

# > Health Costing

April 2024

Presented by:

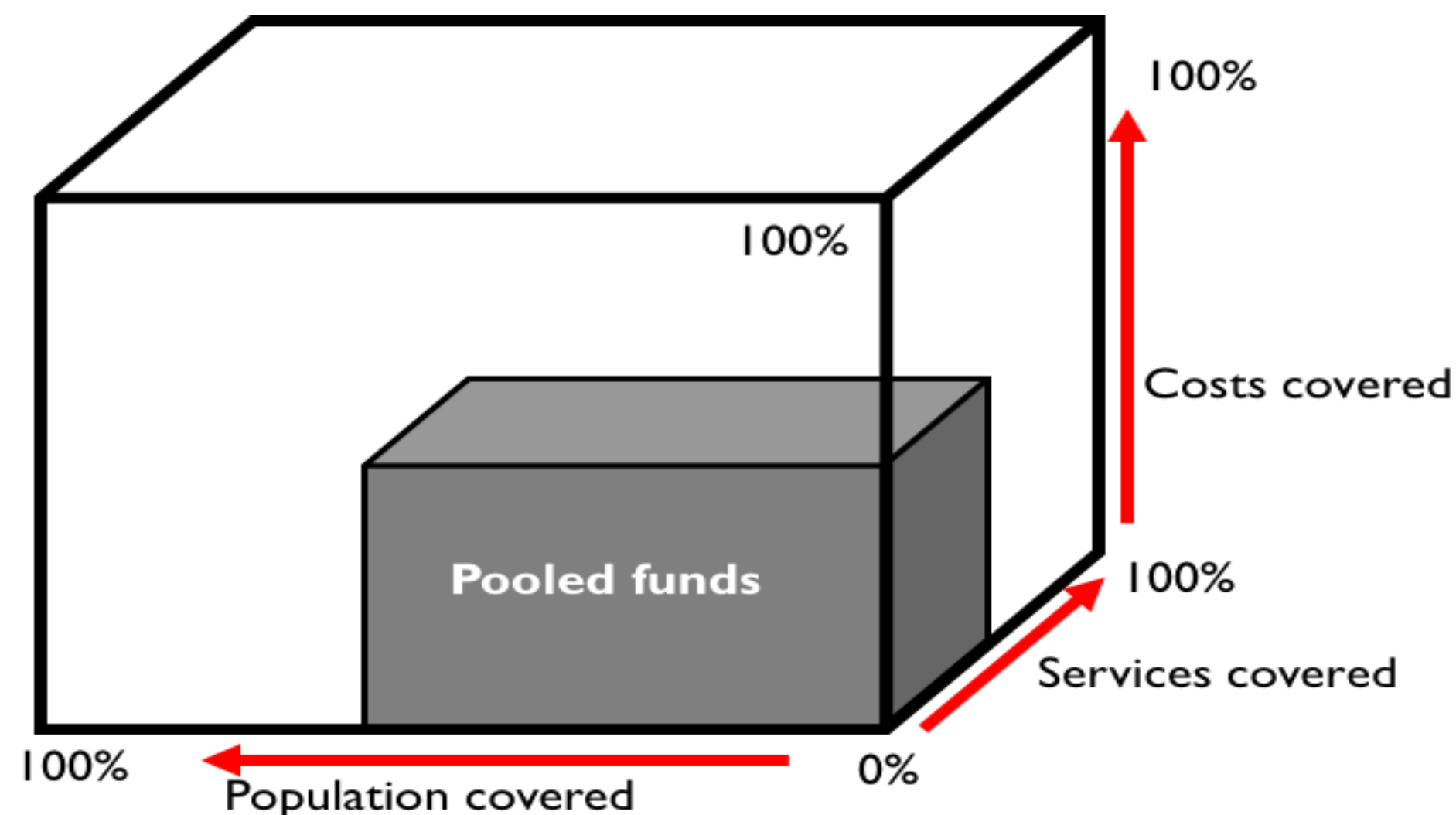
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# What is UHC?



