



Life Insurance and Health Care Reform: implications for Latvia's PLWHIV

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**AIDS Action Europe
Steering Committee**



The European Union is in "existential danger" and must go through a radical reinvention process in order to save itself

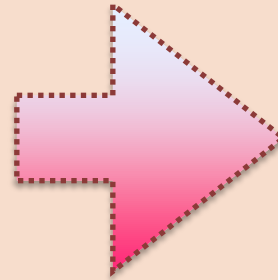
George Soros at the EU Brussels Economic Forum, June 1st, 2017

Lack of imagination is one of our greatest handicaps as humans and as citizens.

Masha Gessen, New York Review of Books, July 26th, 2016



**Life and
Supplementary Health
Insurance**



**2018
Latvia's Health Care Reform**

Private Life and Health Insurance



No options for an Individual

except for a brief travel related emergency health and life insurance when filing an airfare, as well as

IF, Ergo, Compensa that offer scanty benefits

Legal Entities are Covered (Pool Coverage)

if an individual works for a profitable institution or company he/ she is deemed a LEGAL ENTITY and may be covered in addition to the Universal Health Care Coverage guaranteed by the State

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if an individual works for a profitable institution or company he/ she is deemed a LEGAL ENTITY and may be covered in addition to the Universal Health Care Coverage guaranteed by the State

However, prior to their initial enrolment with a private insurance, he/she needs to disclose all the diseases where applicable, including HIV, Hep C, and TB. By law, an individual is not required to answer positively in a non-medical setting whether HIV is present, but the applications ask this question anyway, even when applying for a driver's license.

Private Life and Health Insurance



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*except for a brief travel related emergency health and life insurance when filing an airfare, as well as **IF, Ergo, Compensa** that offer scanty benefits*

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the clear benefit is minimal waiting period for diagnostics and care and minimal out of pocket expenses. However, "some people say" waiting lists are, thus, artificially created, as health service providers prefer private insurance payments over the government quotas, which cover at a discounted rate.

Private Life and Health Insurance



No options for an Individual

Insurance companies cite two reasons why they do not cover individuals.

First, if the insurance companies offer voluntary health insurance for individuals, they assume too much risk.

Second, medical institutions insurers do not provide the necessary information for potential customers, maximising the risk.

HOWEVER, insurance companies have expressed their interest in participating in Mandatory Health Insurance (OVA), as devised by the Bank of Latvia

[https://www.diena.lv/raksts/uznemeja-diena/zinas/privatpersonu-veselibas-apdrosinasana-pagaidam-nav-
ipasi-attistita-nieciga-pieprasijuma-del-14134957](https://www.diena.lv/raksts/uznemeja-diena/zinas/privatpersonu-veselibas-apdrosinasana-pagaidam-nav-
ipasi-attistita-nieciga-pieprasijuma-del-14134957)

Legal Entities are Covered (Pool Coverage)

Under the pool coverage, risks are offset by the size of the pool (yearly renegotiations occur)

Private Life and Health Insurance



NO PRIVATE LIFE INSURANCE OFFERED TO PLWHIV,
guaranteed denial if applied

Life Insurance with Savings
guaranteed denial for PLWHIV,
if the positive status found



ERGO

ERGO

7.7.23. nelaimes gadījums notiek, Apdrošinātajam vadot transportlīdzekli bez tiesībām vadīt attiecīgās kategorijas transportlīdzekli vai rupji pārkāpjot ceļu satiksmes noteikumus (atļautā braukšanas ātruma pārsniegšana par 30 km/h un vairāk, krustojuma šķērsošana pie neatļautā gaismas signāla, dzelzceļa pārbrauktuves šķērsošanas noteikumu neievērošana, braukšana pretēji noteiktajam kustību virzienam, apdzīšanas manevra veikšana neatļautā vai slikti pārredzama vietā);

7.7.24. izdevumi radušies profesionālā sporta rezultātā gūtām traumām vai miesas bojājumiem (nodarbošanās ar sportu uzskatāma par profesionālu, ja tas ir plānveidīgs un mērķtiecīgs fizisko aktivitāšu komplekss, ko Apdrošinātais veic regulāri ilgākā laika periodā treniņu veidā individuāli vai komandā ar vai bez pretinieka un kuru raksturo biežāka vai retāka sasniegto rezultātu praktiska pārbaude un/vai piedalīšanās sacensībās kāda mērķa sasniegšanai vai fiziskās formas uzturēšanai, neatkarīgi no tā, vai tās kvalificējas kā amatieru vai profesionālu sportistu aktivitātes;

7.7.25. zaudējumi par pacienta iemaksu, ja Apdrošinātais no tās

apmaksas ir atbrīvots saskaņā ar attiecīgajā valstī spēkā esošajiem normatīvajiem aktiem;

7.7.26. seksuāli transmisīvo slimību diagnostika un ārstēšana, tai skaitā HIV un imūndeficīta vīruss (AIDS), kā arī par slimībām vai veselības stāvokļiem, kurus izsaucis pozitīvs HIV tests vai imūndeficīta vīruss AIDS;

tiesas izšķiršanai Latvijas Republikas normatīvajos aktos noteiktajā kārtībā;

7.9.5. Visi paziņojumi, iesniegumi, prasības un pieteikumi saistībā ar Apdrošināšanas līgumu un no tā izrietošām saistībām jāiesniedz rakstveidā un jāadresē Apdrošinātajam uz Apdrošināšanas polise norādīto saziņas adresi. Iesniegumi un paskaidrojumi, kas nav iesniegti rakstiski, Apdrošinātajam nav saistoši;

7.9.6. Apdrošinājuma ņēmēja un/vai Apdrošinātā iesniegumus, kas iesniegti rakstiski, Apdrošinātājs izskata un sniedz atbildi 30 (trīsdesmit) dienu laikā no to saņemšanas dienas.

Šie apdrošināšanas noteikumi ir apstiprināti ar ERGO Insurance SE Latvijas filiāles un ERGO Life Insurance SE Latvijas filiāles 2013.gada 6.decembra rīkojumu Nr. 49 B/D - VR, un ir neatņemama Apdrošināšanas līguma sastāvdaļa.



