P04 / Public Policy Interventions for Increasing Health Insurance Coverage in Developing Countries

Topic : HEALTH POLICY

Chair : Dalano DaSouza (University of the West Indies, Five Islands Campus (Antigua and Barbuda))

Second Chair : Olvine Holas (JIPA Network LLC)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Despite global progress in healthcare accessibility, substantial gaps remain, particularly in lower-income regions such as Africa, Latin America and the Caribbean, and East Asia and the Pacific, where health insurance coverage is still limited. In these countries private insurance penetration is extremely low, while public insurance mechanisms (where they exist) are woefully inadequate, despite the pursuit of universal health coverage (UHC). This panel will examine public policy interventions that have been successful or show potential for increasing health insurance coverage in developing countries.

The papers submitted will evaluate current and past interventions, identify gaps, and propose policy directions for governments, international agencies, and non-governmental organisations (NGOs) to increase health insurance coverage, ensuring greater resilience and equity in health outcomes. For example, can the policy of employer and/or employee insurance mandates used in some US states be useful in developing countries? Can a model similar to the national insurance system in Canada be applied in African or Caribbean countries? What lessons can these countries learn about health insurance from Europe?

Increasing health insurance coverage in developing countries is a critical issue with substantial implications for public health, economic resilience, and social equality. Studies consistently show that health insurance coverage can improve health outcomes, protect against catastrophic health expenditures, reduce economic disparities, and improve a country's economic performance. However, many developing countries continue to face low coverage rates, largely due to financial constraints, lack of state interventions, undiversified risk pools, inter alia. Moreover, with the significant increases in older segments of the populations expected in these regions over the next two decades, health insurance coverage is coming into sharp focus.

This panel seeks to address the gap in the literature by focusing on public policy as a vehicle for improving health insurance coverage. While much research addresses healthcare interventions, less is available on the policy structures that support sustained insurance coverage expansion in lower-income countries. Comparative analysis of successful models and data-driven approaches from countries which have successfully expanded coverage can prove instructive for those countries which are lagging. Specifically, the panel will address the following areas of enquiry:

1. What public policy interventions have been most successful in increasing health insurance coverage in developed or developing countries, and what lessons can be drawn from these efforts?

2. What are the primary socioeconomic, cultural, or systemic barriers to health insurance uptake in these regions, and how can policy measures specifically address these challenges?

3. How can emerging financing mechanisms, such as microinsurance or digital health platforms, contribute to extending coverage to underserved populations?

4. What role can international agencies and private-sector partnerships play in scaling effective health insurance programs, and what challenges are associated with these partnerships?

5. How can public policies better target vulnerable groups, such as low-income populations, rural communities, and informal workers, who often face limited access to health insurance?

This session aligns with the conference's focus on actionable strategies to tackle pressing global challenges in public health and will provide insights into policy interventions that support sustainable health system strengthening in developing countries.

CALL FOR PAPERS

As part of the 7th International Conference on Public Policy, the International Public Policy Association invites submissions for the for the panel ‘Public Policy Interventions for Increasing Health Insurance Coverage in Developing Countries’. We welcome submissions of abstracts or completed papers which explore the policy interventions for developing countries across the world to address the issue of limited health insurance coverage. While some nations have made significant progress toward comprehensive health insurance coverage, many in developing regions such Africa, Latin America and the Caribbean, and East Asia and the Pacific continue to face challenges, including limited resources, economic constraints, and the need for policy reforms to achieve universal health coverage.

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Suggested Themes

Submitting authors can prepare theoretical, empirical or applied policy papers and case studies relevant to any of the areas of enquiry below. Papers can utilise any methodology deemed appropriate but must reflect academic best practices. Final submissions should follow the journal submission guidelines of the International Review of Public Policy. Topics/themes of interest include but are not limited to:

1. Public policy interventions that have been successful in increasing health insurance coverage in developed or developing countries, and the lessons which can be drawn from these efforts.

2. Investigating the primary socioeconomic, cultural, or systemic barriers to health insurance coverage (such as income levels, rural versus urban disparities, and employment status) in these regions, and the policy measures which can address these challenges.

