



**International Center  
For Health Systems Strengthening**

# **Possible Learnings for India from Global UHC Experience**

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**AROGYA MATHAN CONFERENCE,  
CELEBRATION OF 3<sup>RD</sup> ANNIVERSARY OF AB PM-JAY**

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September 23, 2021

## Four key possible learnings (among many)

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- **A multipronged approach to UHC.** The need for “all of the above” plurality of approaches in the early days ...
- **The path for UHC is first and foremost a country political effort led by decisive leadership from the top.** Success requires values-based vision from the top country leadership followed by sound technical design to implement, not the other way around.
- **What matters is effective access and protection.** Universal enrolment is a necessary but, not sufficient condition.
- **Critical to Evaluate impact of approaches.** Not an academic luxury but, essential for social accountability and political and population support



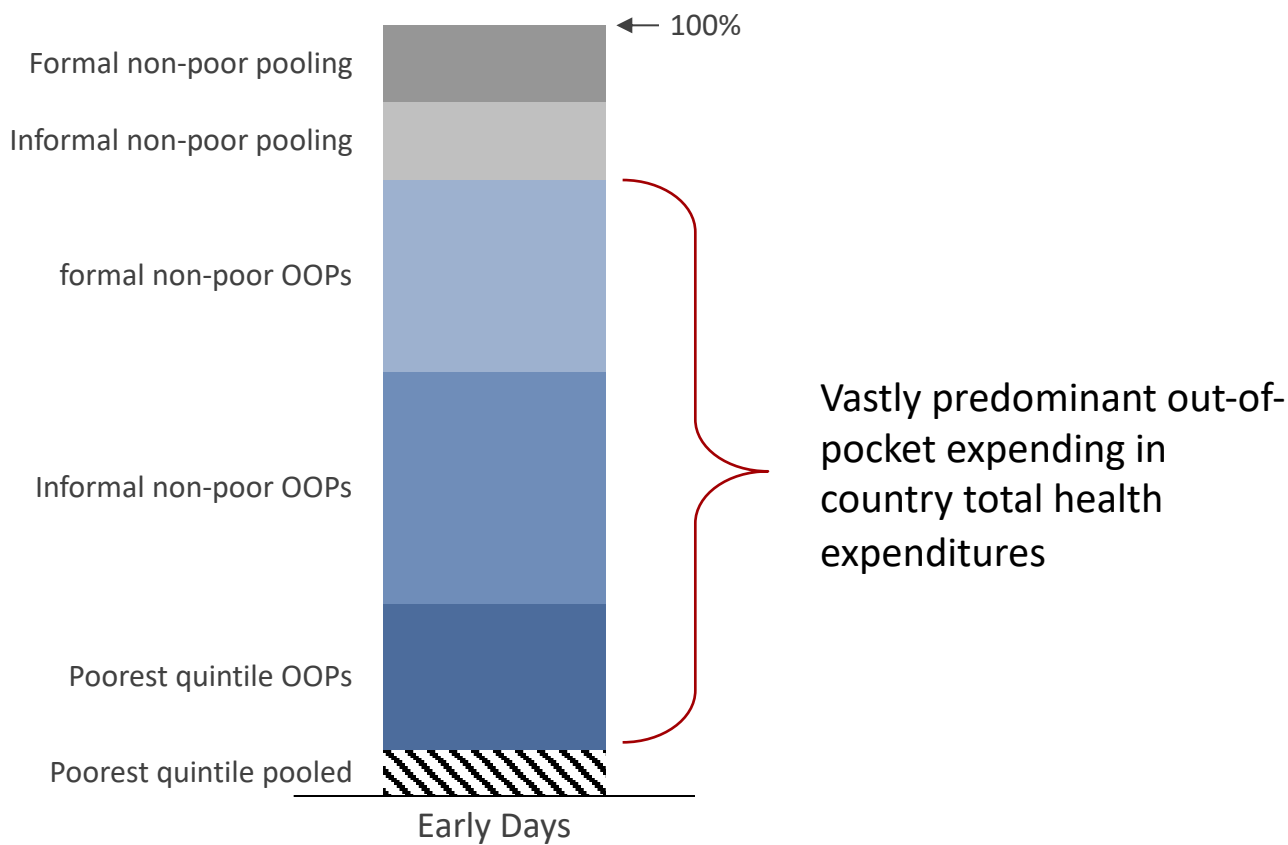
# A multipronged approach to UHC. The need for “all of the above” plurality of approaches in the early days ...

