**COPORE GOOD PRACTICES IN POVERTY REDUCTION – EFFORTS IN HEALTH CARE**


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| **Working group:** | Interdisciplinary approach in Social and Health care to prevent and/or combat poverty |
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| **Title:** | Providing a nation-based health insurance to increase access to health care and reduce poverty |


## Statement

In order to address the health problems and needs of the persons who do not have any residence status, ID documents or other form of registration of their existence in the country, and the healthcare needs of the jobless, the government has introduced a legislation and policy change to incorporate them into the solidarity-based nation-wide health insurance scheme. Legislation amendments were adopted changing the conditions of eligibility for state-funded health insurance introducing the clause by which anyone residing in Macedonia, under the single condition of citizenship of the country becomes part of the state-funded health insurance which covers a wide basic-services package on a solidarity basis. Since the introduction of this policy change over 5,000 persons have applied for the health insurance under this clause, in that way reducing the costs for healthcare that have been burdening their already limited low family income.

## Best practices and limitations

The best practice presented herein is one of the policy changes which led to the introduction of a nation-based health insurance for all on the basis of the principle of solidarity, aiming towards increasing of the access to health care and towards reducing poverty. In May 2009 the government of Macedonia introduced changes in the legislation and policies to incorporate persons whose access to health care has always been burdened by their economic weakness, legal status, or any other reason, into the citizenship-based nation-wide health insurance scheme. Namely, the Law on health insurance has been changed in terms of the conditions of eligibility for state-funded health insurance introducing the clause that *a person who is not eligible for health insurance under any other condition stated in the law, also becomes eligible for health insurance*.

By this, anyone residing in Macedonia, under the single condition of citizenship of the country becomes part of the state-funded health insurance which covers a comprehensive basic package of health services on a solidarity basis. This positive approach of the Macedonian government towards solving one of the poverty issues – access to health care, is a good example of care for the citizens, especially those being part of marginalized, vulnerable or otherwise disadvantaged population groups.

## Key aspects of the theme and reflections

The dissolution of Yugoslavia was followed by a line of turbulent changes in the political and the social sphere, reinforced by the grave economic situation, increasing percentage of unemployed and large portion of the population living in poverty. Since the independence gained in 1991, Macedonia has been striving to find its place in the market economy world, while at the same time protecting and promoting its social security systems based on solidarity, equality and equity principles.

Within the milieu of defining country priorities, and at the same time establishing itself on the world map, the country started in parallel to consider, develop and implement various reforms of its health care, pension and social protection sectors to provide the optimal safety net for its citizens in the aggravating economic situation, caused by the political and economic transition through which the country was going.

Although Macedonia successfully avoided participation in the conflict following the collapse of the Yugoslav Federation, in the subsequent years Macedonia was faced with two conflicts that affected it both economically and socially: the Kosovo crisis in 1999 and the internal conflict in 2001. This has further aggravated the difficult economic conditions, resulting in unemployment as high as 35%, forcing many of the citizens into mild to severe poverty. The social welfare system - constructed to protect the jobless ones as well, has been overburdened, at the expense of the quality of social and healthcare services.

On the other side, as outcome of the conflicts, and as a legacy from the Yugoslav Federation times, Macedonia became a home of thousands of persons who do not have any residence status, ID documents or other form of registration of their existence in the country. Regardless of the fact that these people are not part of the official statistics, they coexist with and have the same (or even bigger) needs as the rest of the citizens. Their health needs, in particular are as obvious as of the others, same as the need to work, earn and provide for their families.

The unofficial figures of such "ghost" persons in Macedonia exist; those are between 5,000 to 10,000, which represent almost 1-5% of the total population in the country. And, all these, despite the wide health insurance coverage in the country of 98%, are neither in possession or eligible for health insurance (since their existence is not registered). Thus, the need of amending the government policies on access to health care of its citizens emerged.

As previously elaborated, this practice's design is outlined by legislative and policy changes, allowing anyone residing in Macedonia, under the single condition of citizenship of the country to become part of the state-funded health insurance which covers a wide basic-services package on a solidarity basis.

## Competences and Assessment

The implementation of this practice is dependent on political will and budget management skills of the government. After the adoption of the necessary legislative and policy changes, the main implementation competences needed for successful implementation are administrative capacities of the system to register, to process and to serve these new users of health insurance, and an efficient government information campaign designed to inform the target population of the new policy and how they can benefit from it.

The number of people utilizing the possibility for health insurance under these changes can serve as a performance indicator. In this specific case, so far, since the introduction of this policy change in May 2009, over 5,000 persons have applied for the health insurance under this clause, in that way reducing the costs for healthcare that have been burdening their already limited low family income.

However, currently there are no figures as to how many and what type of health services have these persons sought from the healthcare system. Nevertheless, their initiative to register for health insurance is certainly related to a need of health services, and to implementation of that need through the new coverage with heath insurance they have gained.

In the coming period, an analysis of their health needs through usage of health services would be interesting from the point of view of researching the social and health inequalities in these population groups.