

## The Status of Social Health Insurance in Nepal

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### ABSTRACT

**INTRODUCTION:** Social health insurance (SHI) is a risk-sharing method-based health care financing and administration. SHI combines the contributions of people, households, businesses, and the government with people's health hazards. As a result, it shields people from financial and physical hardship and is a generally equitable way to pay for medical care. This study aims to assess the status of social health insurance in Nepal. **MATERIALS AND METHODS:** The research is based on a review of empirical studies, reports, and data. The Google Scholar search engine was used to locate research publications on health insurance. The Google Scholar Open Database was applied to find the publications using the keywords "health insurance" or "social health insurance in Nepal." All papers that were published before July 2022 were checked for the study. Fifty-seven research papers were discovered during the initial inquiry; five duplicate articles were eliminated, and seven were out of the norm. Finally, 45 research papers and reports were selected for evaluation with the study titled "The status of health insurance in Nepal." **RESULTS:** This study finds that Madhesh province has poor status (4.63%) of social health insurance and province one has the highest (33.02%) of insured persons in Nepal. Females (52%) insured are higher than males (48%). The population covered by health insurance is seven percent in Nepal. Likewise, the renewal status of social health insurance is poor in Karnali province (50%) and highest in Lumbini province (85%) for the fiscal year 2021/22. **CONCLUSIONS:** Social health insurance is an effective strategy for fair access to healthcare services. The penetration of social health insurance is low in Nepal. Since the social health insurance program is one of the effective tools for improving the health system in developing nations like Nepal, so the government should speed up its implementation to achieve the goal of universal health coverage and sustainable development goals.

**Keywords:** Social health insurance, Sustainable Development Goals, Universal Health Coverage



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### INTRODUCTION

By 2030, the Sustainable Development Goals (SDGs) want to ensure everyone can access quality, affordable, safe, and effective critical medicines, and vaccines. The government of Nepal has put considerable effort into expanding basic health services to every citizen through sub-health posts (SHP), health posts (HP), and primary health care centers in rural areas [1]. However, the health system in Nepal is faced with significant obstacles, including unequal access to medical care, limited infrastructure, a lack of key medications, poorly regulated private providers, insufficient funding for health, and a lack of human resource retention in remote areas [2]. As per the constitution of Nepal, everyone has a fundamental right to health [3]. However, the budget constraint has hindered the promotion of the health sector to fulfill the constitutional requirement [4]. As a result, out-of-

pocket (OOP) spending is Nepal's primary healthcare funding source [5].

The sustainable development goals of the United Nations still need to reduce financial obstacles and provide healthcare to everyone [6, 7]. To this end, it is essential to maintain pro-poor health insurance programs to protect people from the financial hazards of illnesses who, otherwise, would not be able to afford their healthcare services [8, 9]. Universal Health Coverage (UHC) must be implemented globally, and sustainable health funding systems are essential [10; 11]. In the face of rising rates of preventable communicable and non-communicable diseases, continued population expansion, increased healthcare costs due to new technology, and epidemiological shifts, the sustainability of pro-poor health insurance programs is essential [12].

Since the current healthcare system cannot adequately identify and protect the poor, the health insurance policy was developed to reduce poverty and catastrophic medical costs [13, 14]. The government established a Social Health Security Development Committee as a legal framework to begin implementing a social health security (SHS) program, known as social health insurance [1]. The insurance program seeks to achieve universal health coverage by facilitating greater access to and utilization of high-quality medical care [15, 16].

The Health Insurance Program (HIP) is a social security initiative run by the government to enable its people to obtain high-quality medical care while bearing as little financial burden as possible [17]. The Health Insurance Board (HIB) carries out health insurance programs in Nepal [18]. Family members must contribute the required amount to join the program, which is family-based. This program tries to remove obstacles to using health services and provide equity and access to underprivileged and poor groups to attain universal health coverage [19].

SHI aims to enable people to obtain high-quality medical care without having additional financial burdens. It empowers people to contribute to a health fund that ensures access to specific healthcare services frequently regulated by the government [20]. The first phase of the SHI scheme is scheduled to begin in three districts (Kailali, Baglung, and Ilam) in 2015 [21]. Households without health insurance, those with lower socio-economic status, and less education had a higher likelihood of experiencing

catastrophic spending [22]. So, the government, communities, and households are directly involved in this program to prevent people from going into poverty because of high health care costs in catastrophic expenditure.