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- **The path to UHC in OECD countries was and has been historically a multipronged effort, although many forget it as time has passed...**
- What matters is whether each of the approaches at hand improves access and protection for the population including but, not only participants directly targeted by it. This is specially true for the poor. Proving positive impact on participants is good but, insufficient if non-participants are negatively affected, specially if they are the poor.
- India, with its incredible diversity, is very wise in pursuing a multipronged approach in its quest for UHC, including AB PM-JAY, one of the most innovative and promising public-private collaborations for UHC in the world.
- A multipronged approach, as needed as it is, is also prone to fragmentation. Taping on all useful paths to approach UHC needs to also include efforts to harmonize and functionally integrate all of them

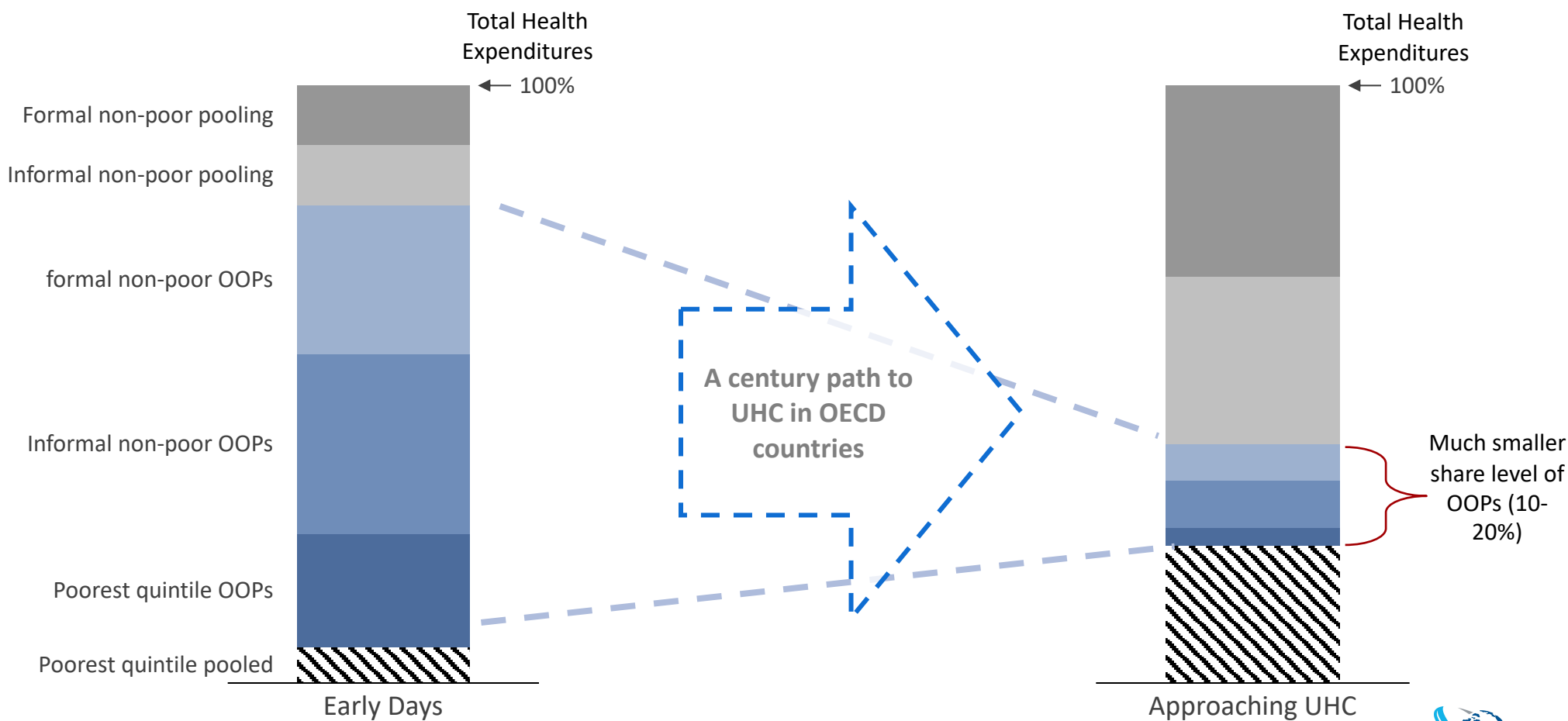


# A multipronged strategy towards UHC (risk pooling): Increasing contributory risk-pooling for the non-poor and replacing OOPs with public finance for poor



Source: ICHSS Team analysis

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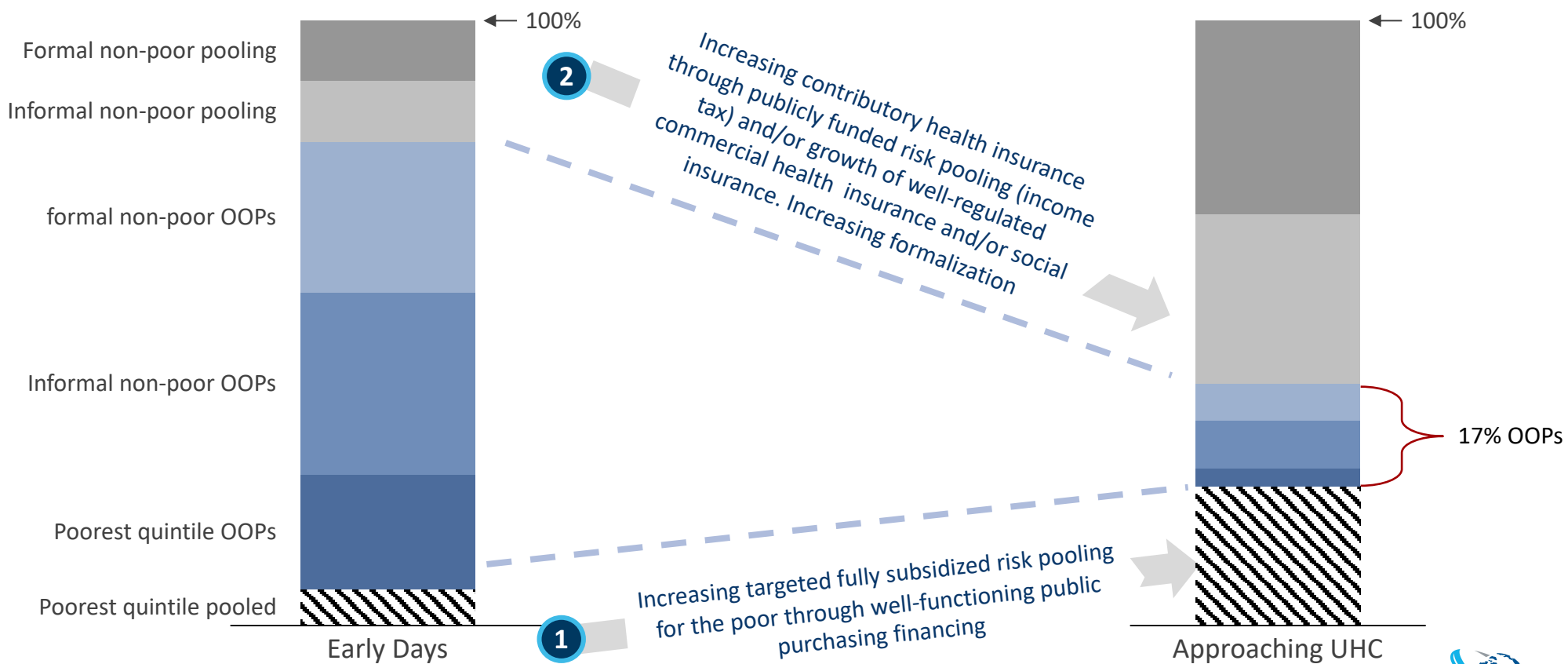