Life insurance with savings



Your savings for any important purpose

- ✓ Life insurance
- ✓ Different yield opportunities
- ✓ Personal income tax incentives

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SAVINGS

Your future capital

- You will pay into your savings an amount of your choice on regular basis, no less than the minimum amount of 25 EUR.
- You can choose the frequency of your contributions – monthly, quarterly, half-yearly or annually.
- Contributions in savings can also be paid by relatives and friends (you will not be entitled to the tax incentives for the contributions made by other persons).

PROFITABILITY

Savings will earn interest

- You can build **savings with guaranteed return** – savings will have a fixed interest rate for the entire insurance period.
- OR
- You can build **savings into investment funds** with the opportunity to earn more depending on fund performance and the acceptable risk.

TAX BENEFITS

23 % of the contributions made

- If the contract is concluded for a period of at least 5 years, you can receive personal income tax incentives in amount of 23 % of the contributions, not exceeding 10 % of your annual gross salary.
- You can calculate your tax incentive options in the [Tax calculator](#).
- [Read more about tax benefits](#)

Calculators

- [Savings calculator \(LAT\)](#)
- [Tax benefit calculator](#)

I would like an SEB employee to contact me

Please provide your contact information, and the SEB Dzīvības apdrošināšana experts will contact you to discuss the issues related to insurance, building of savings and use of tax relief.

Name, surname

Phone *

Comments

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HOWEVER, all insurance companies that exclude HIV/AIDS, Hep C coverage (on the basis it is the prerogative of the State) have expressed their interest in participating in Mandatory Health Insurance (OVA), as devised by the Bank of Latvia

<https://www.diena.lv/raksts/uznemeja-diena/zinas/privatpersonu-veselibas-apdrosinasana-pagaidam-nav-ipsi-attistita-nieciga-pieprasijuma-del-14134957>

Latvia's Health Care Reform

Latvia's Health Care Reform



LATVIJAS BANKA

Mandatory Health Insurance (OVA)

as incepted by the Bank of Latvia, favoured by the insurance industry, the Latvian Chamber of Commerce, and Industry, the neo-liberal political wing, a portion of health care providers as well as Employers' Confederation of Latvia (LDDK)



Veselības ministrija

Universal State Insurance (USI)

as incepted by the Ministry of Health, favoured by the Latvian Infectology Center, the ruling coalition government, a majority of health care providers, nurses, LVSADA, and the GP Association, and the majority of low and middle income population

Latvia's Health Care Reform

Both Plans Have Drawbacks



Both Plans Do Not View Health as Investment



Health as Expenditure

Mandatory Health Insurance (OVA)

Theoretically plausible but hardly a sound solution at the background of Latvia's current economic performance

Tackling HIV/AIDS, TB, and Hep C is not transparent; there would be a big resistance from insurance companies to extend coverage



Veselības ministrija

Health as Social Responsibility and National Security

Universal State Insurance (USI)

Theoretically and practically plausible at the background of Latvia's current economic performance

HIV/AIDS, TB, and Hep C are explicitly addressed

Cons: certain groups of population will not receive full coverage

Latvia's Health Care Reform



Mandatory Health Insurance (OVA)

as incepted by the Bank of Latvia, favoured by the insurance industry, the Latvian Chamber of Commerce, and Industry, the neo-liberal political wing, a portion of health care providers as well as Employers' Confederation of Latvia (LDDK)



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Slated for January 1st, 2018

Why the Reform to Solve the Health Crisis?

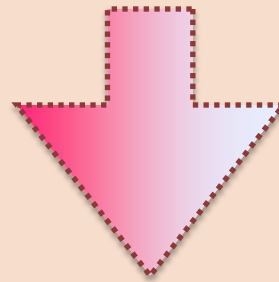


Background

Difference between the plans

Implications for PLWHIV

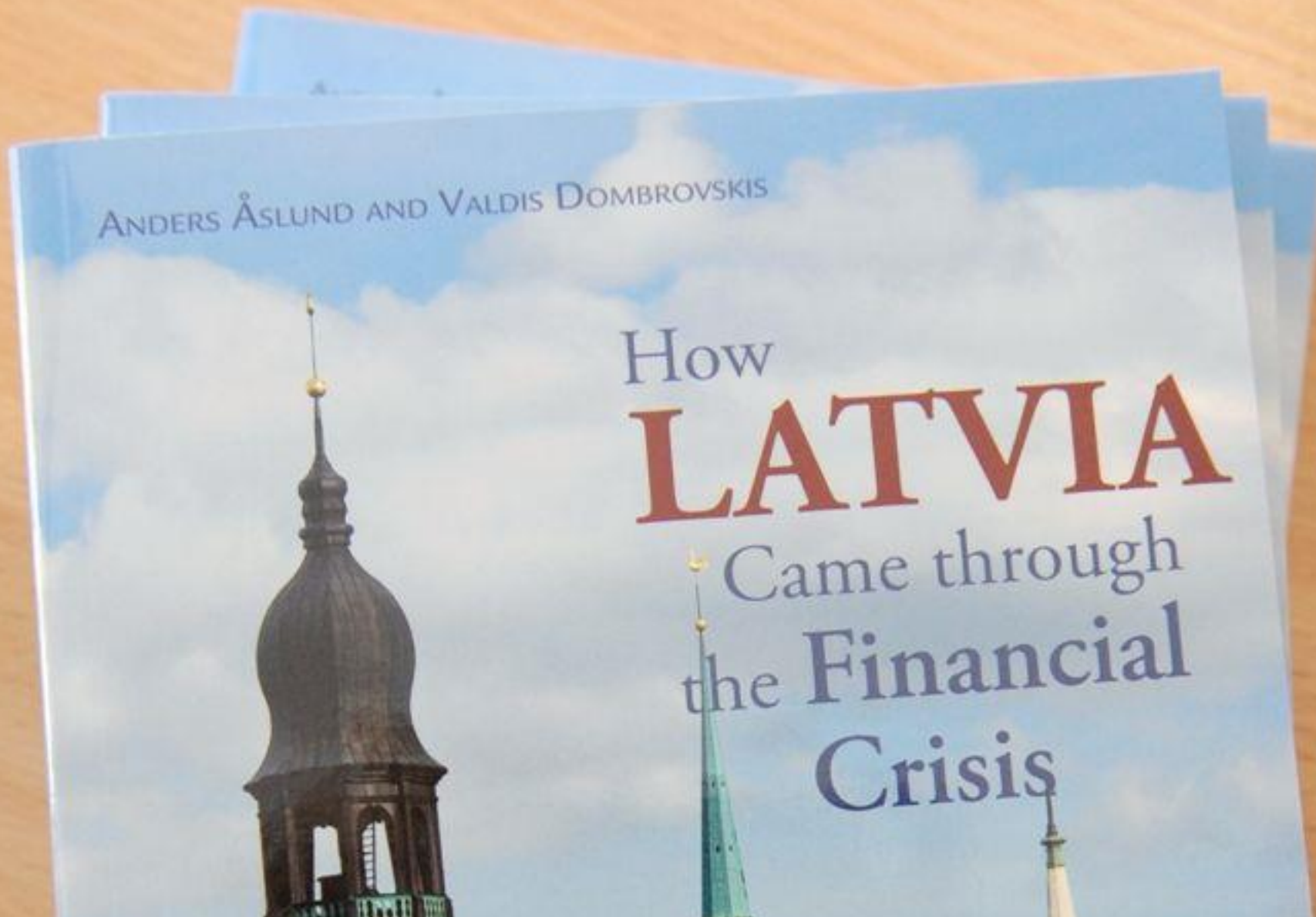
Review of the plan discarded (put on hold)