## MATERIALS AND METHODS

The literature review on Nepal's status on social health insurance is the basis for this study. Additionally, secondary data was gathered from the Health Insurance Board and World Health Statistics publications. The search engine Google Scholar was used to locate research publications on social health insurance. The relevant research publications were searched through the Google Scholar Open Database using the keywords "health insurance" or "social health insurance in Nepal." All papers that were published before July 2022 were checked for the study. Fifty-seven research papers were discovered during the initial inquiry; five duplicate articles were eliminated, and seven were out of the norm. Finally, 45 research papers and reports were selected for evaluation with the study titled "The status of health insurance in Nepal." The research outcomes are based on the review of empirical studies, reports, and data.

## RESULTS

### Health Expenditure

The rapid growth of health expenditure has become a significant concern for both households and governments. Health expenditure per capita was higher in countries with social health insurance mechanism [23]. Table 1 shows the status of health expenditure in South Asian Nations, including China.

**Table 1** | The Status of Health Expenditure in South Asian Nations, including China.

Countries	Health Expenditure Status (2019)				
	Current % of GDP	Public % of Current	Out of Pocket % of Current	Per capita \$	Per Capita Current PPP \$
Afghanistan	13.2	8.2	79.3	65.8	285.6
Bangladesh	2.5	18.6	72.7	45.9	123.3
Bhutan	3.6	73.6	17.8	116.0	432.1
India	3.0	32.8	54.8	63.7	211.0
Maldives	8.0	79.3	16.5	854.4	1,639.8
Nepal	4.4	24.8	57.9	53.2	177.0
Pakistan	3.4	32.0	53.8	39.5	165.6
Sri Lanka	4.1	47.2	45.6	160.7	569.6
China	5.4	56.0	35.2	535.1	880.2

Source: World Health Statistics, 2022.

As per the above table, Afghanistan has a higher current percent of GDP on health expenditure, whereas Bangladesh has lower among South Asian nations. The public percent of health expenditure is higher in the Maldives, whereas Afghanistan has lower. Likewise, out of pocket percent of health

expenditure is higher in Afghanistan and lower in the Maldives. Per capita, health expenditure and current PPP on health expenditure are higher in the Maldives, whereas Pakistan and Bangladesh have lower. Government health spending and out-of-pocket costs take distinct routes, and the rate of increase in health

spending varies by economic development level [24, 25]. GDP and per capita health spending have a significant positive association [26, 27, 28].

### Social Health Insurance

Social health insurance satisfies the goal of universal coverage, which ensures that all people have access to a basic set of healthcare services, regardless of their financial situation or social standing [29]. Social health insurance is a very effective strategy for providing people with fair access to healthcare services [30, 31]. Most industrialized nations have decided to fund their

healthcare systems through social health insurance [32, 29]. Several emerging nations are implementing health insurance or expanding the current system [33, 34]. Nepal has made modest progress toward universal health care coverage compared to other South Asian nations. Even though the government of Nepal has made spreading social health insurance to the majority of the population a top priority and despite a long history of implementing health insurance (HI), it has not been successful [18]. Table 2 shows the status of social health insurance in Nepal.

Provinces	Male		Female		Others		Total	
	Count	%	Count	%	Count	%	Count	%
Province One	728,100	48.34%	777,955	51.65%	162	0.01%	1,506,217	33.02%
Madhesh	107,474	50.88	103,762	49.12	1	0.00	211,237	4.63
Bagmati	443,172	48.55	469,543	51.44	128	0.01	912,843	20.01
Gandaki	267,473	47.32	297,690	52.67	36	0.01	565,199	12.39
Lumbini	343,610	47.85	374,474	52.15	46	0.01	718,130	15.74
Karnali	130,278	48.50	138,311	51.49	32	0.01	268,621	5.89
Sudur Paschim	178,303	46.93	201,627	53.07	30	0.01	379,960	8.33
<b>Nepal</b>	<b>2,198,410</b>	<b>48.19</b>	<b>2,363,362</b>	<b>51.80</b>	<b>435</b>	<b>0.01</b>	<b>4,562,207</b>	<b>100.00</b>

Source: Annual Report of Health Insurance Board, 2022 and authors' calculation.

