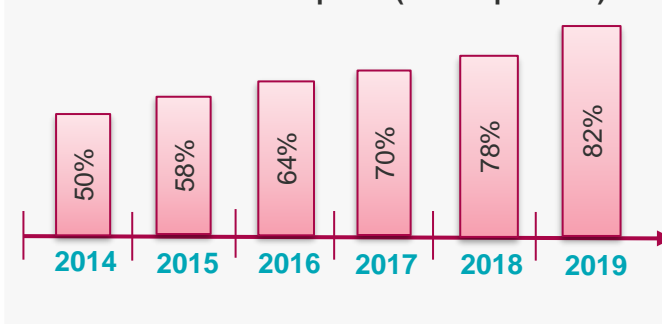
Indonesia

Indonesia's national health insurance

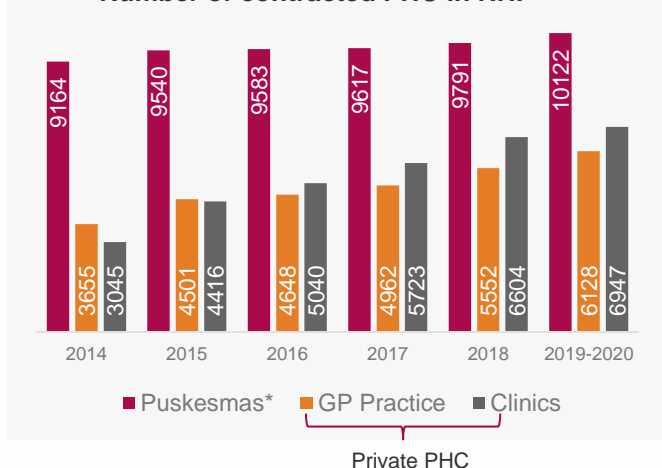
By 2019, NHI has covered more than 82% of total population (223 out of 268 millions)

- Indonesia NHI (JKN) aims to **increase access** healthcare services for all
 - Over the last 5 years, as number of **insured population is increasing** toward universal health coverage goal, number of contracted public & private PHC as gatekeeper also showing an increase in total
 - With a increase in membership, however, it does not followed the same increase in the number of contracted PHC. The ratio of PHC per insured JKN decrease from 1: 7,700 (2014) to 1:9,000 (2018) **
- The current JKN benefit package also covers **routine immunization services** for U-5 children & tetanus immunization for pregnant woman at PHC
 - Immunization services is free in Puskesmas (for both JKN or non-JKN members)
 - In private clinic that offers immunization services, only JKN members get free services
- Immunization is one of indicator (composite indicator) for minimum standard services (SPM) for health

Trend of NHI Participants (%of Population)

