



Social Health Protection for Refugees and Host Communities

PROSPECTS Partnership

Shana Höhler, Technical Officer – Social Health Protection for Refugees and Host Communities, ILO & UNHCR



Social Protection is a Human Right

NATIONAL SOCIAL SECURITY SYSTEM



Higher levels
of protection



SOCIAL PROTECTION FLOORS for EVERYBODY

Access to essential health
care including maternity
care

Basic income security for
children (access to nutrition,
education, care and any other
necessary goods and services)

Basic income security for
persons in active age
unable to earn sufficient
income

Basic income security for
persons in old age

Why cover refugees with national health protection?

- ▶ Human right
- ▶ Access to health care is the first guarantee of social protection floors
- ▶ Good public health practice (COVID-19)
- ▶ An affordable choice
 - ▶ Contributory capacity of some refugees
 - ▶ Health utilization will increase
- ▶ An opportunity to improve the national system



PROSPECTS approach to extending social protection to refugees

- ▶ PROSPECTS partnership (ILO, UNHCR, UNICEF, IFC, WB) aims to develop inclusive and durable solutions for FDPs and host communities
 - ▶ Focus on informal economy workers (entry point with government)
 - ▶ Strengthen, develop & implement national social protection systems (even if they are not accessible for refugees at first)
 - ▶ Develop long-term approach – starting with social health protection
 - ▶ Link extension of contributory schemes with livelihood interventions

Common barriers to access social health protection for refugees in host communities

Lack of ratification of relevant conventions / Legal exclusion in national legislation