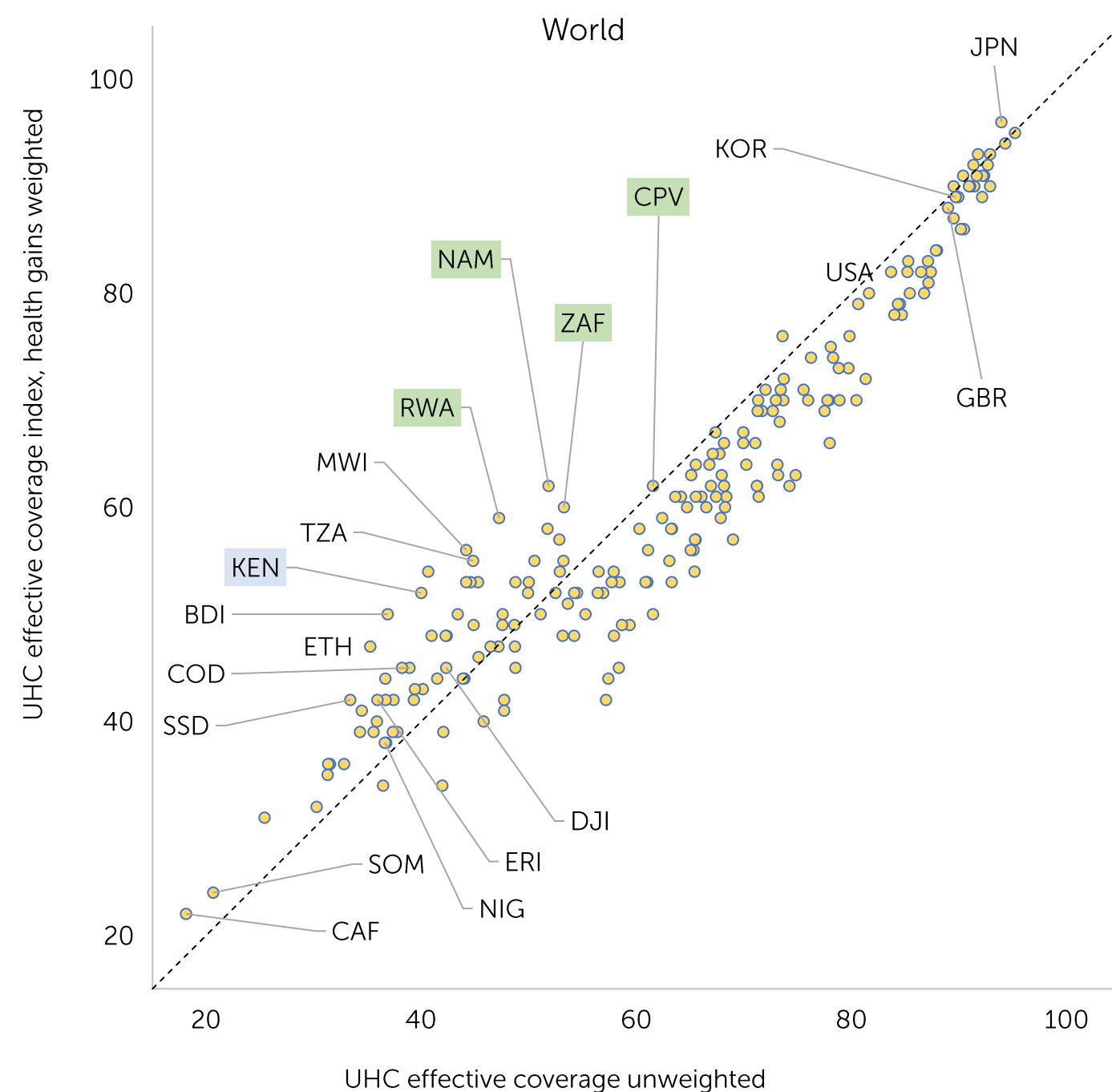
World Health Organisation ("WHO"):

Universal Health Coverage - a scenario where **all people** have access to the health **services they need**, when and where they need them, **without financial hardship**.

