



A retrospective health policy analysis of the development and implementation of the voluntary health insurance system in Lebanon: Learning from failure

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ABSTRACT

Public policymaking is complex and suffers from limited uptake of research evidence, particularly in the Eastern Mediterranean Region (EMR). In-depth case studies examining health policymaking in the EMR are lacking. This retrospective policy analysis aims at generating insights about how policies are being made, identifying factors influencing policymaking and assessing to what extent evidence is used in this process by using the Lebanese Voluntary Health Insurance policy as a case study. The study examined the policymaking process through a policy tracing technique that covered a period of 12 years. The study employed a qualitative research design using a case study approach and was conducted in two phases over the course of two years. Data was collected using multiple sources including: 1) a comprehensive and chronological media review; 2) twenty-two key informant interviews with policymakers, stakeholders, and journalists; and 3) a document review of legislations, minutes of meetings, actuarial studies, and official documents. Data was analyzed and validated using thematic analysis. Findings showed that the voluntary health insurance policy was a political decision taken by the government to tackle an urgent political problem. Evidence was not used to guide policy development and implementation and policy implementers and other stakeholders were not involved in policy development. Factors influencing policymaking were political interests, sectarianism, urgency, and values of policymakers. Barriers to the use of evidence were lack of policy-relevant research evidence, political context, personal interests, and resource constraints. Findings suggest that policymakers should be made more aware of the important role of evidence in informing public policymaking and the need for building capacity to develop, implement and evaluate policies. Study findings are likely to matter in light of the changes that are unfolding in some Arab countries and the looming opportunities for policy reforms.

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1. Introduction

The importance of evidence-informed health policies in improving health, reducing health inequities and contributing to economic development is increasingly recognized (Hanney et al., 2003). The Beijing, Montreux, and Bamako calls to action

emphasized the importance of Knowledge Translation (KT) and urged national governments and international development agencies to continue to promote and finance KT towards the application of evidence-informed policymaking by developing trust between researchers, practitioners and policymakers, and drawing on multiple sources of knowledge (Global Ministerial Forum on Research for Health, 2008; Global Symposium on Health Systems Research, 2012).

Despite these calls, research evidence is still underutilized in policymaking in the Eastern Mediterranean Region (EMR). Recent

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studies from the EMR showed that the gap between research and policy is still wide and work on KT is limited (El-Jardali et al., 2011, 2012a). Studying the role of evidence in policymaking through careful policy analysis allows a better understanding of the contribution of research in the formulation of policies, factors influencing success or failure, and why some issues get into the policymakers' agenda (Trostle et al., 1999; Buse et al., 2007).

Health policy analysis in the EMR is limited and in-depth case studies examining the health policymaking process are lacking. A recent priority setting exercise from the region called for conducting case studies in selected countries to better understand the health policymaking process (El-Jardali et al., 2010).

This study describes the results of a retrospective policy analysis exercise in Lebanon, a LMIC in the EMR. It aims at generating in-depth insights about how policies are being made, identifying the factors that influence policymaking and assessing the extent that evidence is used in this process. Selecting the Lebanese National Social Security Fund (NSSF) voluntary insurance policy as a case study, this policy analysis explores how and why this policy was developed and how it was implemented, explains its impact and draws on lessons learned for informing future public policymaking and provides insights for structuring the decision-making process, particularly for large-scale decisions.

In the policymaking process, research evidence is difficult to separate from other types of information that may be considered evidence by policymakers and stakeholders (Moat et al., 2013). As such, we considered evidence to include both information derived from research evidence and from other sources that might be conceived as evidence in policymaking (e.g., local health system indicators, feasibility studies, published/grey reports).

In Lebanon, out-of-pocket expenditure reached 56.5%, which is considered catastrophic by WHO. As such, selecting this case study in Lebanon presents an opportunity to draw lessons for informing the design and implementation of policies for attaining universal health coverage (UHC). This policy analysis can also help inform future decisions for mitigating the adverse impact of voluntary insurance policy on society and on the health sector.

