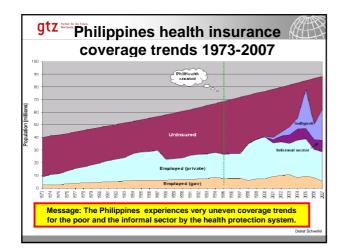


## gtz Main lessons from Thailand

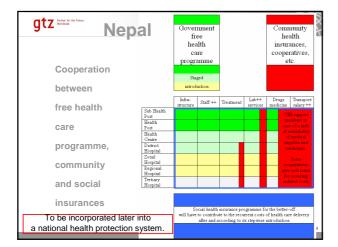


- The poor and the vulnerable
  - are a considerable part of the population
  - were provided free services from government
- The self-employed
  - developed a voluntary 'health card' scheme
  - faster and better services (green channel)
  - strict referral requirements
  - appropriate contributions (20 \$ py, after harvest)
  - no ceilings of benefits (in 2000)
  - covering about 15% of population
  - subsidized by public providers & government

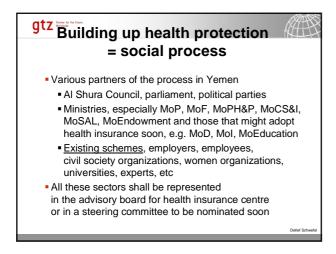
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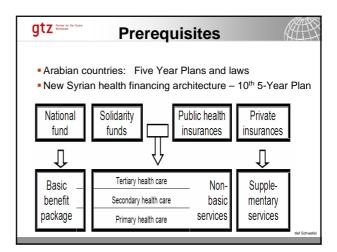


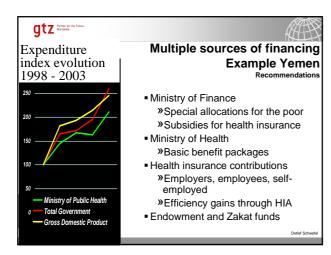


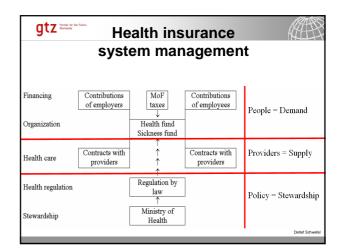












## gtz return to the factor. Some messages



- Discover all existing social health financing schemes in Nepal
  - there are many excellent initiatives in all three sectors
- Health <u>protection for the poor</u> should not be isolated from the national health system
  - Free health care programme is important for the poor
  - Catastrophic diseases / expenditures need support
  - Drug "assurance" programmes can be a good help towards a rational health care financing of poor families
  - Can we monitor the out-of-pocket spending of the poor ?!
  - Can we avoid dole-out-mentality ?!

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## gtz return to the fisher. Some messages (2)



- The informal sector is a difficult partner
  - Community health insurances and revolving drug funds can be good starting points
  - Voluntary schemes like the health card in Thailand might give some insights
  - For the better-off self-employed we might learn from the Philippines
- In most countries health insurance started with the formal sector
  - Discover the best practices of health protection and insurance schemes in the formal sector
  - The labour act and the civil services act might be revised

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## gtz Partner for the Fature. Some messages (3)



- The drive towards a <u>comprehensive system of social</u> protection and health (insurance) is a social process
  - Many actors and agents are involved
  - Conflicts and confrontations are sure
- This drive needs a good knowledge base,
  - Expanded national health accounts
  - Health economics and financing specialists
- A full fledged social health (insurance) system takes time and needs evidences and policy dialogues

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