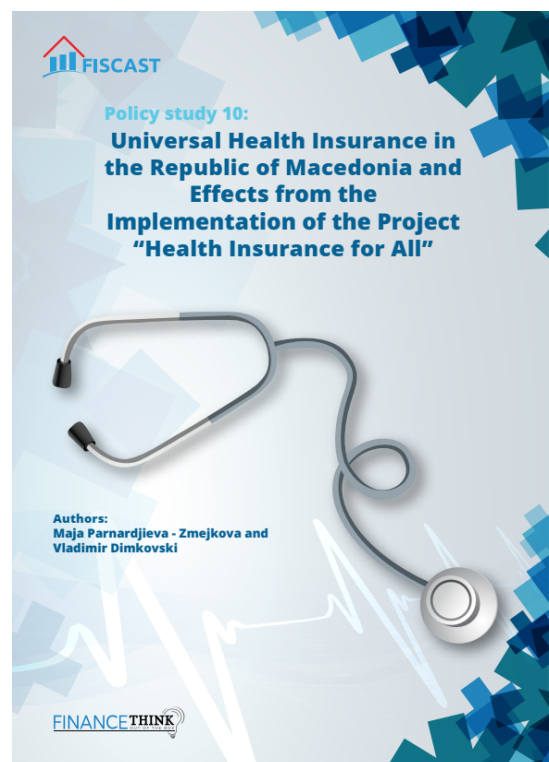


# Universal Health Coverage in Macedonia

21-24 October 2019

The Future of the Welfare State in the Western Balkan

Vladimir Dimkovski



In 2011, the World Health Assembly signed resolution 64.9 on Sustainable Health Financing Structures and UHC

It urges Member States to

“establish and strengthen institutional capacity in order to **generate country-level evidence** and effective, evidence-based policy decision-making on the design of universal health coverage systems“



(Source: <http://apps.who.int/medicinedocs/documents/s21474en/s21474en.pdf>)

## What Do We Call UHC?

all to receive needed health services without suffering financial hardship

**WHAT DO YOU NEED TO GET, BE AND STAY HEALTHY?**

CAN YOU GET HELP FROM A WELL-TRAINED HEALTH WORKER?



CAN YOU GET TREATMENT THAT HELPS YOU GET BETTER, AND IS SAFE?



CAN YOU GET THE MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED?



WHO WILL PAY FOR IT?



ARE THERE POLICIES IN PLACE TO MAKE QUALITY SERVICES AVAILABLE TO EVERYONE, EVERY TIME?



DOES YOUR GOVERNMENT HAVE THE INFORMATION IT NEEDS TO MAKE THE RIGHT DECISIONS ABOUT THE WHOLE SYSTEM?



A large yellow arrow points from the 'WHO WILL PAY FOR IT?' section towards the 'ARE THERE POLICIES...' section.