Recommendations

Valdis Dombrovskis, a former Prime Minister of Latvia (2009 - 2014), and the current Vice-President of the European Commission as well as as the European Commissioner for the Euro and Social Dialogue

Per Anders Åslund, a Swedish economist and a Senior Fellow at the Atlantic Council (*Wikipedia*)



Jeffrey Summers, Associate Professor of Political Economy & Public Policy at the University of Wisconsin-Milwaukee.

Charles Woolfson, a labour sociologist at the Institute for Research on Migration, Ethnicity, and Society (REMESO), Linköping University, Sweden.



views shared by

Joseph Stiglitz, an American economist and a professor at Columbia University, a recipient of the Nobel Memorial Prize in Economics

Paul Krugman the Nobel Prize-winning economist and Op-Ed columnist

The screenshot shows the Routledge website for the book 'The Contradictions of Austerity'. The Routledge logo and 'Taylor & Francis Group' are at the top left. A navigation bar includes 'Subjects', 'Products', 'Resources', 'Info / Help', and 'Featured Authors'. The book cover is on the left, featuring a blue abstract design and the title 'The Contradictions of Austerity: The socio-economic costs of the neoliberal Baltic model' edited by Jeffrey Sommers and Charles Woolfson. To the right of the cover, the title is repeated in a larger font, followed by the subtitle 'The Socio-Economic Costs of the Neoliberal Baltic Model'. Below this, it says 'Edited by Jeffrey Sommers, Charles Woolfson' and 'Foreword by James Galbraith'. The copyright information is '© 2014 – Routledge' and the page count is '182 pages | 14 B/W Illus.'. A 'Look Inside' button is visible. At the bottom of the page, there is a navigation menu with 'Description', 'Reviews', 'Contents', 'Author/Editors', 'Series', and 'Subjects'. The 'About the Book' section is highlighted, containing a paragraph of text.

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The Contradictions of Austerity
The Socio-Economic Costs of the Neoliberal Baltic Model

Edited by **Jeffrey Sommers, Charles Woolfson**

Foreword by **James Galbraith**

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182 pages | 14 B/W Illus.

[Look Inside](#)

Description Reviews Contents Author/Editors Series Subjects

About the Book

The great financial crisis of 2008 and the ensuing global economic and financial turmoil have launched a search for "models" for recovery. The advocates of austerity present the Baltic States as countries that through discipline and sacrifice showed the way out of crisis. They have proposed the "Baltic model" of radical public sector cuts, wage reductions, labor market reforms and reductions in living standards for other troubled Eurozone countries to emulate. Yet, the reality of the Baltic "austerity fix" has been neither fully accepted by its peoples, nor is it fully a success. This book explains why and what are the real social and economic costs of the Baltic austerity model.

administration), but excluding spending on investments. Health care is financed through a mix of financ-

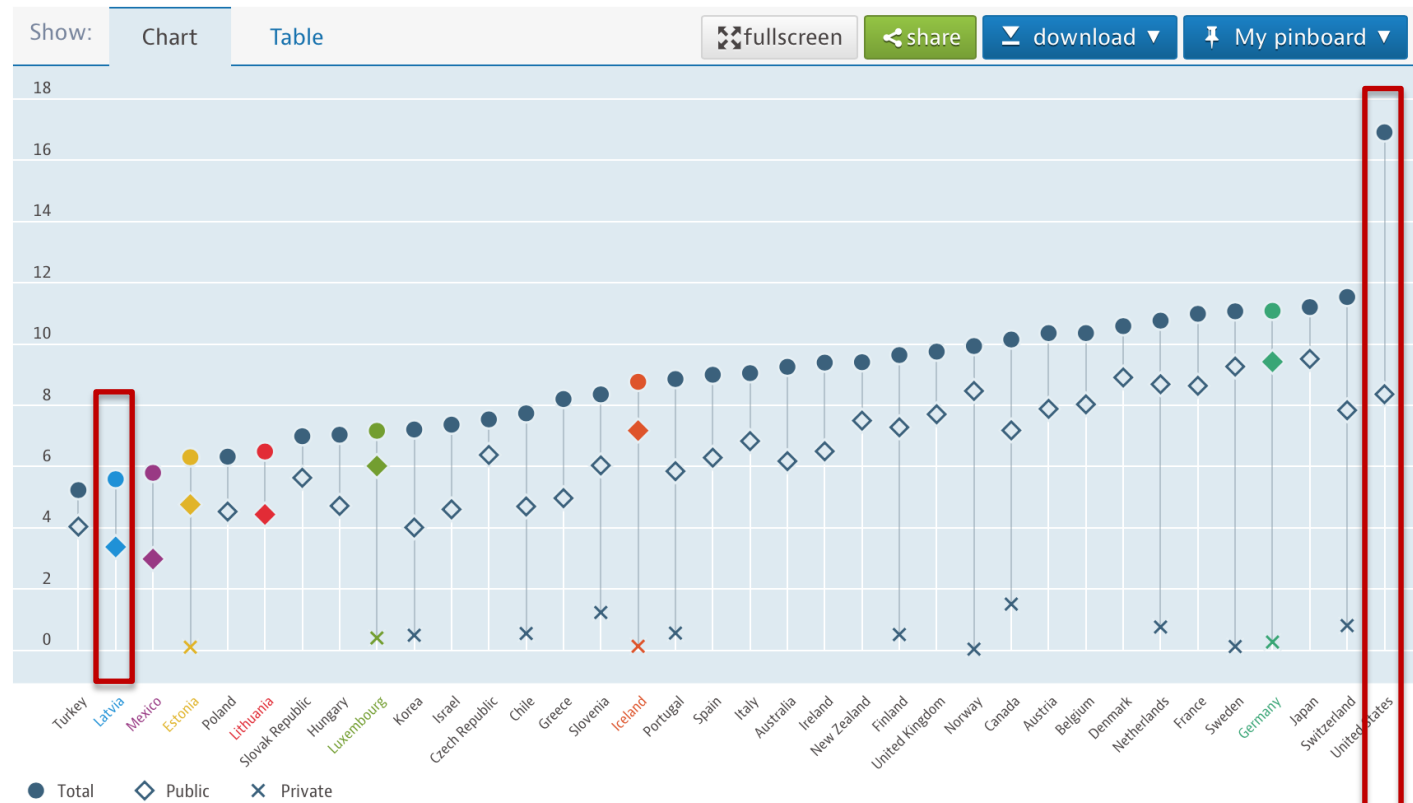
More ...

