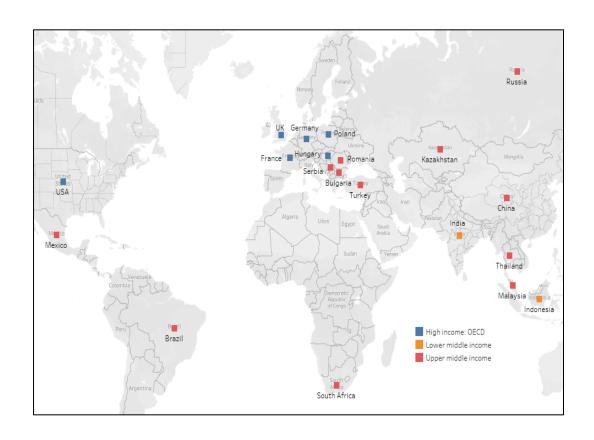
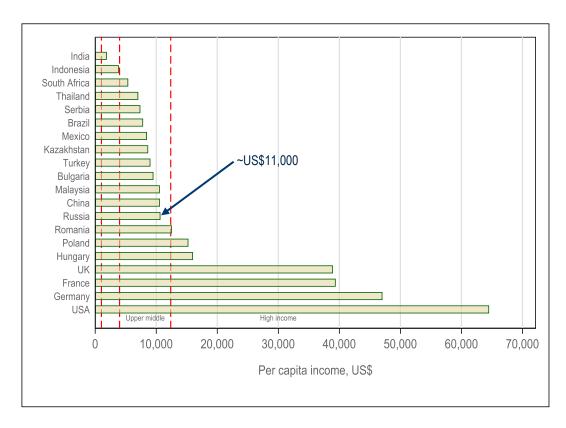
GLOBAL TRENDS & CHALLENGES IN HEALTH FINANCING

Ajay Tandon
Lead Economist, Global Practice on Health, Nutrition, Population
World Bank
December 2021



Global Country References



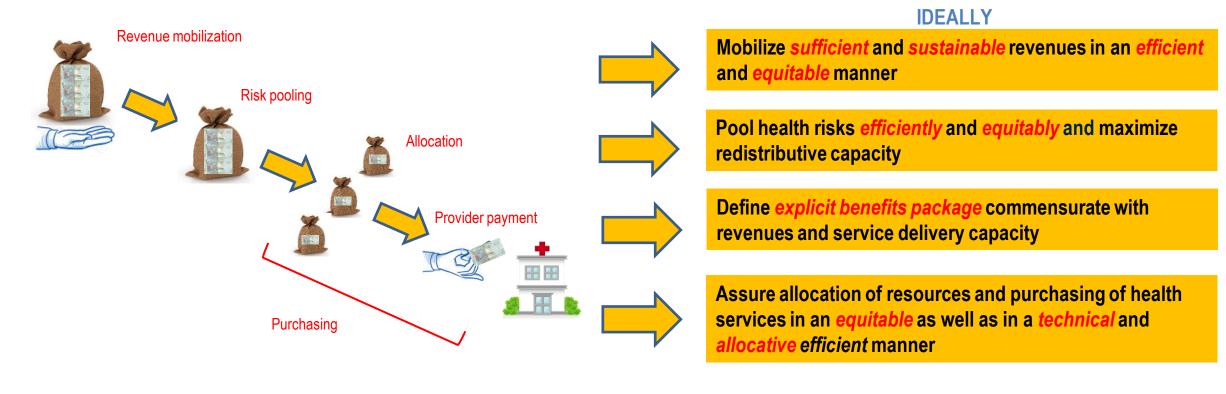






Health Financing as a Broader Concept

Health financing is concerned with the functions of revenue mobilization, risk pooling, allocation, and provider payment in order to help countries make progress towards objectives such as universal health coverage (UHC)...



...the amount of revenues raised and spent on health matters, but countries cannot simply spend their way to UHC: where revenues come from and how resources are allocated and utilized is just as important.