Work in the informal economy
Lack of organization and representation

Lack of contributory capacity

Complexity of administrative procedures

Low social protection coverage of national population in certain countries

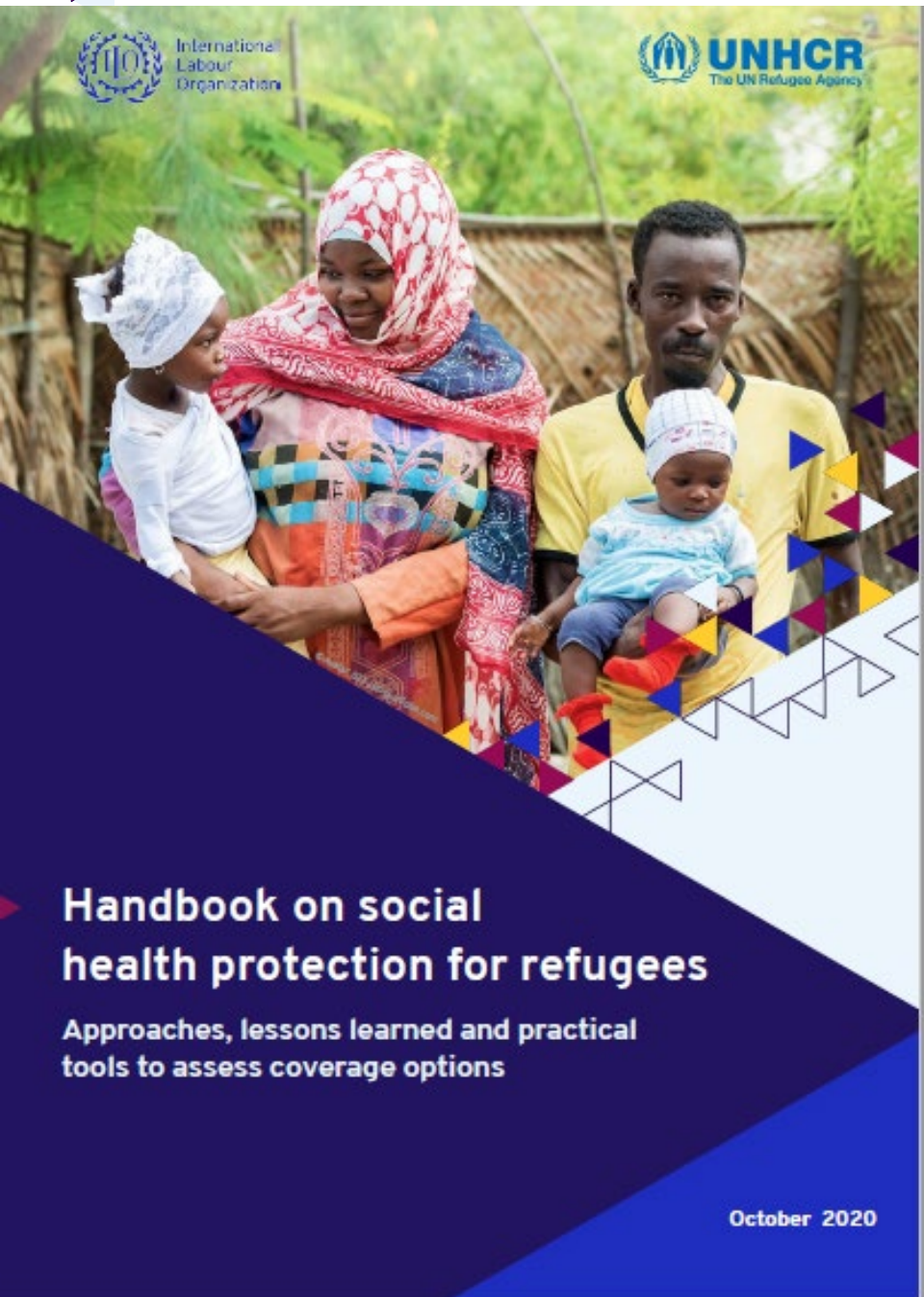
Fear of accessing care

Inability to pay directly for services (OOP)

Lack of or difficulty to access information/
Linguistic & cultural barriers

Stigmatization and discrimination

Lack of adapted services (acceptability)



Joint UNHCR-ILO Handbook on Social Health Protection

- ▶ For practitioners in the field
- ▶ Summarizes lessons-learned
- ▶ Joint publication to make use of both organisation's expertise

Steps of analysis

Step 1

Identify available national health coverage mechanisms and their effectiveness to provide access to health care for the currently enrolled population.

Step 2

Analyse current coverage of refugees including gaps.

Step 3

Assess the available health coverage options.

Step 4

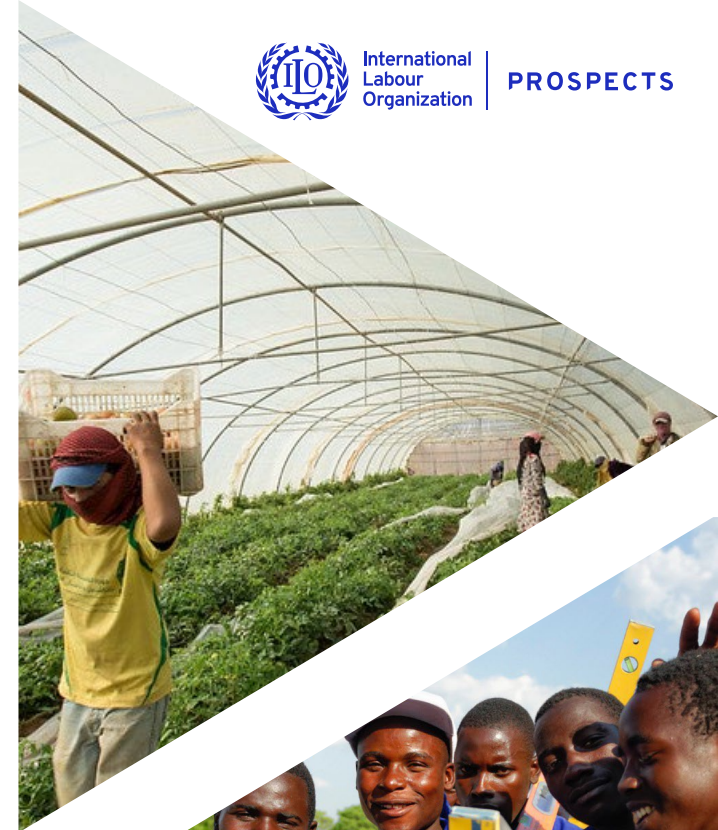
Engage in advocacy with national authorities.

Step 5

Prepare for implementation and monitoring.

Factors to consider with POCs

- ▶ Maturity of national social health protection scheme
- ▶ Different employment situations (mostly informal)
- ▶ Different living situations (camp vs settlement vs urban)
- ▶ Current coverage with health care vs national insurance mechanisms
- ▶ Availability & quality of national services
- ▶ Costing of inclusion



Rwanda



- ▶ Refugees in camps are receiving health services through UNHCR
- ▶ Urban refugees are partly integrated into CBHI
- ▶ Membership contributions for nationals:
 - ▶ RWF 7,000; 3,000; 2,000 or free/year/person according to Ubudehe category
- ▶ Primary: lump-sum co-payment (220 RWF)
- ▶ Secondary and tertiary: percentage copayment (10%)



