

## **DRAFT**

### **Proposed 2020-2022 activities of TC Health**

Proposal based after a consultation process in May 2020 through four different group calls and written input from TC members.

#### **Mandatory work plan items**

##### **1. Work related to ISSA Social Security Development Priorities**

The four priority topics for the triennium are:

- a. The future of social security administration and management
- b. Meeting the evolving needs of an ageing population
- c. Social security coverage in a changing world
- d. The role of social security in promoting inclusive growth and social cohesion

Proposal 1: TC Health to contribute to topic b, and following the line of work of the previous triennium on Long-Term Care (LTC) by further exploring affordable coverage extension recognizing the need of improving life in the older age (active ageing or “ageing-in-place”).

In the context of the current health care systems’ additional stress caused by the Covid-19, it has become more evident and urgent to look to better ways to provide LTC that would recognize aging not as a disease, but as a healthy and normal phase of life that does not necessarily have to happen at hospital facilities.

**Annex I** briefly describes the project.

Proposal 2: There is a special interest in compiling a set of case studies on how UHC has promoted social cohesion (and reduced the Gini coefficient in Indonesia) and overall reduction of inequalities. There is already a study from the Indonesian case and studies from Uruguay, Korea and Turkey. This related to ISSA priority c.

**Annex II** briefly describes the project.

##### **2. Work related to existing ISSA Guidelines**

TC Health will contribute to the review of ISSA Guidelines on:

- ISSA Guidelines on Solutions for Coverage Extension
- ISSA Guidelines on Actuarial Work for Social Security- in case there is an opportunity to add a financing aspect in the area of health

TCs in collaboration with the ISSA Secretariat will define the scope of the review. The Chair of TC Health will sign-off on the final content of the revised guidelines on behalf of all the participating TCs. The question on how to maintain current coverage levels should feed in the review, and potentially will be further developed as a discretionary work plan item. As for the guidelines on actuarial work, TC Health will express the need of including financing and sustainability of health systems and will be ready to contribute to reading a draft on such a chapter (if developed).

##### **3. Contribution to new ISSA Guidelines**

TC Health is planning to significantly contribute to the new ISSA Guidelines on *Service (Business) continuity and Resilience* with a chapter on health institutions in times of crisis.

#### 4. **Contribution to ISSA events**

TC Health to contribute with a panel on health care in times of crisis at the LEAD international conference in Bali, Indonesia, in 2021. NHIS members will contribute with the organization as well.

TC Health is looking to actively contribute with the sharing of experiences of the health institutions via Webinars.

### **Discretionary work plan items**

1. **Project on maintaining coverage levels<sup>1</sup>:** The current coverage that health insurance systems have is at stake and extension of coverage is important, but we also need to ask ourselves how do we keep the existing coverage levels?
  - a. How do we ensure financial sustainability amidst the increasing labour informality and unemployment?
  - b. Exploring mandatory and voluntary coverage so as to fill out the coverage gaps
2. **Project on reducing wasteful spending in the health care sector:** To explore how to maximize the resources in the health care system by reducing wasteful spending.

## **Annex I**

### **TC PROJECT TEMPLATE**

**Name of TC:** TC on medical care and sickness insurance (TC Health)

**Project Title:** LTC and ageing-in-place: further exploratory study

#### **Project objectives, description and methodology:**

Continuing in the line of the study from the last triennium on long-term care systems' financing and provision of benefits, we would like to further explore a concept in which both LTC and ageing-in-place can be assured financial sustainability. What are the models that combine both concepts successfully, what are the challenges they face and what are the conditions needed for such a system to work?

This report aims at taking into account for the planning of crises and the ever more important need of developing affordable LTC systems for all countries.

#### **Objectives:**

1. To identify country cases, based on the ISSA's previous report on LTC and ageing-in-place that could serve to study their financing mechanism more in detail.

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<sup>1</sup> This topic should feed in the review of the Guidelines on Coverage Extension.