Revenue-Raising Modalities



- Each modality associated with different mechanisms for how revenues are raised.
- Can assess pros and cons of each mechanism based on facilitating progress towards health system objectives such as UHC.
- Rarely do we see a 'pure' form exist and all countries are hybrids.

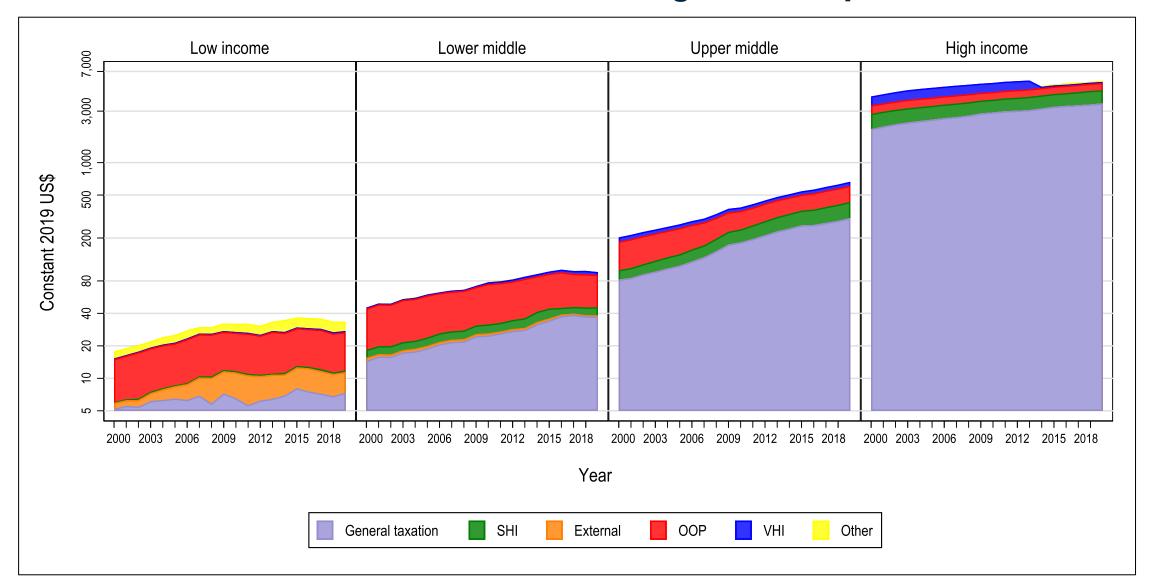




Indicators	Low income	Lower middle	Upper middle	High income	All countries
Current health spending per capita	US\$34	US\$95	US\$553	US\$5,741	US\$1,132
Share of GDP	5.2%	3.6%	5.9%	11.5%	5.7%
Public share of current	36%	36%	56%	67%	48%
Per capita	US\$11	US\$38	US\$307	US\$3,545	US\$678
Share from general taxation	64%	83%	60%	66%	71%
Share from SHI contributions	2%	11%	40%	34%	24%
Share from external sources	33%	5%	0%	0%	5%
OOP share of current	41%	52%	32%	16%	39%
VHI share of current	2%	5%	9%	3%	6%
Other (NGOs, etc.)	21%	7%	3%	14%	7%

