SOCIAL PROTECTION FLOOR
SOCIAL : UNIVERSAL ACCESS TO HEALTHCARE

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SOCIAL PROTECTION IN Madagascar : International frame and National Policy
HISTORICAL BACKGROUND

- 1987: Bamako initiative - policy relaunching the strategy for primary cares;

  • Community financing of healthcare at all the levels of the health system

  • 1995-1997: FIB/IB

  • 1998-2003: Financial participation of users

  • Decree 2003-1040 on 14/10/2003: Instauring the financial contribution of users in the basic health centers
Contributory mechanisms:

**Equity fund**

- Availability / Increase of service offers;
- Continuous supply of medicine at the level of health centers

86 % = average availability of medicines
Non contributory mechanisms

- FANOME / Equity Fund at the level of health centers and hospitals to enable to take in charge the disadvantaged population

- Subsidies provided for the cares related to the attainment of the OMD: mother and newly born childs health-, fight against specific diseases (malaria-tuberculosis- HIV/AIDS)

- Funding based on performance in 3 Regions, 185 basic health centers
Other mechanisms of financing of health

- Voluntary health insurance
  - Mutuals

- Compulsory insurance
  - Interenterprise Sanitary centers
  - National Fund for Social prevention
  - Microcredit
CONSTRAINTS

- A High level of contribution of households for the financing of their health expenditures: 40% in 2010
- Unfair access to cares
- Financial risks
- High cost of cares
- Weak use of equity funds

Context of poverty and vulnerability of the population

- Mechanisms of financing not coordinated, with overlapping, a limited coverage of the population
PROSPECTS

COMMITTMENT SINCE MARCH 2015 TO THE PROCESS OF UNIVERSAL HEALTH COVERAGE

- Commitment of the Membre States of WHO.
- Multisector process under the leadership of the Ministry of Health
- Commitment of the President of the Republic and the Prime Minister
- Support by the network « Providing 4 Health »
Universal access to healthcare

Definition:

• Every individual must have access to healthcare that he needs (promotional, preventive, curative, reeducative and preventive),
• In avoiding to place the individual or his family in a difficult situation

3 Dimension:

• Protection against the financial risks related to health
• Effective availability of quality health services
• Exposure to risks having an impact on health
UNIVERSAL HEALTH COVERAGE (2)

Elaboration of the National Strategy

- Creation of the technical committee
- Definition and validation of the strategic orientations

6 Strategic orientations:

SO1: Protect the individuals and their family against financial risks related to their access to health centers

SO2: Improve the effective availability of quality health services
SO3 : Diminish the exposure of the population to the risks having an impact on health

SO4 : Mobilize the financial resources for the achievement of universal health coverage

SO5 : Consider more the wishes of the population

SO6 : Make the population living in extreme poverty acceed to minimum health services
THANK YOU