Indicators

- Health spending
- Pharmaceutical spending
- Doctors
- Nurses
- Medical graduates
- Nursing graduates

Health spending Total / Public / Private, % of GDP, 2015

Source: Health expenditure and financing: Health expenditure indicators



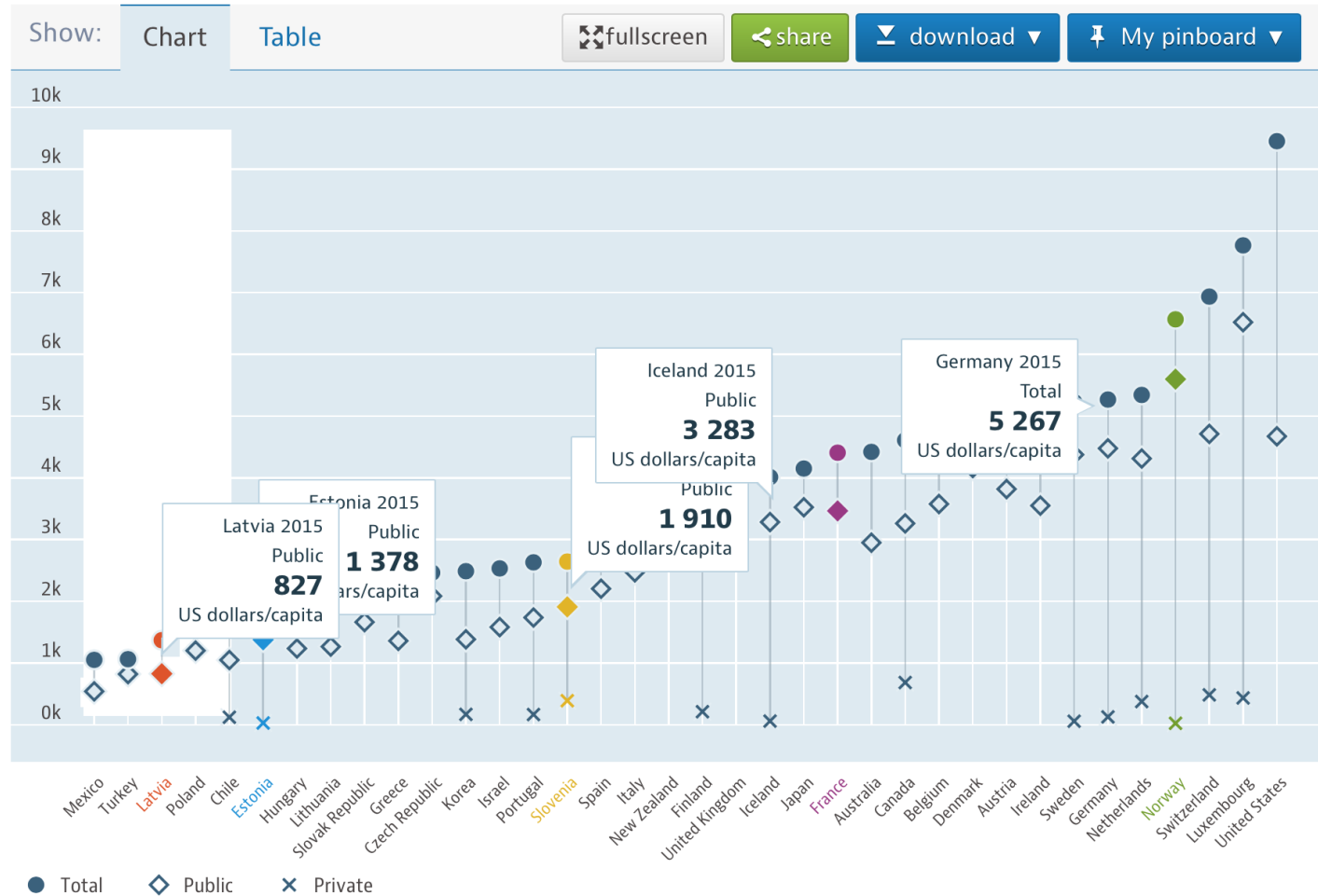
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Indicators

- Health spending
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Health spending Total / Public / Private, US dollars/capita, 2015