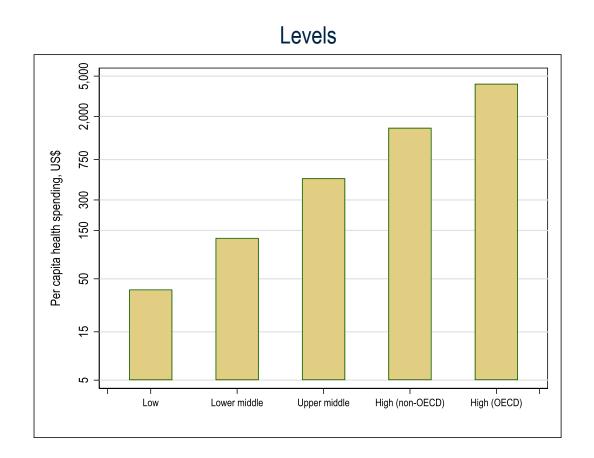


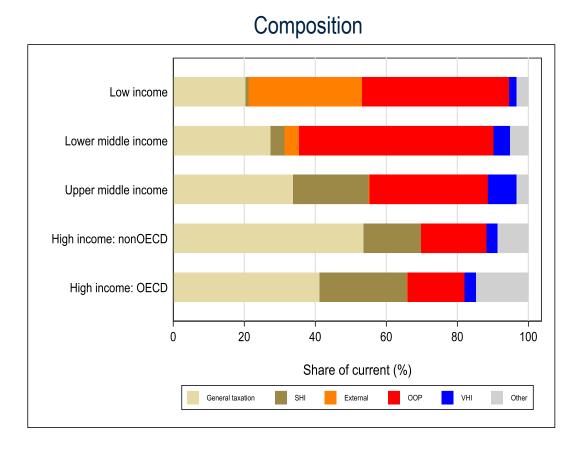






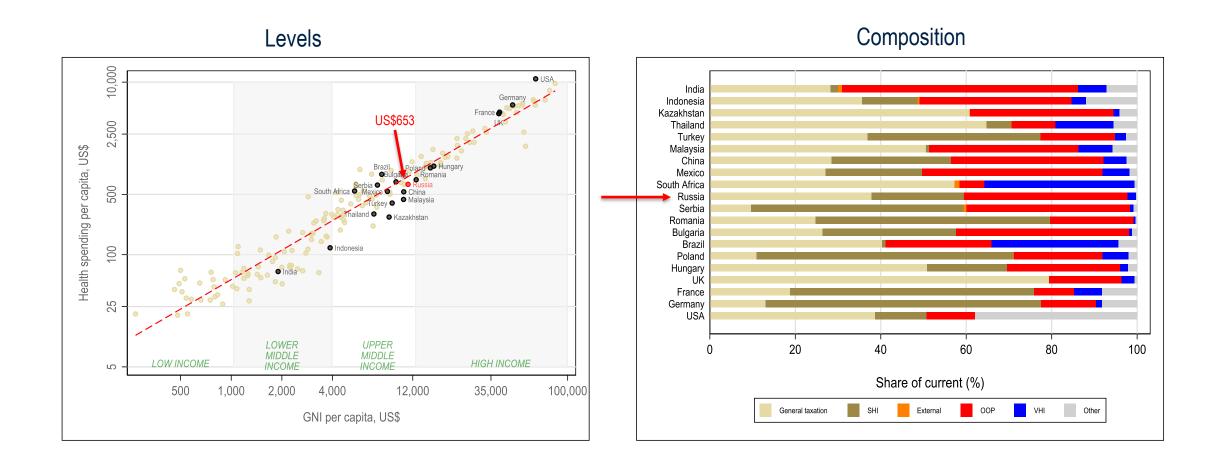








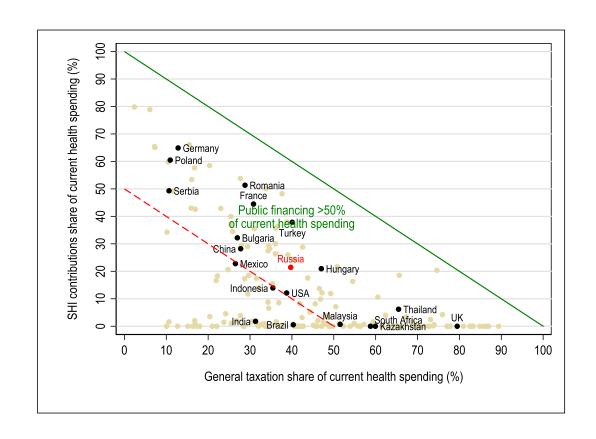


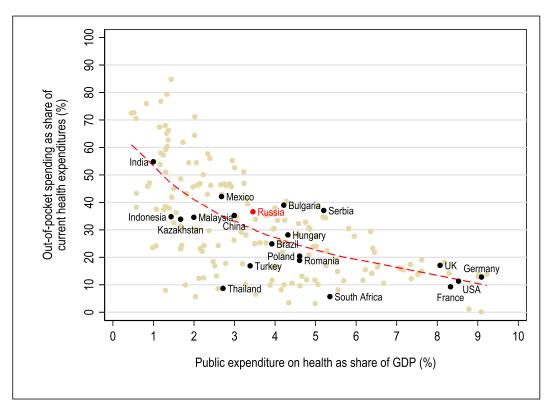






Global Public Financing Landscape





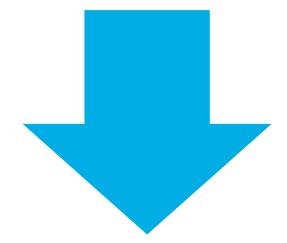




General Taxation ←→ SHI

- Many countries that started with SHI subsequently abolished them and moved to general taxation (e.g., UK, Norway, Denmark, Greece, Italy, Portugal, Spain, Brazil). And vice-versa.
- In some countries, both general taxation and SHI systems co-exist separately, often covering different population sub-groups (e.g., Thailand, India, Nigeria).
- In some countries, SHI agencies own and operate providers (e.g., Costa Rica).
- In some countries, general taxation is augmented by earmarked taxes to contribute towards health (e.g., UK, India).
- More and more countries with SHI systems co-finance via general taxation, e.g., to cover vulnerable groups, due to informality, ageing, etc. (e.g., Indonesia, Hungary, Vietnam).