2. Model, if possible, the costs of a health care system that combines UHC and appropriate LTC services. (e.g. How much of a country's GDP is needed to achieve this?). What are the possible administrative models and contributory possibilities that reduce gaps in coverage?
3. Make the case that LTC is important regardless of UHC coverage levels; all societies are ageing.

#### Methodology:

It is planned to conduct a survey among health institutions (administrators) that collects country cases<sup>2</sup> with a focus on financing matters, and contribution collection.

- Phase 1 of the analysis will look at the various financing models that were collected;
- Phase 2 will analyse the economic requirements for the various types of health insurance models that increase or maintain coverage levels.

#### **How and to which ISSA priority the project relates:**

The proposed project is in line with the first theme of the 2020-2022 ISSA Programme and Budget, *The future of social security administration and management*.

#### **Key timelines:**

June 2021	Progress report at the TC Forum in Geneva
June 2022	Progress report at the TC Forum in Geneva
Fall 2022	Delivery, World Social Security Forum, Marrakesh, Morocco

#### **Deliverables:**

Literature review, questionnaire, survey results, final report, presentation.

#### **Dependencies:**

TC Health members from Korea and Belgium, other TCs involved (TC Pensions and working group on rehabilitation), potential external expert or ISSA health expert.

## **Annex II**

### **TC PROJECT TEMPLATE**

**Name of TC:** TC on medical care and sickness insurance (TC Health)

**Project Title:** Linkages between health social security in promoting inclusion and social cohesion

#### **Project objectives, description and methodology:**

##### Objectives:

1. To identify the ways through which health coverage contributes to social inclusion and social cohesion

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<sup>2</sup> As a starting point, the country selection from the previous TC Health's report will be used with the goal of expanding the selection to non-OECD countries.

2. To share country experiences in the implementation of Universal Health Coverage (UHC) that have measured reduction of social exclusion.

#### Description:

Sickness and work injury<sup>3</sup> are among the risks related to employment capacity, social cohesion, and neediness. Indonesia's social security for health programme (JKN-KIS) has the objective of ensuring access to formal health care to maintain social cohesion and solidarity thus paves way for social and economic stability (Ginneken, 2003; Normand & Weber, 2009; de Andrade et al., 2015). It is a mean of financial protection against catastrophic health expenditure. Thus, such an examination on its role in reducing poverty and improving social cohesion is important. Previous studies show that universal health coverage (UHC) programmes have successfully reduced income inequalities (Huang and Yoshino, 2016; Asaria et al, 2016).

It is proposed to explore various proxy indicators to measure increased social cohesion and inclusion, such as the Gini coefficient before and after the introduction of universal health care.

#### Methodology:

Case-study report based on a questionnaire to health insurance institutions.

1. The first phase will be a qualitative questionnaire gathering information on the design and development of UHC in a selection of countries<sup>4</sup> (only those who have introduced either UHC or mandatory health insurance recently<sup>5</sup>);
2. The second phase will involve the measurement of social cohesion with and without UHC by incorporating a microsimulation exercise for the group of countries selected. The objective of the second phase is to emphasize the role of UHC in not only social inclusion and cohesion, but also poverty reduction.

#### **How and to which ISSA priority the project relates:**

The proposed project is in line with the fourth theme of the 2020-2022 ISSA Programme and Budget, *The role of social security in promoting inclusive growth and social cohesion*.

#### **Key timelines:**

June 2021	Progress report at the TC Forum in Geneva
June 2022	Progress report at the TC Forum in Geneva
Fall 2022	Delivery, World Social Security Forum, Marrakesh, Morocco

#### **Deliverables:**

Gathering of country experiences and secondary data, possibly designing a questionnaire, survey results, final report, presentation

**Dependencies:** TC Health Chair, other TC members (Korea, Turkey, Uruguay), other TCs (TC PAR), potential external expert.

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<sup>3</sup> From the study "Indonesian Experience in Improving Social Cohesion Through Social Security for Health Programme".

<sup>4</sup> To be specified.

<sup>5</sup> Kazakhstan, for example, just introduced mandatory health insurance.