Source: ICHSS Team analysis



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# A multipronged strategy towards UHC (risk pooling): Increasing contributory risk-pooling for the non-poor and replacing OOPs with public finance for poor

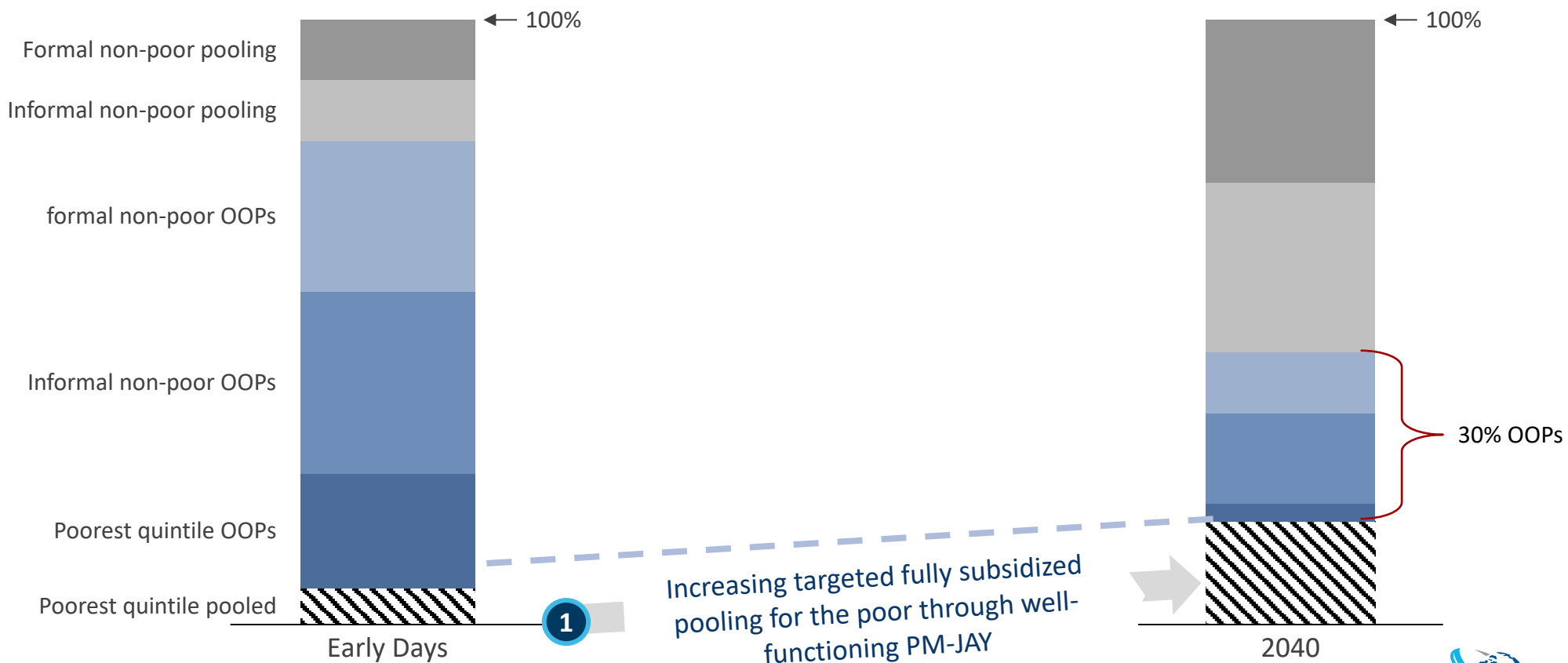


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# India is wisely pursuing expansion of risk-pooling by replacing OOPs with public finance for poor through AB PM-JAY and other programs