Financial protection

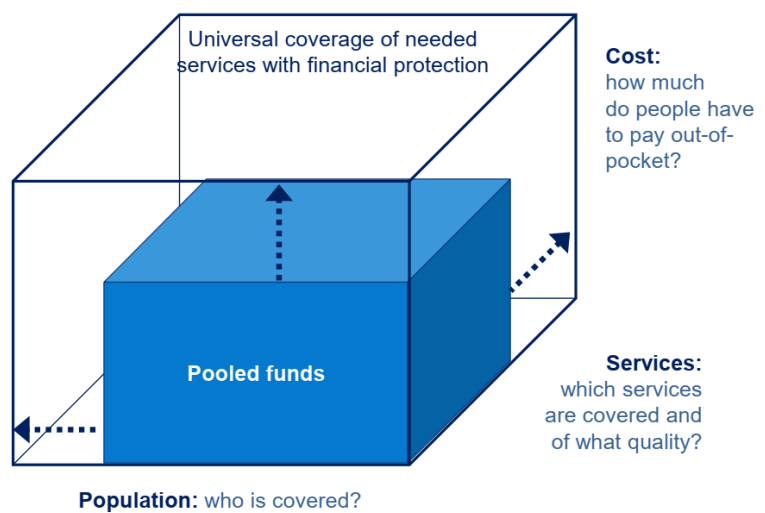


Everybody needs a strong umbrella

## Concept of Universal Health Coverage

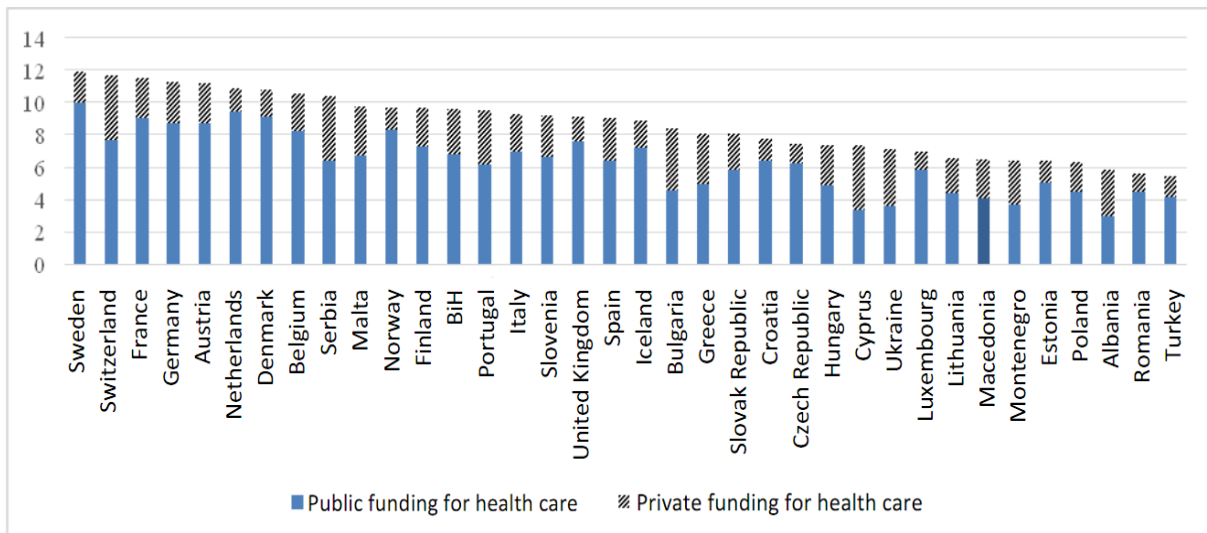
### 3 dimensions of UHC

- Who is covered
- What services
- What is the share



## However, funds are limited

Health expenditures as % of GDP



Source: WHO Global Health Expenditure Database

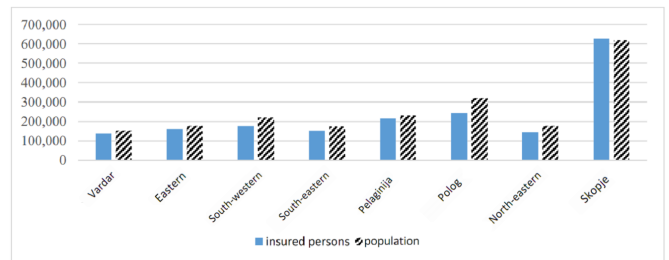
# Who is covered?