Seeks to achieve **equity, efficiency and quality**

"Global health 2035: a world converging within a generation," vol. 382, 2013

# Current Coverage



\*[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30750-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30750-9/fulltext)

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## The Beveridge Model – National Health Service

The Government acts as the single-payer funding national health through taxes and service providers are predominantly public e.g., *the United Kingdom, Spain, New Zealand, Cuba*

2

## The Bismarck Model – Social Health Insurance

Predominantly funded by employers and employees, medical procedures paid by multiple entities to various providers e.g., *Germany, Belgium, Japan, Switzerland*

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## National Health Insurance Model

Similar to Beveridge model, the government acts as the single payer for medical procedures - unlike the Bismarck model, providers also include private providers e.g., *Canada, Taiwan, South Korea*

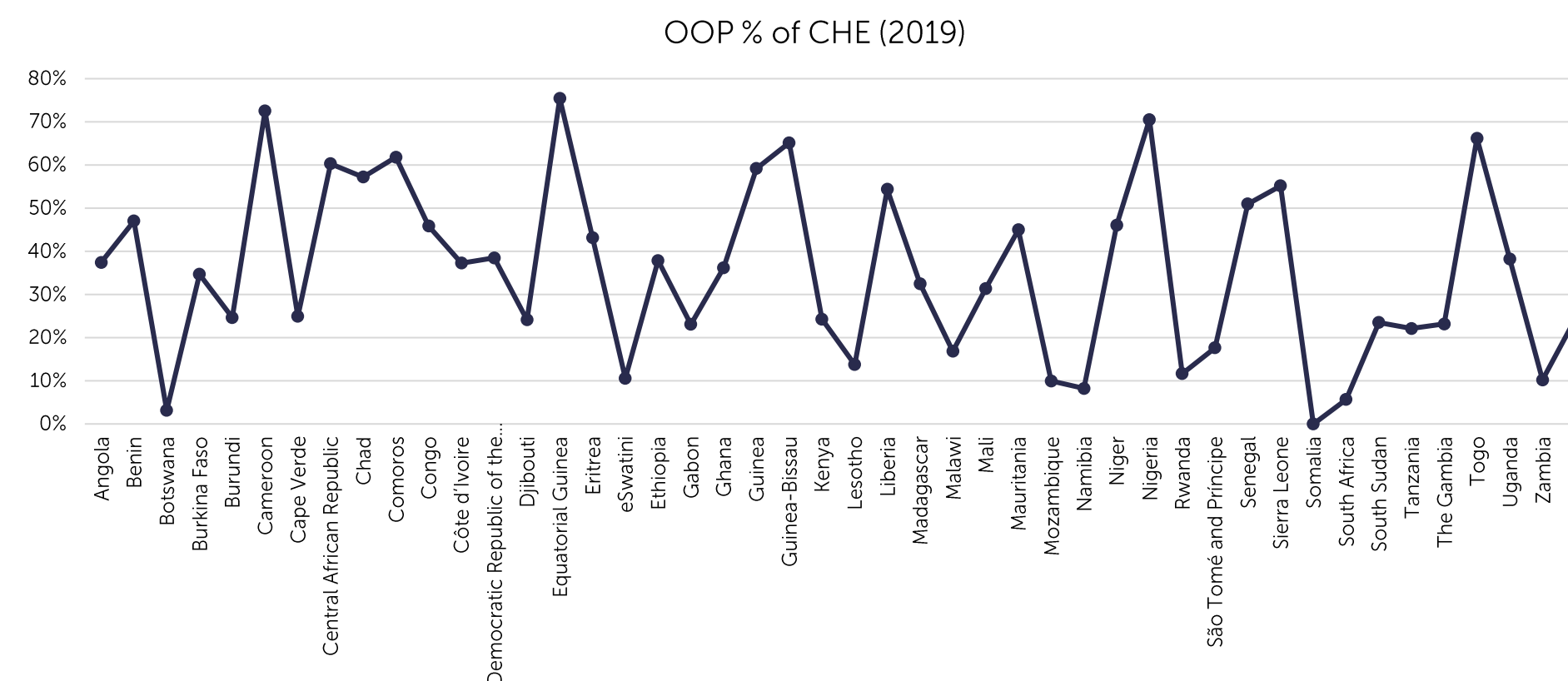
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## Out-of-Pocket Model

