

# Universal Healthcare and the economy

Facing the challenge



# Introduction

- This meeting comes at a time at which Suriname's health care finance system is being evaluated and other countries in the region are struggling to maintain their system of universal healthcare, due to economic hardship and increasing NCD
- But even in the richest countries of the hemisphere, health care finance and universal coverage has proved not to be easy to achieve
- It has become clear that beyond a certain level of spending, more money for health care doesn't mean better health and longevity outcomes
- The Parliament of Suriname has been involved with the development of the universal healthcare system and will have to make some important decisions while moving forward toward **sustainability** of universal healthcare **for all**, even in difficult economic times.



# Suriname's universal access experience

- 1981 state health insurance fund, state covered all cost for people below a certain income
- From 1994 economic crisis - serious problems to sustain systems until recovery of economy
- 2013- government program for all children and seniors over 60
- 2014 legislation on basic health care insurance
  - Obligatory for all citizens to have insurance that at least covers the services stated in the law
  - Employers pay half of the premium
  - Government contributes for specific groups if they cannot afford the premium
  - For very expensive illnesses that have to be treated abroad government provides funding
- 2015-2016 deep economic crisis with depreciation of SRD. Serious problems to sustain the system
- 2017-2018 evaluation of the system



# Universal health coverage

- The goal of ensuring that all members of the population have access to promotive, preventive, curative rehabilitative and palliative health services that are of sufficient quality to be effective
- Without exposing people to financial hardship



# Financing universal healthcare:

- **Raise money**, pool it and use it wisely
- The way providers are paid makes a difference
- Including **preventive services** and other preventive effective public health programs if, save money
- Setting rules and ensure compliance: effective governance is a key issue



# Options for raising money for healthcare

- General tax revenues MOH budget - for support of citizens who cannot pay of for expensive treatments
- Contributions of citizens ("premiums")
- Special taxes (tobacco, alcoholic beverages, sugary drinks and sweets)
- Other types of micro fees
- Parliament has an important role in discussing and approving the legislation for all of the above



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# Common Forms of Inefficiency

- According to WHO: 10 common causes of inefficiency including:
  - Spending too much on medicines and health technologies, and using them inappropriately,
  - using ineffective medicines and technologies
  - Leakages and waste, again often for medicines but also by overuse and outright fraud
  - Hospital inefficiency, over capacity and other forms of inefficiency
  - Demotivated health workers, sometimes workers with the wrong skills in the wrong places
  - **Inappropriate mix between prevention, promotion, treatment and rehabilitation, or between levels of care**



If all types are present, efficiency gains would effectively result in increasing the available funds for health by 20 - 40 %.

But if non communicable diseases keep increasing the way they do in many of our countries, all the efficiency measures will not keep the system sustainable, at least not for low and middle income countries



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# Without effective prevention the system will not be sustainable

- Rising NCD
- People living longer with disease, requiring expensive care, are unable to be fully productive
- Prevention is often confused with early detection.



# Effective prevention

- Less people are getting sick, especially NCD's stabilize and then decrease
- More people experience optimal health for longer during their life, they live longer healthier lives



# Towards a new type of health care

- New way of thinking about healthcare is necessary
  - NCD's are actually transmitted by propagating behavior that contributes or causes disease
  - The economic situation of families
  - Social position in the community
- Most of the NCD can be avoided
  - We have to invest time energy people and money in finding the way to successfully change behavior for prevention
- There is enough scientific evidence that an important factor in prevention and treatment of NDC is in nutrition
- Many communicable diseases have been substantially reduced in populations, not through medicine but clean water, adequate housing and improvement of sanitary conditions. It is not that different for NCD. We have to improve the environment and how we behave



# Health in all policies

- Health care doesn't start in the clinic
- Care for our health is not only the responsibility of MOH
  - Education
  - Public works
  - Trade and industry
  - Spatial planning
  - Other
- Need to be involved to prevent disease
- Only then will we be able to stem the tide of rising health care cost and disease burden that will hamper productivity



# Economy and health care

- To be able to achieve health for all, we will need to change how we look at care.
- Less sick care more health care.
- Health care should not be an industry
- The way we pay our health workers and what we pay them for, will make a difference
- The kind of health workers and the way they are educated will make a difference
- The way we educate our children and the opportunities we create in the workplace and schools will keep our healthcare systems sustainable
- This will not be easy but is the only way forward, specifically for countries with limited resources but
- In which country people don't want to stay healthy until ripe old age?