Lowi's typology of public policies was used to make sure that the policy under study fits the definition and types of public policy. Lowi's typology differentiates between three types of policies: distributive, regulatory and redistributive. Distributive policies provide specific benefits or services to specific segments of the population without regard to limited resources. Regulatory policies involve a direct choice as to who will be indulged and who deprived. While, redistributive policies involve broad categories of citizens to whom benefits are provided or from whom losses are taken (Lowi, 1964). The NSSF voluntary insurance policy fits the distributive typology of public policy.

2. Case study background and context

The Lebanese political system is a parliamentary democratic system formed of three authorities: legislative (the Parliament), executive (the council of ministers) and judicial. Public policies are made through the legislative and executive authorities in the form of decrees or laws (Presidency of the Republic of Lebanon, 2012). The political system in Lebanon places the deeply seated political sectarianism within an institutional framework (Cammatt, 2011). The posts of President, Prime Minister and Speaker of the House are assigned based on sect to the Maronite, Sunni and Shia respectively (El-Khazen, 2003). Political secularism plays a significant role in shaping health policies in the country (Premkumar et al., 2012).

The Lebanese healthcare system is characterized by the multiplicity of financing intermediaries consisting of six different publicly managed employment-based social insurance funds, which

have different financing and governance mechanisms. These funds include the NSSF that covers the formal sector of employees, the Civil Servant Cooperative that covers civil servants, as well as four military schemes that cover the uniformed armed forces, in addition to private insurance. The NSSF and other insurance schemes cover 57% of the Lebanese population. While, 43% of the population remains uninsured and can benefit from the MOPH coverage for hospitalization and catastrophic drugs.

2.1. The NSSF

The NSSF is the largest publicly managed social insurance fund in Lebanon. It was established in September 1963 (decree no. 13955) under a Bismarckian social security model, which is financed through the contributions of employers and employees with government subsidies. This independent public institution is under the mandate of the Council of Ministers and the Ministry of Labor (MOL). All decisions related to the NSSF should be discussed and approved by its board of directors prior to their approval by the Council of Ministers and the MOL. At the same time, the NSSF depends on the Council of Ministers and the MOL for a source of revenue, which undermines its autonomy and makes it possible for political powers outside its administrative structure to intervene in its decision-making process.

The NSSF is mandatory for all employees of the formal sector, which encompasses private sector and government-owned corporations, in addition to contractual and wage earners of the public administration not subject to civil and military service protection. NSSF coverage also extends to specific categories outside the formal sector, these are taxi drivers, newspaper sellers, university students, teachers in private schools, elected mayors and physicians. These categories constitute a comprehensive list of NSSF coverage. The NSSF provides health coverage for 23% of the Lebanese population. The enrollees' dependents (spouse, children and parents over 60 years) are also covered by the NSSF. The enrollees and their dependents can no longer benefit from NSSF medical coverage after retirement or losing jobs. These groups are left uninsured especially that purchasing private insurance is expensive and cannot be afforded by the majority specifically the elderly (Ammar, 2009).

In 2002, the voluntary health insurance policy was established in the NSSF based on a governmental decree (decree no. 7352). This voluntary insurance policy allows the uninsured segment of the population (employers, those who were previously enrolled in the NSSF, self-employed) to voluntarily enroll in the NSSF and benefit from medical coverage. The voluntary insurance fund at the NSSF became bankrupt two years after its establishment, which had a significant negative impact on enrollees' admission, the hospitals' ability to provide services and the quality of care (Ammar, 2009). Namely, more than 32,000 families were deprived of access to healthcare and the health sector suffered from large financial deficits as a result of the debt incurred by the voluntary health insurance fund.

2.2. Public policy models

Two public policy models were used to guide study design and frame the analysis in this case study: the policy triangle framework for policy analysis (Walt and Gilson, 1994) and Kingdon's multiple streams theory (Kingdon, 1984).

Walt and Gilson's policy analysis triangle framework incorporates context, actors, process and content concepts in analyzing policies. The framework allows the analysis of the contextual factors-social, economic, political and international – that influenced the policy, the process by which the policy was initiated, formulated, developed, implemented and evaluated, the

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