Source: Health expenditure and financing: Health expenditure indicators



Indicators

Life expectancy at birth Men / Total / Women, Years, 2014

Source: Health status

Life expectancy at birth

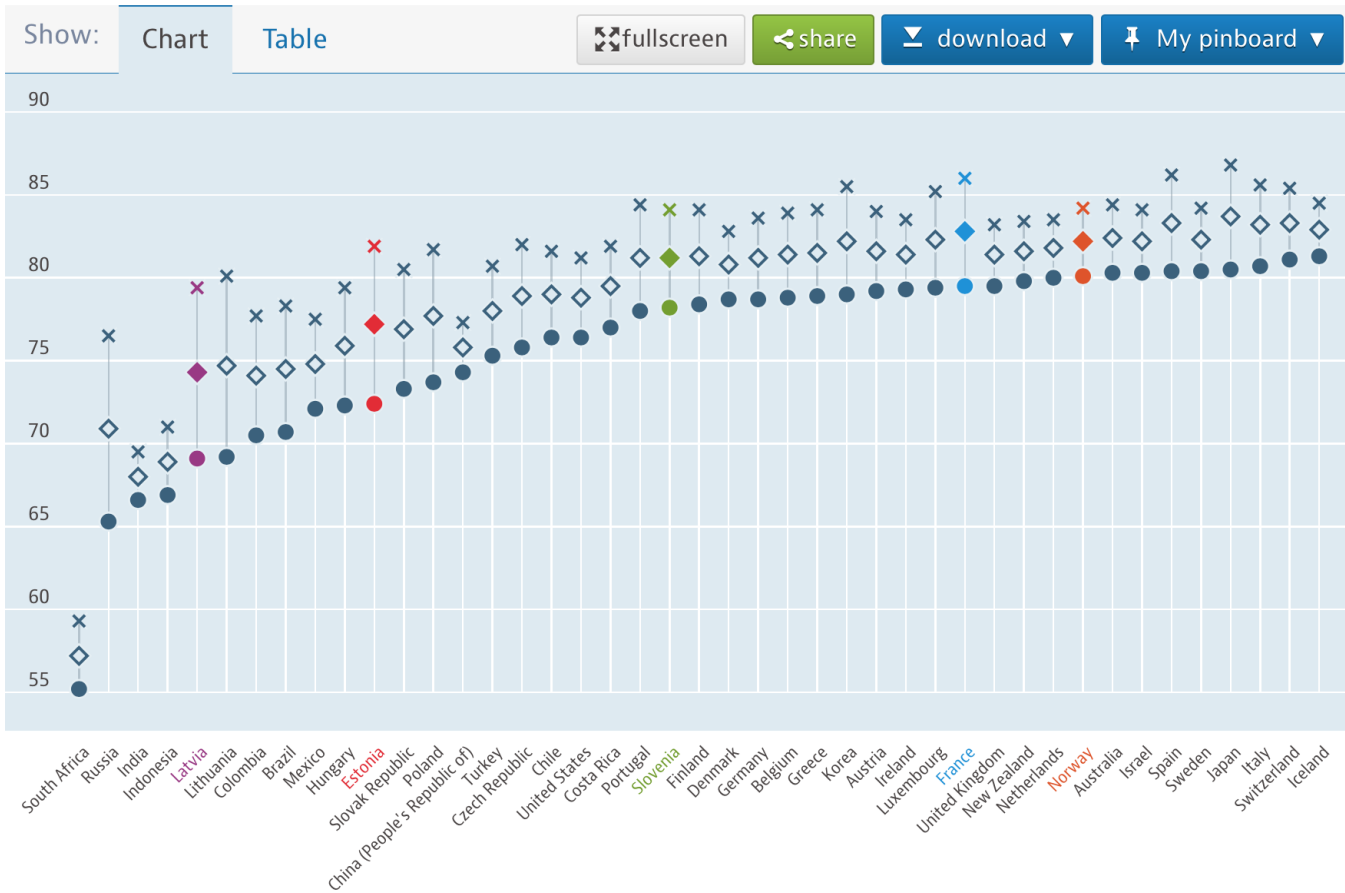
Life expectancy at 65

Infant mortality rates

Potential years of life lost

Deaths from cancer

Suicide rates



Life expectancy at age 65 years old is the average number of years that a person at that age can be expected to live, assuming that age-specific mortality levels remain constant. Life expectancy measures how long on average a person of a given age can expect to live, if current death rates do not change. However, the actual age-specific

› More ...

Latest publication

Health at a Glance

PUBLICATION (2015)

