

### **SHI → Social Health Insurance**

*It uses an insurance system — the insurers are called “sickness funds” — usually financed jointly by employers and employees through payroll deduction.*

“Social Health Insurance (SHI) is a form of financing and managing health care based on risk pooling. SHI pools both the health risks of the people on one hand, and the contributions of individuals, households, enterprises, and the government on the other. Thus, it protects people against financial and health burden and is a relatively fair method of financing health care.”

“SHI implementation depends on the level of socio-economic development, financial sector development (mainly banking) and, employment conditions, especially the existence of a larger proportion of formal sector organized establishments.”

“Countries with higher socioeconomic status and a high employment ratio tend to have large SHI coverage. Countries which have reached almost universal coverage are grappling with cost containment, quality of care, equity issues, regulation, and policy re-definition. Countries without universal coverage of SHI are trying to attain substantial population coverage, through mutual health insurance and community- based schemes.”

[https://apps.searo.who.int/PDS\\_DOCS/B3457.pdf](https://apps.searo.who.int/PDS_DOCS/B3457.pdf)

“SHI systems are able to achieve better quality health care at a lower cost than tax-financed health systems.”

<http://documents.worldbank.org/curated/en/545121468028868365/pdf/WPS4821.pdf>

### ***Tax-financed model***

In this system, health care is provided and financed by the government through tax payments, just like the police force or the public library.

### ***Semashko model***

Semashko system with a centralized, integrated, hierarchically organised with the government providing state-funded health care to all citizens. All health personnel were state employees. Control of communicable diseases had priority over non-communicable ones. On the whole, the Soviet system tended to primary care and placed much emphasis on specialist and hospital care. The Semashko model has been considered as a "coherent, cost-effective system to cope with the medical necessities of

its own time". The integrated model achieved considerable success in dealing with infectious diseases such as tuberculosis, typhoid fever and typhus. The Soviet healthcare system was successful in providing Soviet citizens with competent, free medical care and contributed to the improvement of the nation's health condition. By the 1960s, life and health expectancies in the Soviet Union approximated to those in the US and other parts of Europe. The effectiveness of the model declined with underinvestment, with the quality of care beginning to decline by the early 1980s, though in 1985 the Soviet Union had four times the number of doctors and hospital beds per head compared with the USA. The quality of Soviet medical care became low by developed world standards. Many medical treatments and diagnoses were unsophisticated and substandard (with doctors often making diagnoses by interviewing patients without conducting any medical tests), the standard of care provided by healthcare providers was poor, and there was a high risk of infection from surgery. Special hospitals and clinics existed for the nomenklatura which offered a higher standard of care, but which was still often below Western standards.

<http://www.mcussudsng.org/2017/09/02/semashko-system/>

### **The National Health Insurance Model**

This system has elements of both Beveridge and Bismarck. It uses private-sector providers, but payment comes from a government-run insurance program that every citizen pays into.

Only the developed, industrialized countries — perhaps 40 of the world's 200 countries — have established health care systems. Most of the nations on the planet are too poor and too disorganized to provide any kind of mass medical care. The basic rule in such countries is that the rich get medical care; the poor stay sick or die.

[https://www.pnhp.org/single\\_payer\\_resources/health\\_care\\_systems\\_four\\_basic\\_models.php](https://www.pnhp.org/single_payer_resources/health_care_systems_four_basic_models.php)