Where individuals predominantly pay for medical expenses out-of-pocket

# The Challenges

- Funding – \$1,398 per capita spending at max efficiency would achieve UHC index of 80 but currently African nations at \$8 to \$129 per capita
- Relatively small tax base
- Out of Pocket expenditure is high
- Health infrastructure – not enough to meet needs and quality
- Medical inflation – cost of care high with importation of medical technology and medication
- Big informal sector – over 80% so difficult to collect
- Rise of Non-communicable diseases
- Absence of sufficient health data
- Minimal population sensitization on preventative care and financial literacy



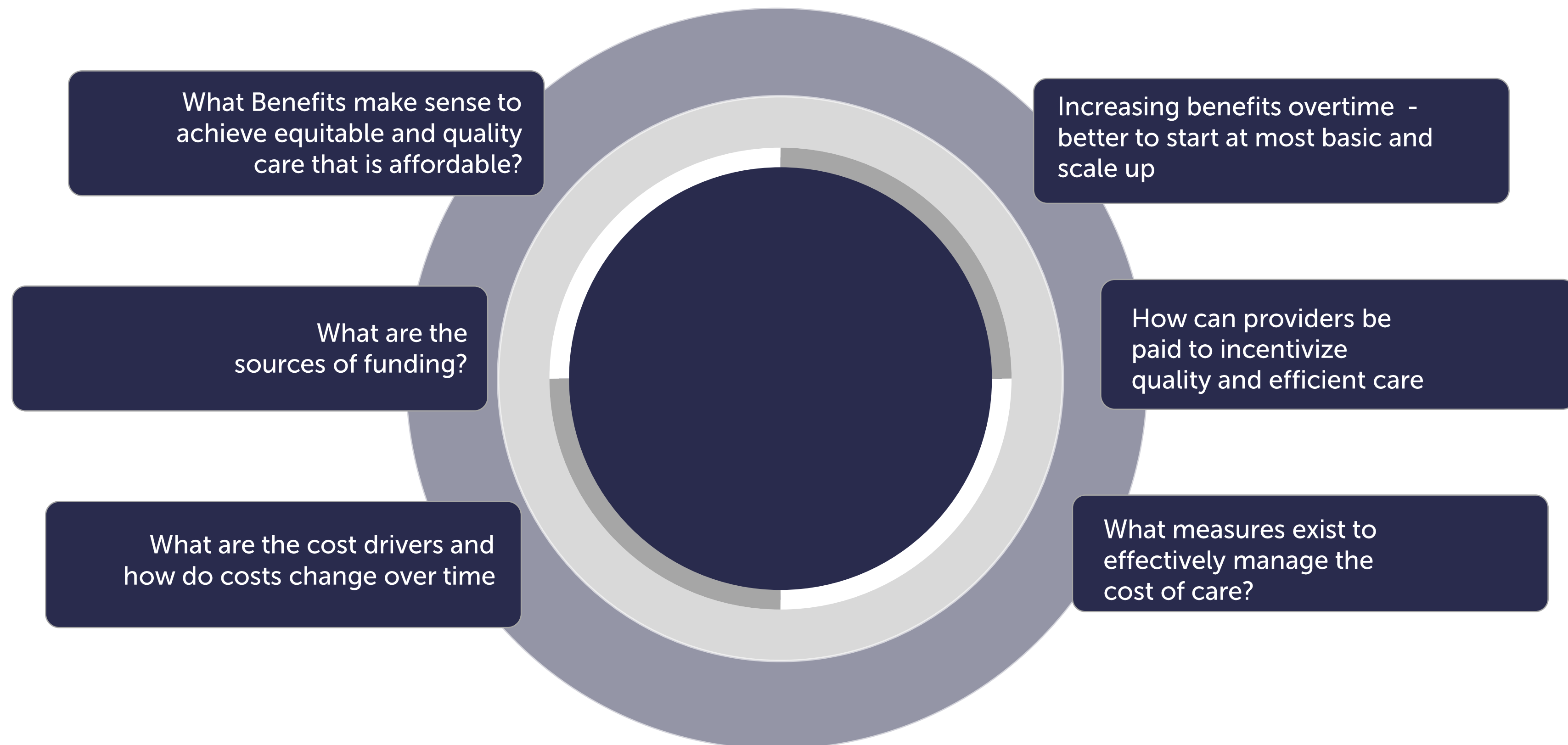
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African Countries above WHO's recommended