Indicators

Life expectancy at birth

Life expectancy at 65

Infant mortality rates

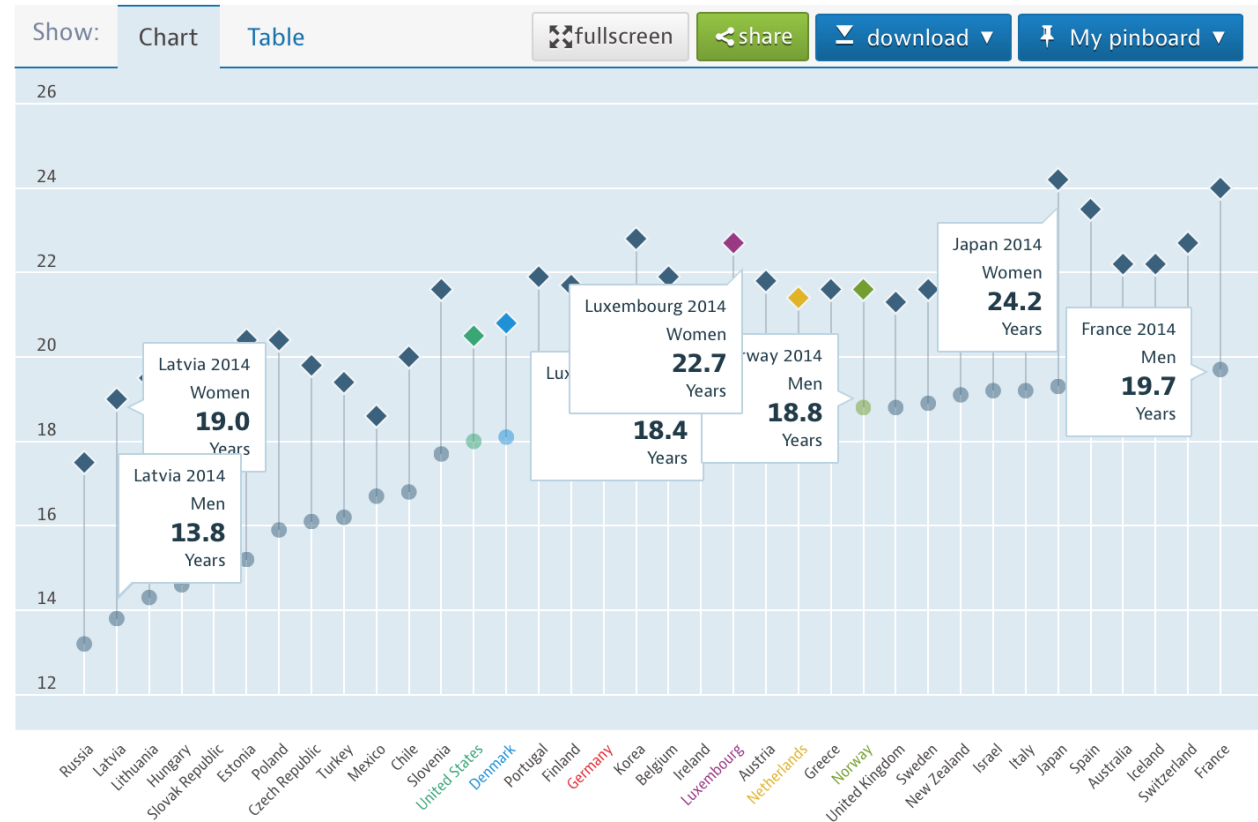
Potential years of life lost

Deaths from cancer

Suicide rates

Life expectancy at 65 Men / Women, Years, 2014

Source: Health status

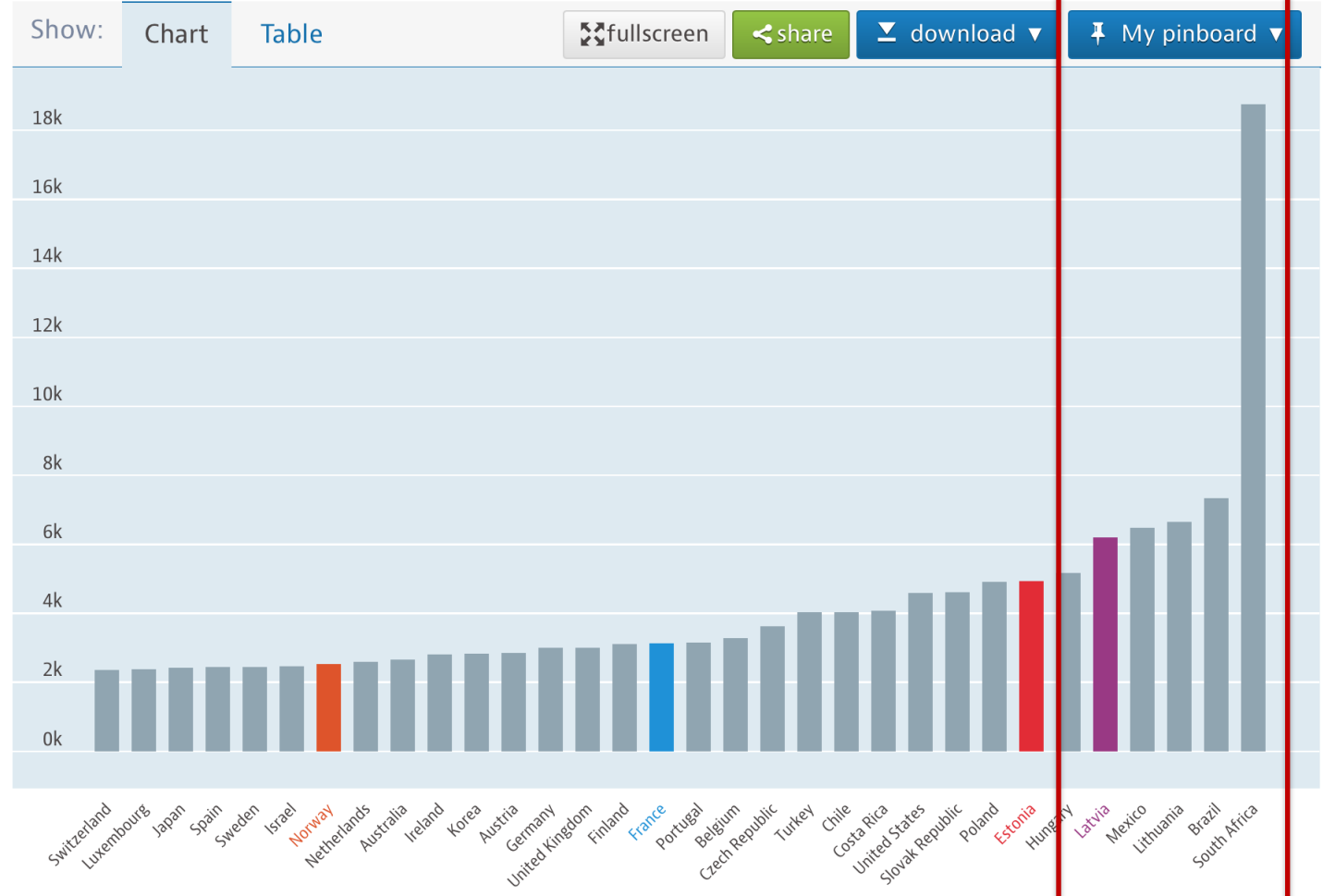


Indicators

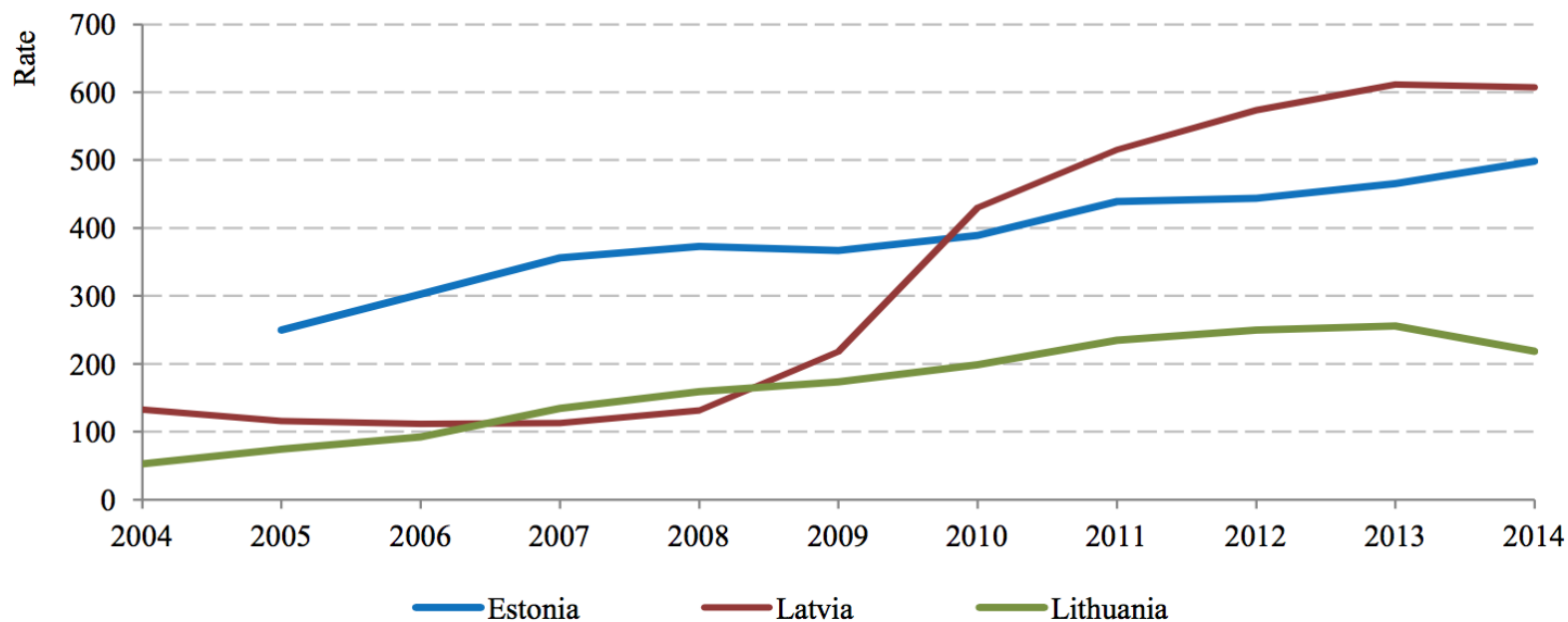