## Population vs insured population



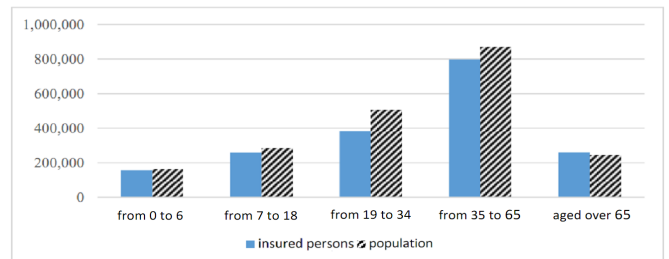
Source: HIFM, SSO

## By regions



Source: HIFM, SSO

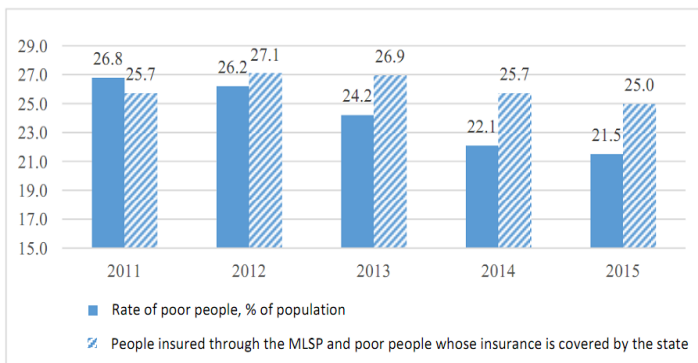
## By age



Source: HIFM, SSO

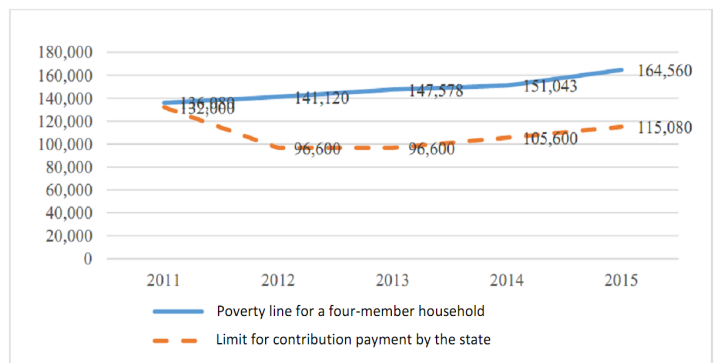
# “Insurance for everyone” What are the effects?