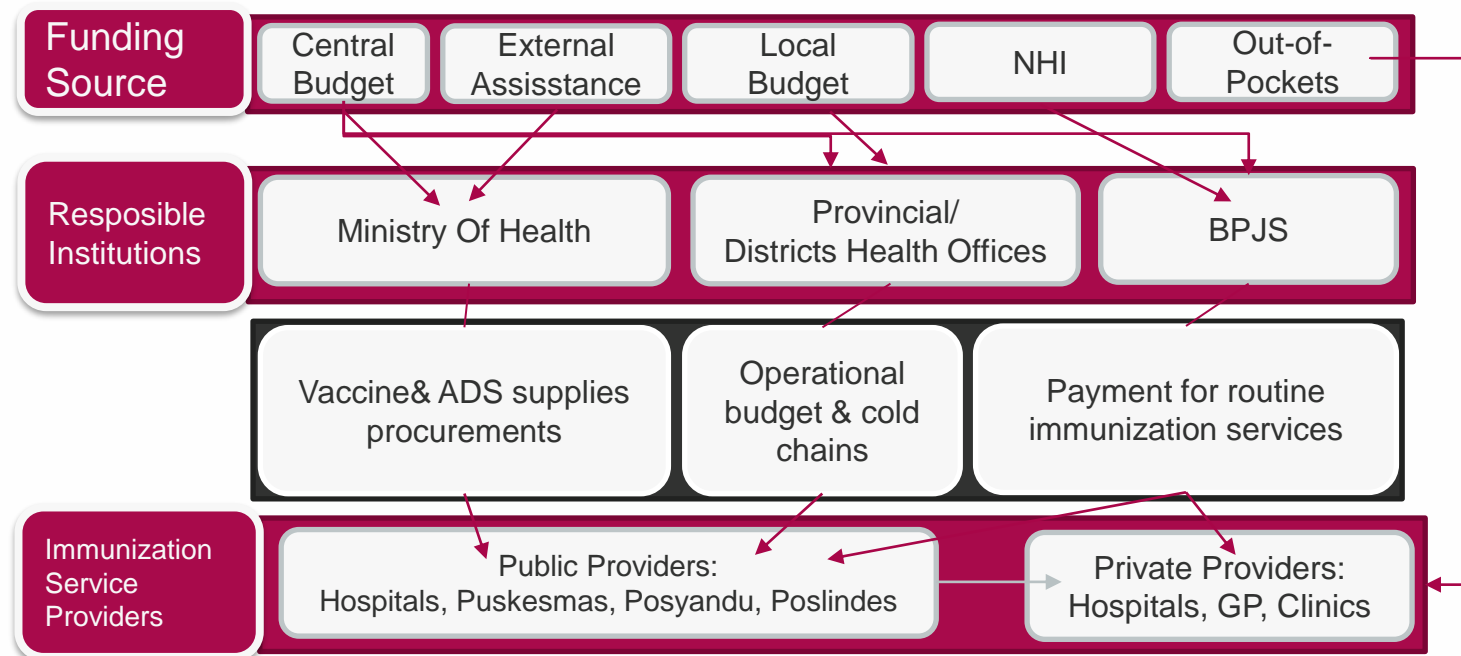


Number of contracted PHC in NHI



Immunization Funding Flow: Roles & Responsibilities

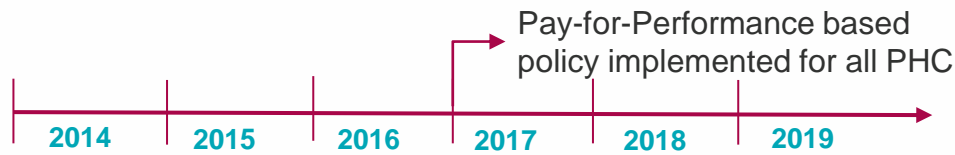
More than 77% of immunization funds goes to vaccines & supplies managed by central level distributed to public entities



Data on Supply-Side Readiness Survey on Immunization service shows **Public PHC/Puskesmas (84%)** has a **significantly higher readiness index** than **Private Clinics (55%)** based on criteria of guideline&training, equipments, and medicines&commodities availability*

Immunization under NHI: a *capitation* payment mechanism

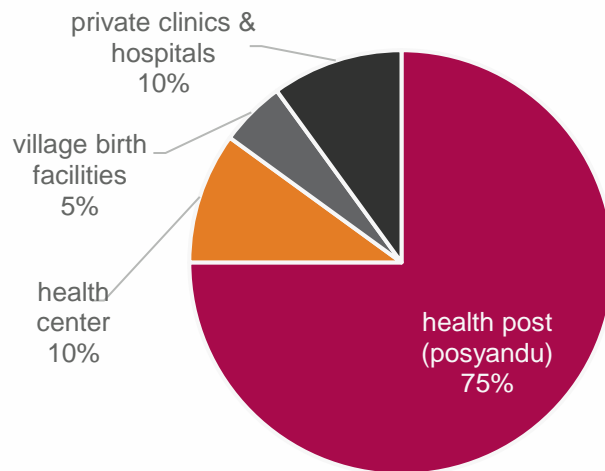
Contracted PCPs receive a monthly capitation per member per month, that covers consultation, diagnosis, and pharmaceuticals, along with family planning & some preventative services e.g. vaccination



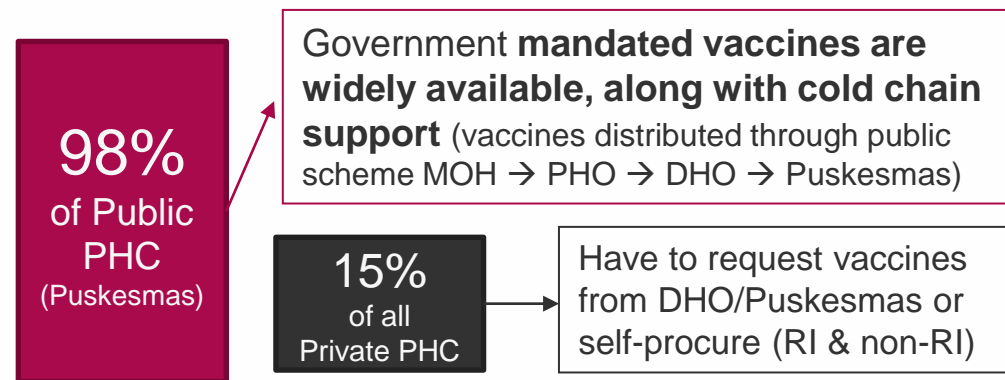
Indicators for Pay for Performance on Capitation Funds¹