3. Emerging financing mechanisms, such as micro-insurance, community health funds, mobile-based health insurance, and digital health platforms, and how they can contribute to extending coverage to underserved populations.

4. The role that international agencies and private-sector partnerships can play in scaling effective health insurance programs and fostering collaborative approaches to address gaps, and the challenges are associated with these partnerships.

Who can submit

Contributions are invited from established and emerging scholars, public intellectuals, post-graduate students and public policy practitioners in the foregoing areas of enquiry.

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Session 1

Wednesday, July 2nd 13:45 to 15:45 (D5)

The political economy of health financing in Brazil: a cautionary tale

Alexandre Handfas (Fundação Getulio Vargas, Escola de Administração de Empresas de São Paulo)

The Brazilian Sistema Único de Saúde (SUS) is the world's most extensive public health system, providing free primary, secondary, and tertiary medical assistance at the point of care for at least 160 million people. This is a significant achievement, even more so when considering developing countries' fiscal constraints in the Global South. Indeed, in its more than three decades of existence, Brazil has struggled to establish a stable and robust financing framework for the SUS, hindering the country's ability to deliver quality public health services to its entire population. Alongside the development of the SUS, a sizable private insurance industry has thrived in Brazil, which is substantially better funded than the country's national health service despite covering only 25% of the population. The financial gap between the SUS and the private health insurance sector is a puzzling outcome, given that the 1988 Constitution, which ushered in Brazil's democratic era, explicitly called for a publicly funded, universal health system while allowing private health insurance and assistance to operate.
The study I aim to present at the 7th International Conference in Public Policy investigates the political economy dynamics that could explain the SUS's difficulties in establishing a stable and sufficient funding framework, vis a vis the robustness and expansion of private health insurance. More specifically, it aims to understand the political and institutional effects of early decisions regarding the financing arrangement of the SUS, particularly in terms of funding integration between universalistic and noncontributory policies—such as health and social assistance—with contributory policies, i.e., social insurance. It aims to investigate how this integration shapes different patterns of interest organization, coalition building, and mobilization, defining distinct health politics patterns that ultimately hinder adequate funding for the SUS. Moreover, it aims to discuss the advantages and disadvantages of the strategy undertaken in Brazil to extend health coverage to people experiencing poverty. The Brazilian case provides important lessons to other Global South countries that seek to achieve UHC or improve the coverage they already universally provide. Considering the fiscal constraints that often hinder Global South countries in their efforts to provide public health coverage, mixed schemes that integrate private health insurance with public options may offer viable solutions. However, Brazil serves as a cautionary tale of this approach's significant challenges and the risk of offering inadequate services to the poor while delivering generous benefits to the wealthy.

Public Policy for Occupational and Environmental Health Equity: A Study of Health Insurance Coverage Among Street Vendors in Bhubaneswar, India.

Vaishali Singh (XIM University)

Research, policy, and practice in the domains of public health have historically recognized environmental health and occupational health and safety as distinct subfields. From a policy perspective, macro-level policy settings also have an impact on the relationship between work, environment and health, and it interacts with individual characteristics such as socioeconomic status, gender, age, location of residence, and race/ethnicity. The present study looks at the street vendors as the particularly vulnerable subgroup of informal workers who face the twin burden of occupational and environmental health risks. As a significant part of the floating population in India, the street vendors face hurdles in navigating the health policy processes in accessing and using the health services in India. Because of their informal employment status, low income, and lack of knowledge about health insurance, street vendors in India are frequently excluded from Universal Health Coverage (UHC) schemes like PMJAY. The study adopts a mixed methods approach to collect data from street vendors in the city of Bhubaneswar in India. This rapidly urbanizing city hosts a