Table 2 shows that Madhesh province has poor status (4.63%) of social health insurance and province one has the highest (33.02%) insured persons in Nepal. Females (52%) insured are higher than males (48%). Karnali (5.89%) and Sudur Paschim (8.33%) provinces have low social health insurance status compared to other provinces. Social health insurance programs have been expanded over 75 districts and 736 local levels in Nepal till the fiscal year 2020/21 [35]. The government targets 60 percent of the population with health insurance, a 40 percent decrease in the ratio of personal expenses devoted to healthcare, and an 8 percent increase in government spending on the healthcare sector. The population covered by health insurance is seven percent in Nepal.

Madhesh province (0.2%) has the lowest, and Gandaki province (7%) has the highest population coverage. The penetration of social health insurance is expected to rise from seven percent to sixty percent as per the 15<sup>th</sup> periodic plan [36].

### Effectiveness of Social Health Insurance

Social health insurance's overarching objective is to deliver equal, affordable healthcare to everyone [37]. Demographic or socio-economic factors, such as age, gender, marital status, education, health insurance, level of living, and place of residency in an urban area, have an impact on the use of healthcare services and associated expenses [38, 39]. The renewal status of social health insurance in Nepal has been presented in Table 3.

Provinces	2019/20	2020/21			2020/21	2021/22		
	Total Insured	New Insured	Renewal Insured	Renewal %	Total Insured	New Insured	Renewal Insured	Renewal %
Province 1	534496	438948	343290	64	973444	515425	698137	72
Madhesh	46405	31737	30069	65	78142	123615	49879	64
Bagmati	386008	169779	295066	76	617042	324506	498406	81
Gandaki	264735	71772	191779	72	382014	137698	291194	76
Lumbini	323995	99376	257299	79	465648	210205	394716	85
Karnali	128603	34231	69826	54	194356	42744	98139	50
Sudur Paschim	170529	75710	131255	77	274849	76500	199252	72
<b>Nepal</b>	<b>1824771</b>	<b>921553</b>	<b>1318584</b>	<b>75%</b>	<b>2985515</b>	<b>1430693</b>	<b>2229722</b>	<b>75%</b>

Source: Annual Report of Health Insurance Board, 2022.

Table 3 shows that the renewal status of social health insurance is poor in Karnali province (50%) and

highest in Lumbini province (85%) for the fiscal year 2021/22. The main issue for the viability of Nepal's

health insurance scheme is the high percentage of dropouts and subsidised enrolment. A review of the current health insurance policy on health care packages, more co-payment options, capacity building for enrollment assistants, and improved communication between the health insurance board and medical facilities can all help to boost enrolment and reduce dropout rates [18]. A substantial positive link between health insurance and healthcare utilization and expenses was shown by Fang et al. (2012) and Kondo and Shigeoka (2013) [40, 41].

## DISCUSSION

For the reform to reach universal coverage, public funding is necessary. Tax reforms and spending cuts in other parts of the government are responsible for the budgetary boost. The healthcare system needs to be more attentive to its patients' needs. To persuade the populace to donate money and reaffiliate, the public needs to have more faith in public services [42]. In order to achieve UHC in Nepal, the country will need a productive health care delivery system, enough health-related human resources, a solid information system, improved transparency and accountability, and a well-balanced selection of preventive, health promotion, curative, and rehabilitative services, including measures to address the social determinants

of health [5]. The knowledge and perception of health insurance are influenced by the education and occupation of the people [43, 44]. Increased participation in the government's health insurance program may result from increased knowledge of health insurance and conversations with peers and neighbours [21]. A media campaign must be used to establish a health insurance awareness effort [43]. To increase efficient use of healthcare services, policy efforts should concentrate on modifying social health insurance and optimizing healthcare resource allocation [45].

## CONCLUSIONS

Social health insurance is an effective strategy for fair access to healthcare services. The penetration of social health insurance is low in Nepal. However, females have more access to males in terms of gender perspective. Madhesh province has a poor status of social health insurance, followed by Karnali and Sudur Paschim provinces. Since the social health insurance program is one of the effective tools for improving the health system in developing nations like Nepal, so the government should speed up its implementation to achieve the goal of universal health coverage and sustainable development goals.

## ADDITIONAL INFORMATION AND DECLARATIONS

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