- Minimum registered members: 5,000
- Contact rate (40%), includes **immunization services**
- Ratio of non-specialist referrals (50%)
- Ratio of controlled Prolanis (NCD) cases (10%)

Where do immunization services take place?²



Why Public PHC is Preferable for Immunization Services?³



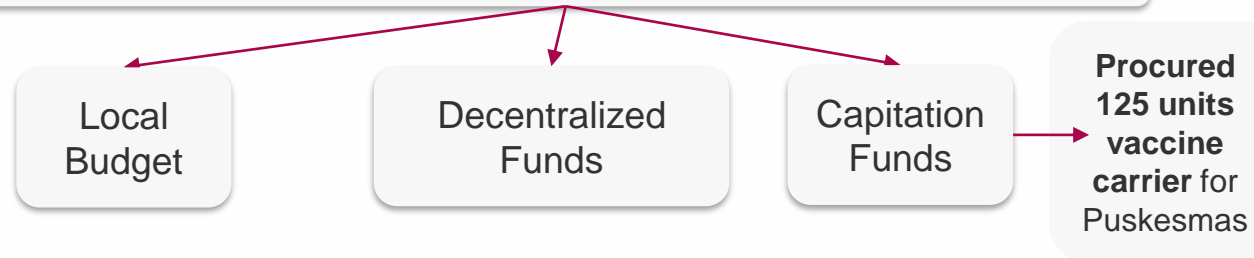
Utilization of Capitation Fund to Support Immunization Activities at PHC: A Case Study

Some public PHC (Puskesmas) are able to utilize capitation funds not only to incentivize immunization services but also to support its operational activities: *East Lombok Case Study*

East Lombok Profile

24,651 Infant
33 Puskesmas
1,767 Posyandu
240 Polindes **22**
Clinics **4** Hospitals

Source of Fund for Immunization at District Health Office



1

BOK is the main source of fund for immunization at **Puskesmas**

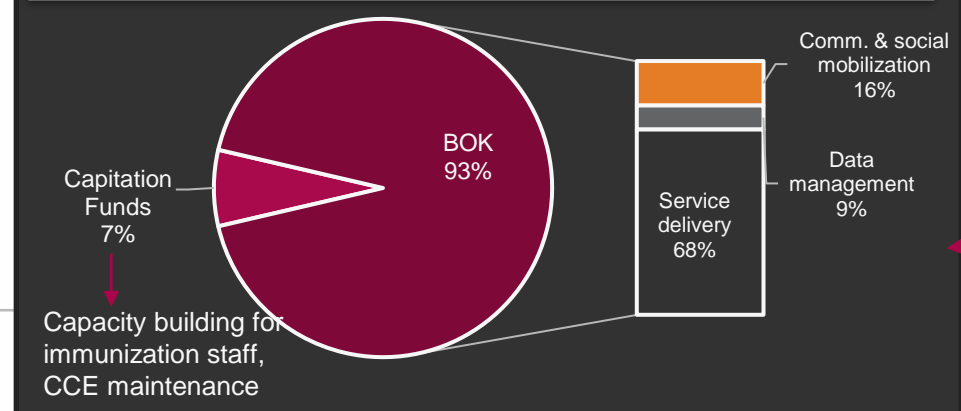
2

A few Puskesmas have been able to mobilize **capitation funds** to immunization activity

3

2 out of 22 private clinics routinely request for HB0 vaccine to provide immunization services

Portrait of Immunization Budget at Puskesmas 2018



Summary

1

JKN fund (capitation) has been utilized to support immunization services in both puskesmas and private clinics

Public – service fee, consumables, outreach, training, capital good;

Private – service fee, consumables

2

Most private clinics do not offer immunization services because they focus mainly on curative care.

The current amount of capitation fund directed to private clinics does not allow them to widely participate in public health programs.

3

There is a need to regulate the use of capitation fund for promotive and preventative activities in both Puskesmas and private clinics

4

As Indonesia has transitioned out of Gavi support, ensuring sustainability of the program through domestic resource is critical. *In decentralize context, it is important to improve local government capacity to have stronger planning & budgeting for immunization*

Terima Kasih.

Moderated Question & Answer

Open Question & Answer