significant population of street vendors, whose livelihoods are intricately tied to the local environment and the state leadership has its own health insurance coverage scheme pitted against the national universal coverage scheme. Quantitative data has been collected using a structured survey questionnaire, the qualitative strands of data have been gathered using Focus Group Discussions and In-depth interviews with key informants. Participants include a diverse sample of street vendors selected through random sampling, ensuring variation in demographics, product types, and vending locations, across high density and low-density zones of the city. The findings give insight into the socioeconomic challenges and coping strategies of street vendors in informal work spaces and the lack of health policy awareness that leads to their exclusion from public healthcare. The study underlines the need for measures to spread health policy awareness among the street vendors who face exacerbated health inequalities. The interplay of occupational and environmental health risks for the informal workers calls for designing of preferential policy frameworks to address their specific healthcare needs and promote effectiveness of national health policies. The study will contribute to the equity lens in the health policy literature by identifying and contextualizing the barriers to health insurance coverage faced by the street vending community in the global south.

Keywords: health insurance, health policy, informal workers, street vendors, occupational and environmental health

You Shall Not Pass: An Analysis of The Barriers and Solutions to Health Insurance Access in the Caribbean

Olvine Holas (JIPA Network LLC)

Gideon George (Eastern Caribbean Central Bank)

In the Caribbean, access to health insurance remains critically low, largely due to significant barriers faced by vulnerable groups, including low-income populations, rural communities, and informal workers, whose socio-economic realities limit their ability to participate in existing health insurance schemes. These challenges are further exacerbated by the region's unique economic and geographic constraints, such as limited resources, high debt levels, weak human capital, systemic inefficiencies, high rates of informal employment, small and dispersed populations, and vulnerability to natural disasters. Collectively, these factors create a complex web of issues that threaten the achievement of Sustainable Development Goal 3: ensuring good health and well-being for all.

This paper employs econometric methods to identify and analyse the barriers to health insurance access in the Caribbean. It also explores the potential of innovative solutions such as government-subsidized insurance, community-based health financing (CBHF), public-private partnerships (PPPs), and technological advancements like telemedicine in addressing these challenges. Public policy plays a critical role in mitigating health disparities in Small Island Developing States (SIDS) through the implementation of targeted, evidence-based strategies to expand health insurance coverage. To ensure effective interventions, however, sound technical analysis must guide policy formulation, aligning solutions with the specific contexts of each country.

By examining case studies from Jamaica, the Eastern Caribbean Currency Union, and Trinidad and Tobago, this study provides actionable recommendations for policymakers to promote equitable health insurance coverage, advance universal health coverage (UHC), and reduce health disparities across the region.

Addressing the Colonial Healthcare Hangover: Public Policy as a Tool to Boost Health Insurance Coverage in the ECCU

Dalano DaSouza (University of the West Indies, Five Islands Campus (Antigua and Barbuda))

Abstract

The quality of a country's human capital is essential to its economic growth and development and this is no different in the eight-member Eastern Caribbean Currency Union (ECCU). Unfortunately, during colonialism, health policy in the Caribbean was not aimed at improving its human capital, but instead centered on upholding and maintaining the country's status as a colonial outpost of the British Empire. Pioneering government health policy was non-existent, and hence, health was greatly influenced by poverty and inequality (Downes 2001). The legacy of limited access to quality healthcare, socioeconomic inequalities, and cultural dissonance persists. Modern healthcare challenges in the Caribbean can be traced back to the colonial era, highlighting the need for decolonization efforts and culturally sensitive health interventions.

As the Caribbean focuses on the ongoing cost-of-living crisis associated with high levels of inflation and

lagging salary increases, one important issue that tends to fall through the cracks is the cost of healthcare, particularly as many countries are confronted with aging populations and rising prevalence of non-communicable diseases. While Caribbean governments tend to be the main provider of basic healthcare services funded primarily through taxation, the increasing out of pocket cost for ECCU nationals has highlighted the significant gaps in health insurance coverage in the sub-region.

Using public policy analysis techniques, this chapter explores how the legacies of colonialism has left the healthcare systems in the ECCU undeveloped and unable to properly cater to the needs of the population. It will highlight weaknesses in the provision and funding of healthcare, explore how public policy can be used as a tool to boost health insurance coverage, reduce the financial burden on the state to provide healthcare, and increase health outcomes in the ECCU. Specifically, it will model how increased state-issued health insurance and private insurance policies can foster socio-economic development in the sub-region.