- Differences between general taxation and SHI systems increasingly blurred as countries move towards diversified public revenue sources of financing for health.

Common Challenges

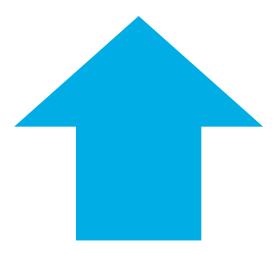


Higher-income countries:

Ageing, chronic conditions, lack of coordination, financial sustainability, cost control, long-term care

Lower-income countries:

Informality, poverty, high OOP spending, low effective coverage, lack of financial protection, foregone care





Trends in Public Financing for Health: Tyranny of Mathematics

Health Share of Public Expenditures

Public
X Expenditure Share of GDP

X Per Capita GDP

Per Capita Public Expenditure on Health

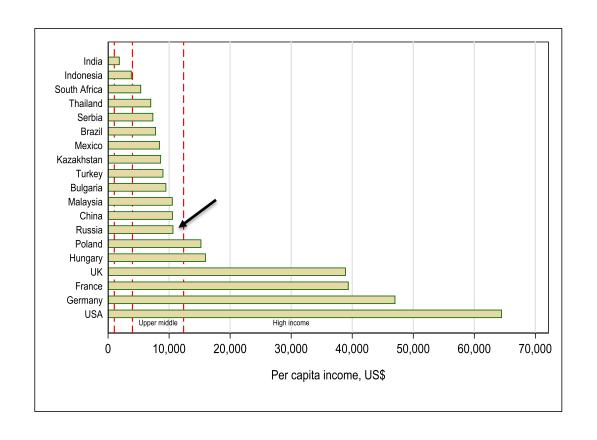
Health
Outputs and
Outcomes

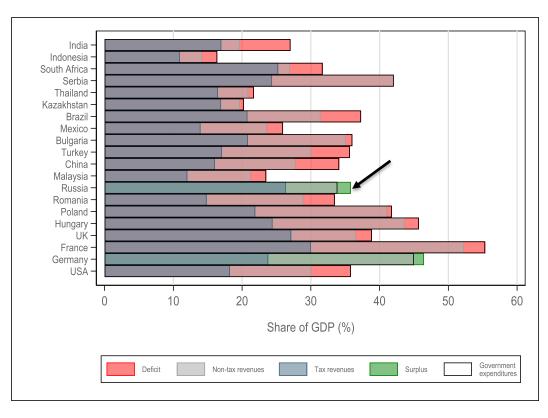
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General Government Revenues/Expenditure, 2019