Poverty rate vs reform beneficiaries



Source: HIFM, SSO

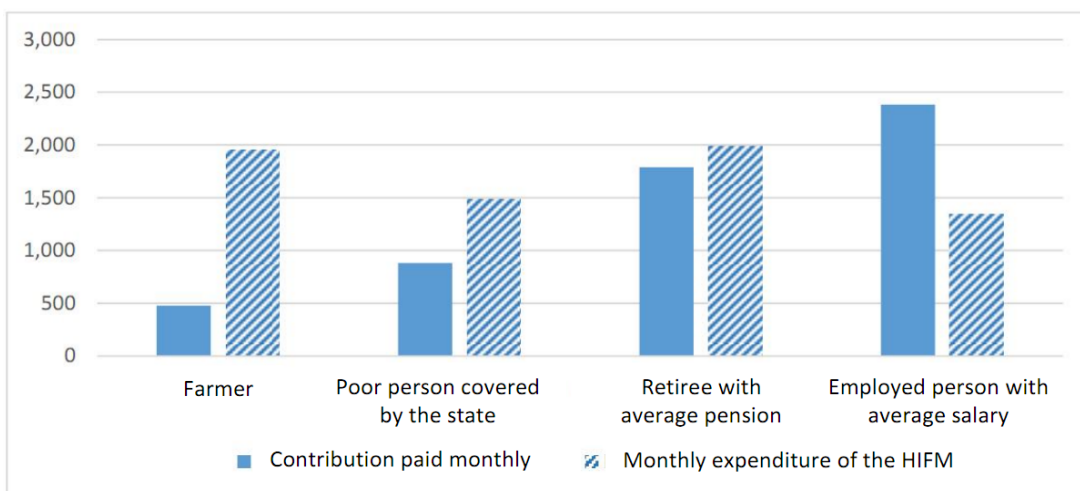
Poverty line vs beneficiaries threshold



Source: HIFM, SSO

## Is the Government paying enough?

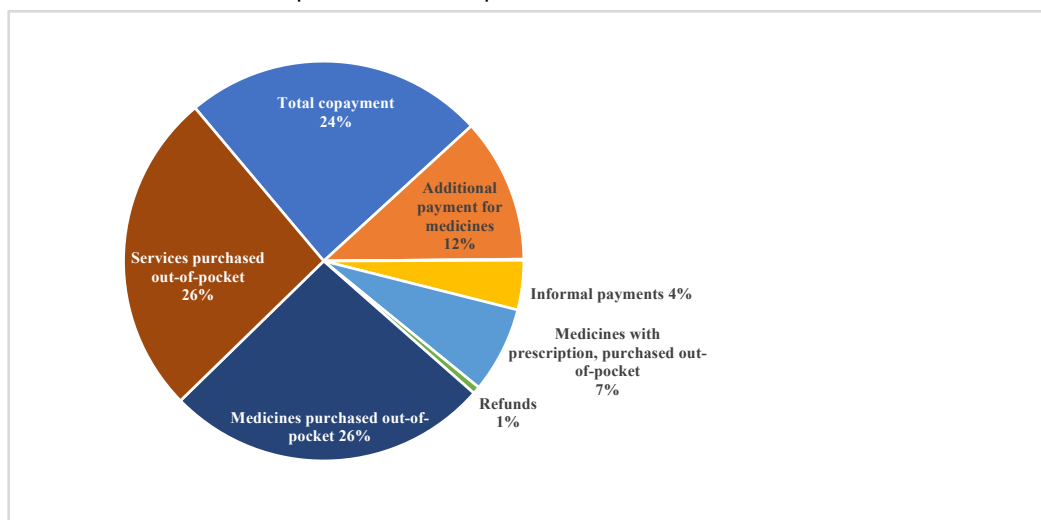
Average contribution vs average expenditure per category



Source: Estimate by the authors with data from HIFM, SSO and PDIFM

## Which services are covered and which not

Estimation of the out of pocket health expenditures in 2015 in Macedonia



## How much of the services value is covered?

**22,3%** of patients in 2015 have been exempted from paying copayment for the health care they received

### Exemptions of paying copayment in 2015 in Macedonia

<b>Persons exempted from co-insurance payment for most of the services</b>	<b>42,500</b>
Blood donors and organ donors	30,000
Social categories according to the HIL	9,000
Persons who during the year reached the defined limit (70, 40 or 20% of average salary)	3,500
<b>Persons exempted from co-insurance payment for multiple services</b>	<b>160,000</b>
Inpatient care for retired persons with pension below the average	12,000
Women who have recently given birth and infants up to one year of age	40,000
<b>Persons exempted from co-insurance payment for specific services</b>	<b>100,770</b>
Diabetes	39,500
Growth hormone	55
Haemophilia	315
Sports medicine	5,000
PSA-testing of men aged 50-55 and 45-50 with a family risk	20,000
Cytology-based screening for PAP-testing	20,000
Treatment in the mental health centres	700
Dialysis patients	1,500
Specific diseases	5,000
Malignant diseases	7,300
In vitro	1,400

Source: Adjusted from HIFM, HIL, Programmes of the Ministry of Health

## What is the level of financial protection in Macedonia?

Catastrophic health expenditures

Country	more than 25% of the total expenses	more than 40% of the total expenses (net of food)
Bosnia and Herzegovina	0.3	0.5
Bulgaria	2.1	2.9
Estonia	2.7	2.5
France	1.7	0.8
Georgia	4.8	5
Latvia	1.8	2.4
Moldavia	3.2	4.6
Russia	2.4	4.7
Turkey	0.7	0.4
Ukraine	0.3	1.1
Average	2	3
<b>Macedonia</b>	<b>1.9</b>	<b>2.2</b>

Source: World Health Organization and World Bank, 2015

Note: Data for Macedonia are estimates by the authors

How this has affected the ill population?

Unmet health needs

	Quintile					
	1	2	3	4	5	Total
<b>Macedonia</b>						
<b>2010</b>	20.2	13.6	7.8	6.4	2.3	10.1
<b>2015</b>	4.7	3.7	1.6	0.5	0.1	2.1
<b>Croatia (2015)</b>	2.6	0.7	0.4	0.3		0.8
<b>Serbia (2015)</b>	8.5	5.2	3.2	1.1	0.9	3.8
<b>EU28 (2015)</b>	4.1	2.6	1.7	1.1	0.5	2.0

Source: Eurostat

## Conclusions

- The country must keep the level of coverage with mandatory health insurance
- The broad benefit package VS the modest level of funds for health, indicates certain unsustainability of the health system in the country
- The solidarity principle of the system should not be “misused” by the government
- The control mechanisms need to be improved
- Actions need to be taken in the area of access to drugs

Thank you for the attention

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Link to the study:

[http://www.financethink.mk/wp-content/uploads/2018/01/Universal-health-coverage\\_Final\\_EN.pdf](http://www.financethink.mk/wp-content/uploads/2018/01/Universal-health-coverage_Final_EN.pdf)