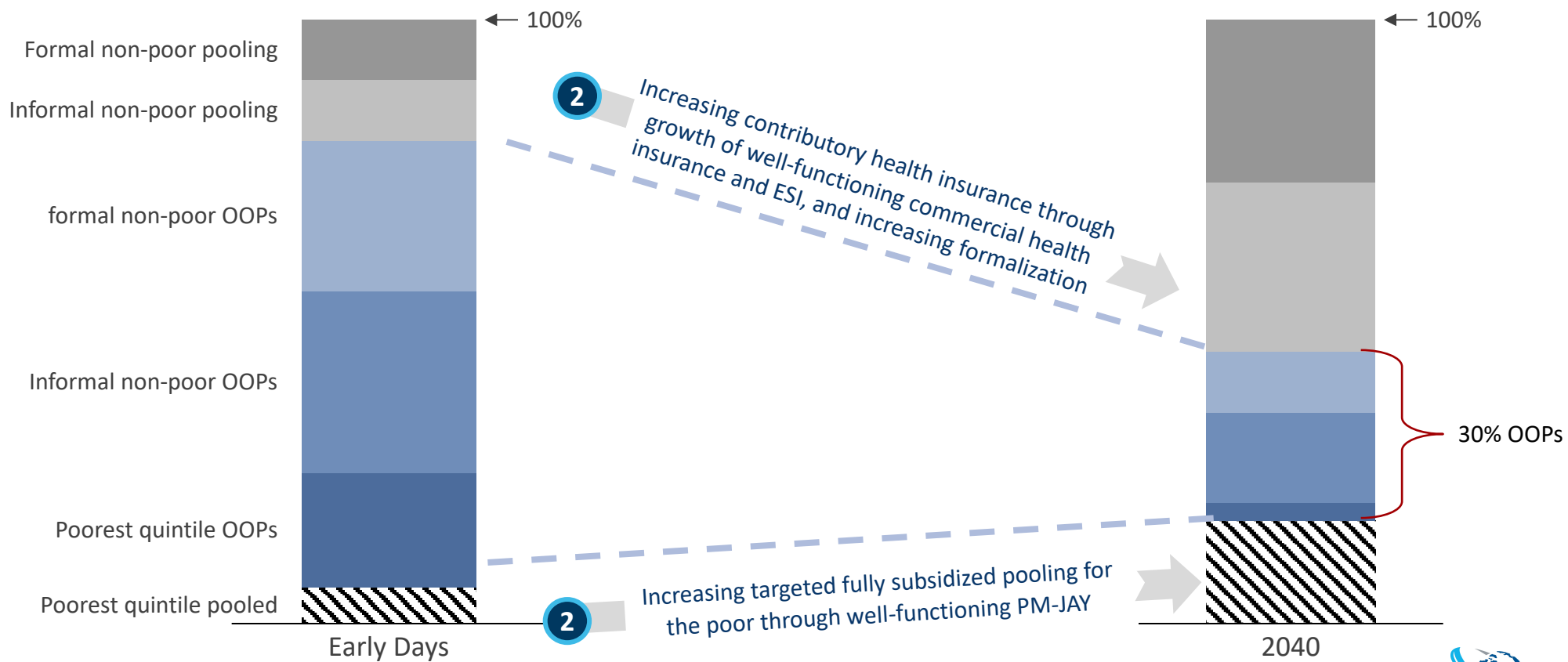


Source: ICHSS Team analysis



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# Increasing breath, depth and effectiveness of contributory risk-pooling for the non-poor also likely critical, specially for the “missing middle”



Source: ICHSS Team analysis



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- **The path for UHC is first and foremost a country political effort led by decisive leadership from the top.**
  - Success requires values-based vision from the top country leadership followed by sound technical design to implement, not the other way around.
- **What matters is effective access and protection.** Universal enrolment is a necessary but, not sufficient condition.
  - Enrolling all the population in one or more risk pooling programs or schemes is not UHC. It is a necessary condition but, it is far from sufficient.
  - What matters is whether the scheme(s) is ensuring effective access to timely, quality, necessary services and whether it is doing so without exposing participants
- **Evaluating impact of approaches, not an academic luxury but, essential for social accountability and political and population support**
  - Enrolling all the population in one or more risk pooling programs or schemes is not UHC. It is a necessary condition but, it is far from sufficient.
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