1:1000 Doctors: Population

Mauritius 2.713  
Seychelles 2.252  
Algeria 1.719  
Tunisia 1.303

# Key Things to Consider for Costing



# What to purchase



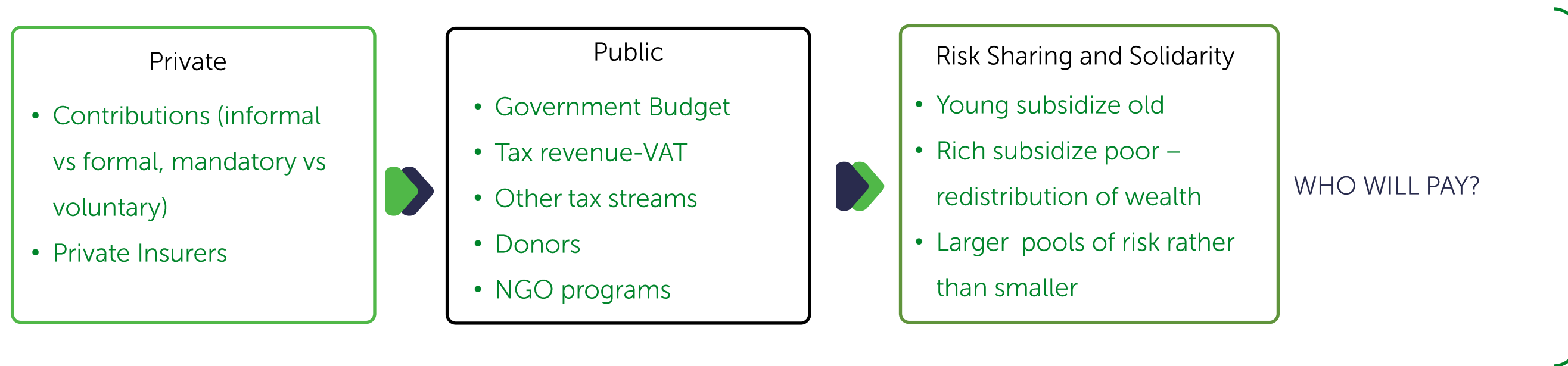
➤ Sustainable solution needs to be

- ✓ Affordable
- ✓ Accessible
- ✓ Appropriate
- ✓ Responsive
- ✓ Simple

➤ What are best practices and standard contribution rates?

- DCP3 is a study that helps low and middle income countries who may lack data and capacity to design and price a basic healthcare package for UHC.

# How will you Purchase





# How will you Purchase

## Provider payment mechanisms



## Things to Consider

- What are the pros and cons of each?
- What expertise exists?
- What level of data exists?
- What services are required?
- How will billing and payments be done?
- What reports will need to be generated to manage efficiencies?



# How to Purchase

## The Role of Private Sector

For social security to be more feasible and sustainable, it is important that the Private Insurance Sector is engaged through a supplementary or complementary model:

1. Substitutive: Substitutes for cover which would otherwise be available from the public health insurance system.
2. Complementary: Complements coverage of publicly insured services (e.g. co-payments).
3. Supplementary: Covers additional health services not covered by the public scheme.
4. Duplicative: Covers health services already covered under public health insurance.