Potential years of life lost Total, Per 100 000 inhabitants aged 0-69, 2013

Source: Health status

- Life expectancy at birth
- Life expectancy at 65
- Infant mortality rates
- Potential years of life lost
- Deaths from cancer
- Suicide rates



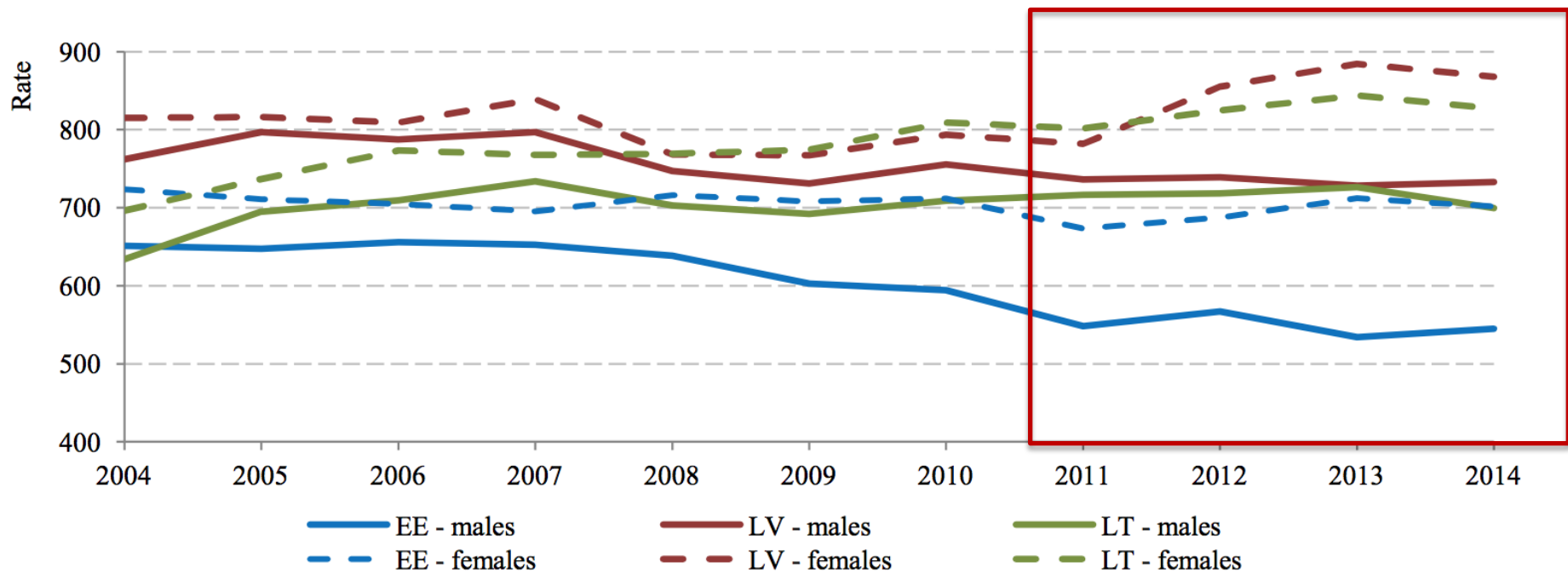
Hospital day cases per 10 000 population, 2004–2014