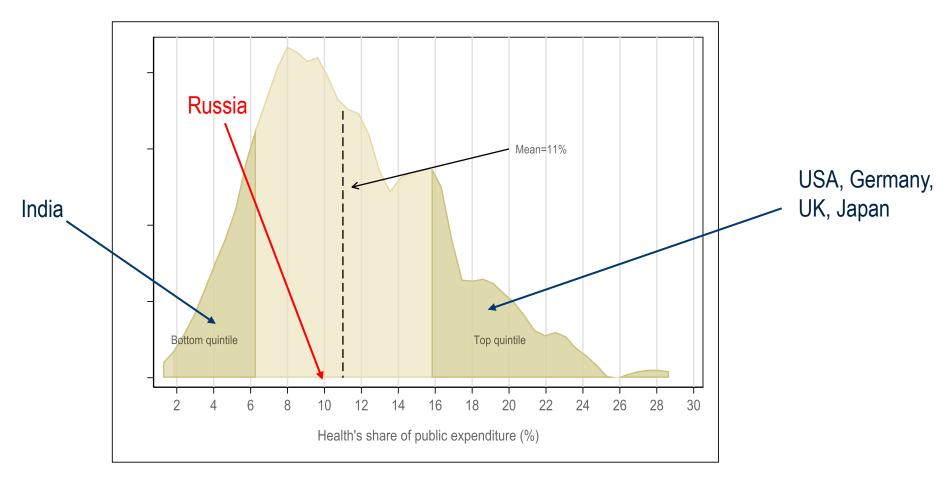








Health's Share of Public Expenditures



Globally, large variations in health share of public expenditures: ranges from <3% (e.g., South Sudan, Cameroon, Azerbaijan) to >25% (e.g., Costa Rica)





Tyranny of Mathematics

Health Share of Public Expenditures

Public
X Expenditure Share of GDP

X Per Capita GDP

Per Capita Public Expenditure on Health

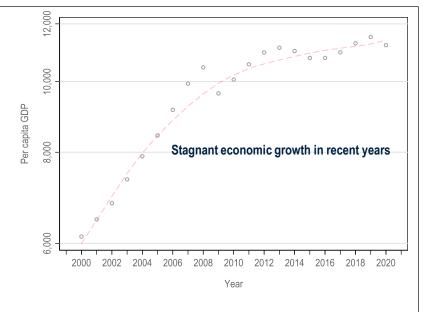
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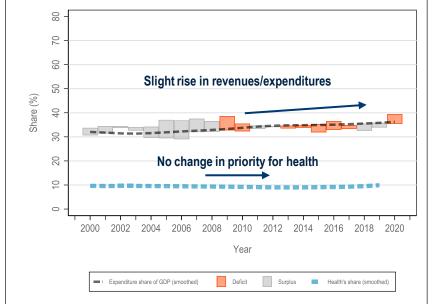
2000 10% X 31% X US\$6,130 = US\$182 <u>2019</u> 9% X 34% X <mark>US\$11,516</mark> = US\$400