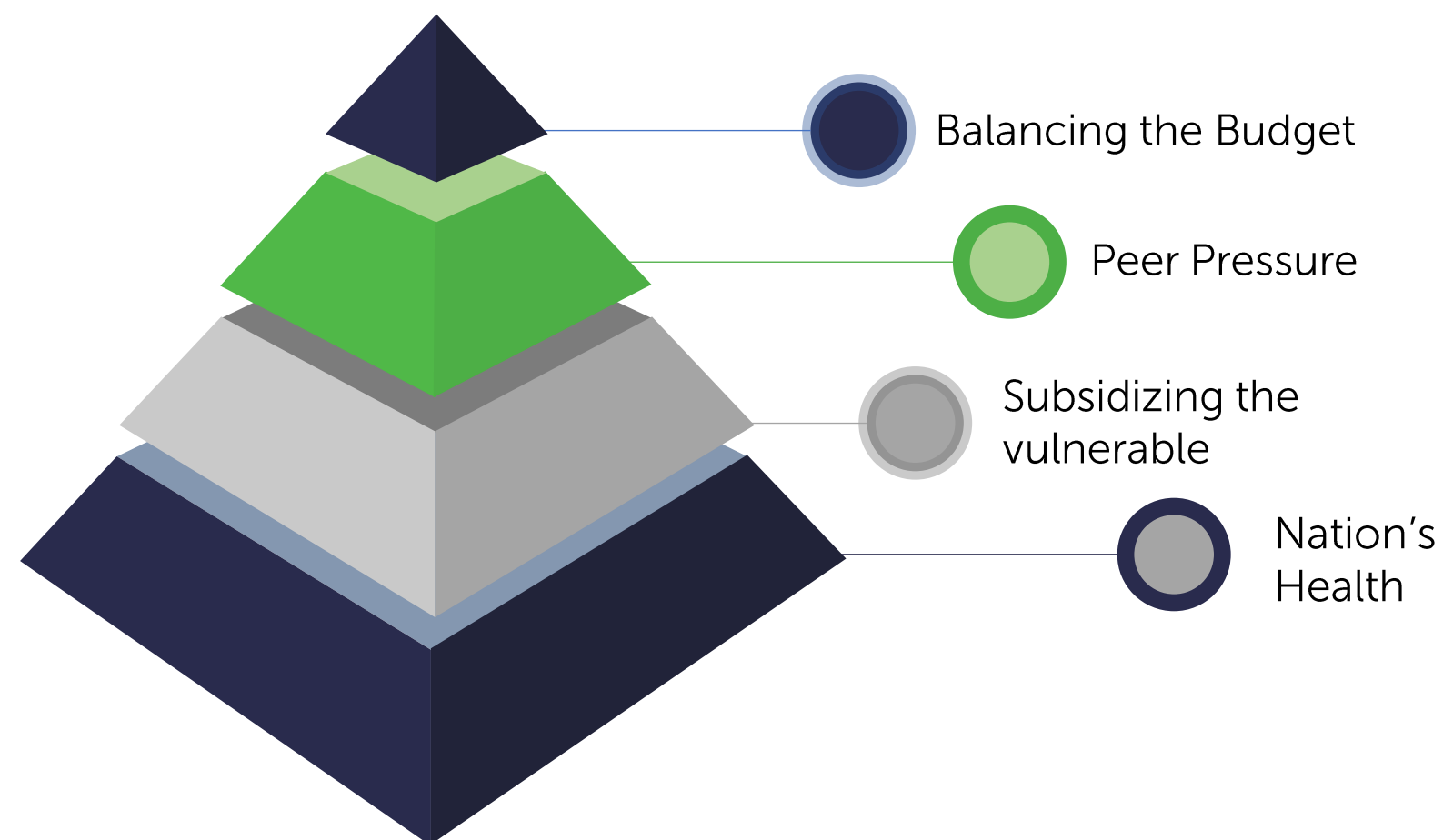
Technologies to consider integrating to improve sustainability:

1. Telemedicine – having virtual consultation as the first point of care – improves access to care for informal sector workers and drives cost saving
2. Patient-centred care solutions – e.g. digitized patient records that allow patients to have ownership of all their historical medical records
3. Robust data analytics solutions to aid understanding of key risks

# Understanding the Why

## Understanding the Why

Governments' motivations for policy:



## Politics before economics

Ultimately costing is more a political than economical decision.

Politicians need to consider the following:

- Political will and commitment
- Understand cultural Expectations
- Who are the stakeholders involved

# A Dynamic Force in MENA and Africa

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## Our Higher Purpose

Creating a financially secure and prosperous society with one Zamara service model:

- Pensions
- Insurance
- Actuarial

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## Improving the Societal Wellbeing

What we stand for and promise that we make to all our stakeholders and the society at large by providing financial and insurance solutions that result in financial freedom for both individuals and businesses.

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## Presence in 8 Countries

| Kenya | Tanzania | Uganda | Rwanda |  
| Nigeria | Malawi | DRC | UAE |