Rwanda implementation

2019-2020: pilot programme

- ▶ More than 6,200 individuals enrolled
- ▶ Contribution paid by UNHCR (**RWF 7,000**/person/year)

Way forward:

- ▶ Create a specific categorization system for refugees
- ▶ Integrate refugees into the household contribution system
- ▶ UNHCR assistance for vulnerable individuals

Similar assessment on urban refugees in Addis started in Ethiopia

Refugee inclusion pilot in NHIF Sudan



- ▶ Pilot of UNHCR-ILO to enrol non-recognised urban refugees into NHIF
- ▶ Increased health utilization (75% – 140%) while reduced costs for UNHCR (60 - 70% reduction)
- ▶ Improved access to all levels of care, earlier health seeking behaviour
- ▶ Reduced transportation cost and time, dignified access to the closest facility
- ▶ Reduced upfront out of pocket expenditure
- ▶ Health access maintained when moving between states seeking seasonal jobs, healthcare access recorded in multiple states (although the pilot was based in Khartoum)

Refugee inclusion pilot in NHIF Sudan - challenges

- ▶ Inconsistency in dealing with refugees from different countries
- ▶ NHIF pushes for extension of coverage but no guidance / policy in place
- ▶ Refugees were included in the “foreigner” category, hence paying 5x the rate of nationals (unaffordable)
- ▶ Refugees did not continue paying into NHIF voluntarily (able / willing?)

Egypt Situation



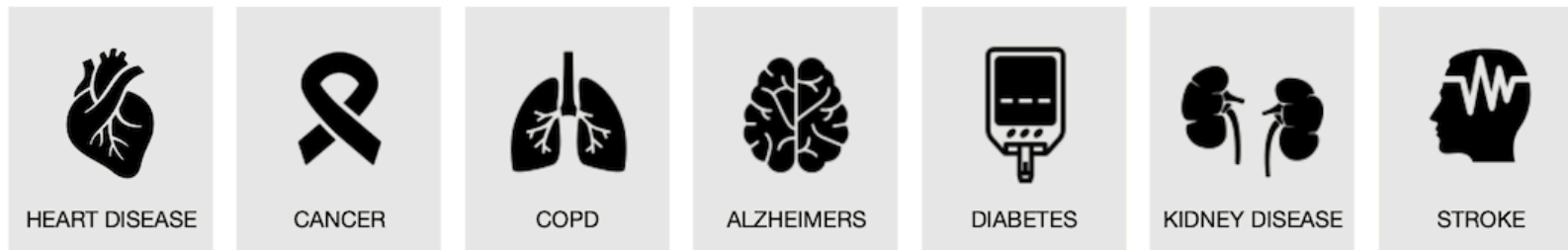
- ▶ Hosts 270,000 refugees and asylum-seekers
- ▶ POCs live in urban areas
- ▶ Vulnerability of both refugees and host community members is increasing
- ▶ New UHIS is rolled out between 2018 – 2032 in Governorates
- ▶ 2018 study:
 - ▶ 77% had difficulties in meeting their basic needs
 - ▶ 47% of POC were living on an income below the national poverty line
 - ▶ Syrian refugees were earning average above min. wage, other Arabic speakers just below, and non-Arabic speakers less than half of min. wage

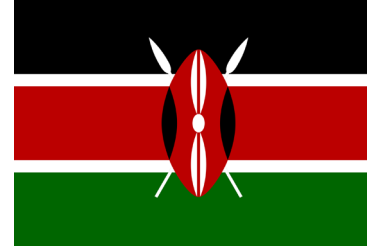
Egypt Feasibility Study - findings

- ▶ Target to enrol all POCs into the new UHIS (over next 10 years)
 - ▶ Start with pilot in phase I governorate (only 1% of refugees)
 - ▶ In addition, enrol all students into current HIO in parallel
- ▶ Contributions should be set at par with nationals
 - ▶ Major challenge - how to assess income? Minimum wage?
 - ▶ Who will contribute on behalf of vulnerable population? How to assess vulnerability?

Egypt Feasibility Study - NCDs

- ▶ Chronic diseases expenditures are considered a challenge
- ▶ POCs with chronic disease pay up to 20% of the medicine costs
- ▶ 31% of POC were not able to access this medication because they were unable to pay the co-payments required





Kenya

Juliet Maara, Social Protection Specialist & Program Administrator, NHIF

- ▶ POC enrolment in NHIF
- ▶ New maternity income benefit linked to NHIF