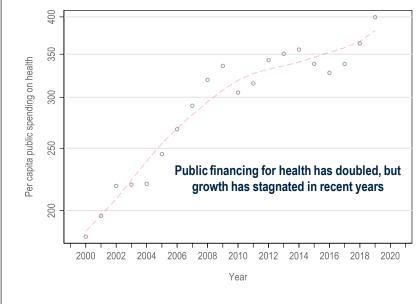




Tyranny of Mathematics



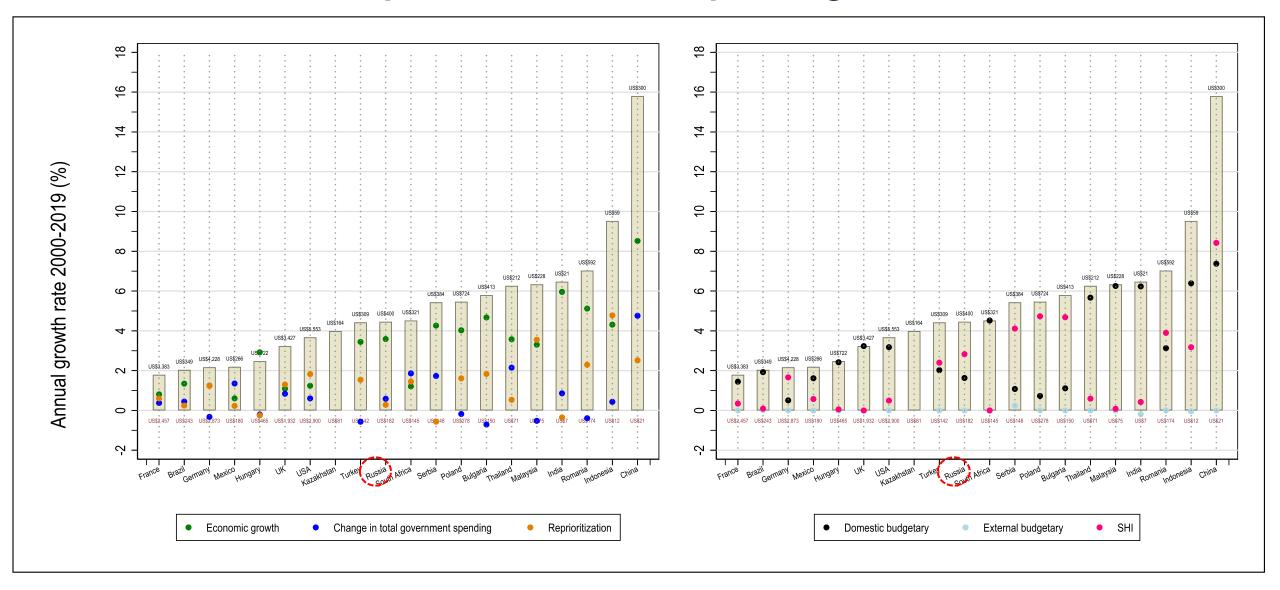








Decomposition of Public Spending on Health

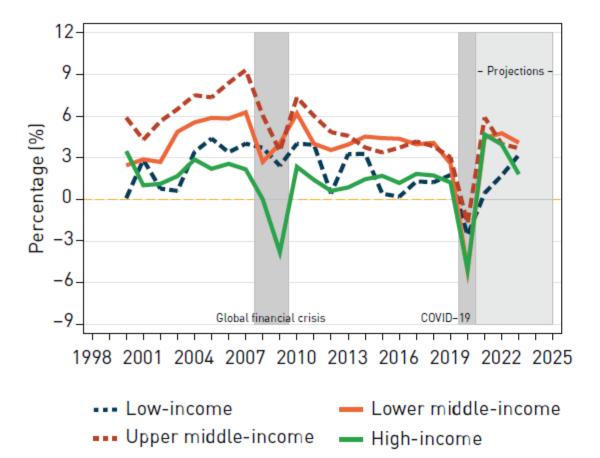




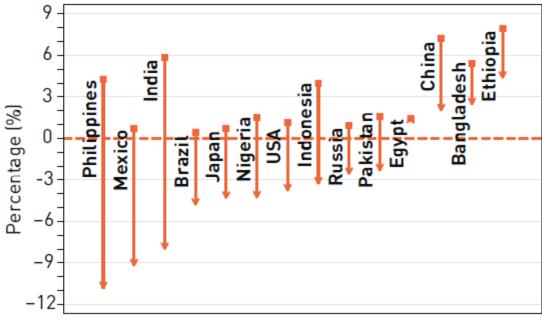


Macro-Fiscal Impact of COVID-19

a) Per capita GDP growth (%), 2000–2023, by economic group



b) Per capita GDP change (%), 2009–2020, selected countries



- Average per capita growth 2009–2019
- → Estimated per capita growth 2020





References

McKenna et al (2017), *How Health Care is Funded?*, London: King's Fund.

OECD & EU (2019), State of Health in the EU: United Kingdom, Country Health Profile.

OECD & EU (2019), State of Health in the EU: France, Country Health Profile.

Commonwealth Fund (2018), International Health Systems Profiles.