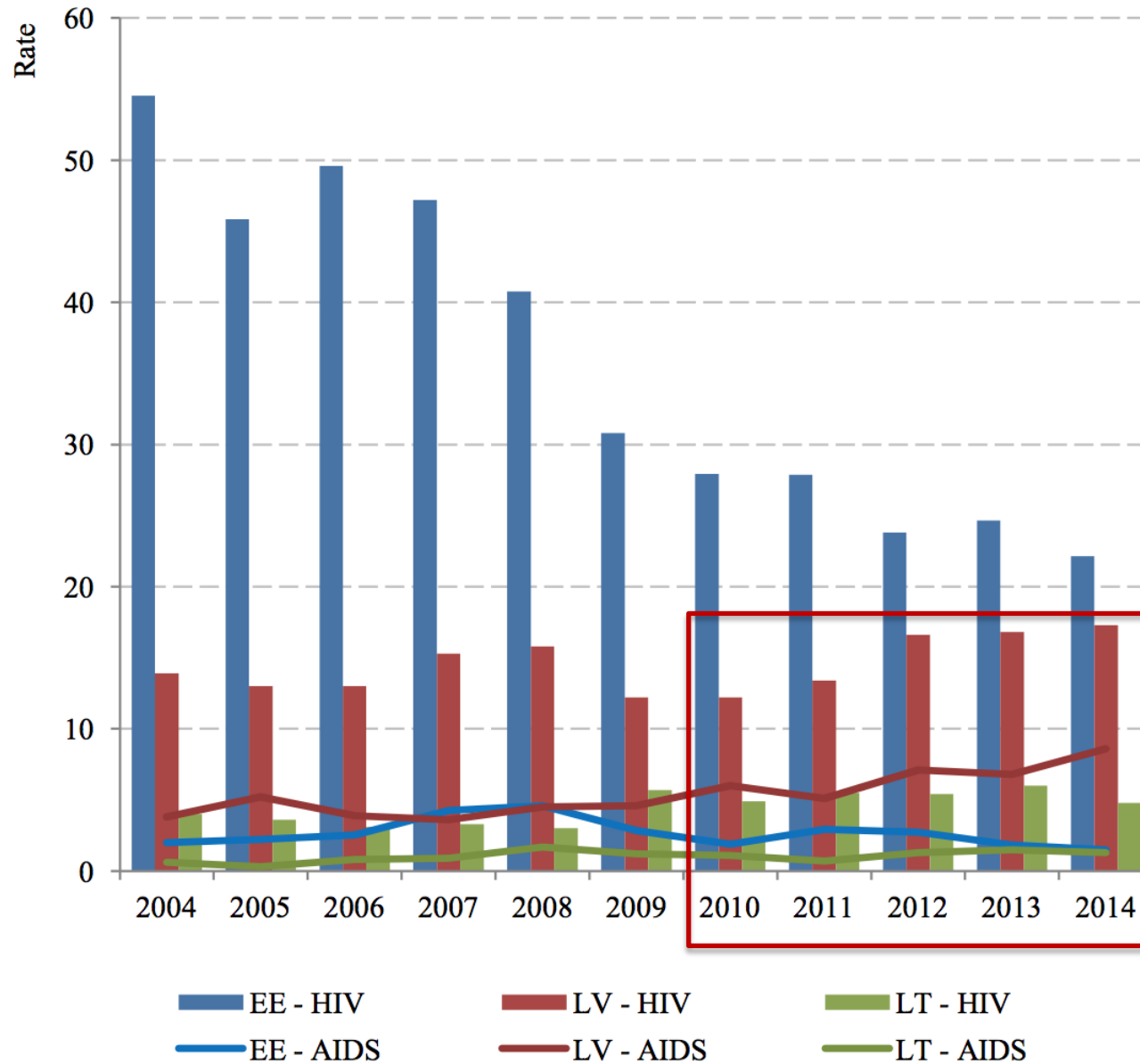
Note:

EE: counted by cases (one day care case may include several bed days); LV: counted by treated patients; LT: counted by cases.

Deaths from circulatory system diseases per 100 000 population, 2004–2014



New cases of HIV and AIDS per 100 000 population, 2004–2014



Selected infectious diseases
new cases per 100 000 population, 2014

		Estonia	Latvia	Lithuania
Disease	ICD-10	Rate		
Intestinal infections				
Salmonellosis	A02	7.1	14.1	32.8
Bacillary dysentery	A03	0.8	0.5	0.7
Rotavirus ^V	A08.0	102.5	177.7	118.3
Norwalk virus	A08.1	27.5	60.2	16.5
Droplet infections				
Tuberculosis ^V	A15-A19	15.6	31.8	44.4
Diphtheria ^V	A36	0.0	0.6	0.0
Whooping cough ^V	A37	3.3	4.0	4.9
Meningococcal infection	A39	0.5	0.4	2.4
Haemophilus influenzae infection ^V	A41.3; G00.0; J14; A49.2	2.7	0.0	0.1
Measles ^V	B05	0.0	1.8	0.4
Wound infections				
Tetanus ^V	A33-A35	0.0	0.0	0.03
Transmissible infections				
Lyme disease (borreliosis)	A69.2	98.1	23.4	77.0
Tick-borne encephalitis	A84	6.3	8.6	12.0
Viral hepatitis, HIV/AIDS				
Viral hepatitis, total	B15-B19	28.8	98.1	48.7
..hepatitis A, acute	B15	0.9	1.0	0.6
..hepatitis B, acute ^V	B16.2, B16,9*	0.6	3.5	0.9
..hepatitis C, acute	B17.1	1.5	2.9	1.2
..hepatitis C, chronic	B18.2	23.7	85.2	28.4
AIDS	B20-B24	1.5	8.6	1.3
HIV carrier	Z21**	22.1	17.3	4.8
Sexually transmitted diseases				
Syphilis	A50-A53	2.6	6.7	8.8
Gonorrhoea	A54	10.4	18.2	5.6
Chlamydial infections	A55-A56	115.9	99.1	15.3

^VDiseases that are in the countries. Only exception is programme in Lithuania.

* EE: B16

** LV: Z21, R75

CHIEF ARCHITECTS OF LATVIA'S AUSTERITY IN HEALTH



Valdis Dombrovskis
Prime Minister of Latvia (2009 - 2014)



Andris Vilks
(Minister of Finance 2010-2014)



Ingrida Circene
MoH (2011-2014)



Political Party "Unity" (V)

RACIONĀLAS FARMAKOTERAPIJAS REKOMENDĀCIJAS NO VALSTS BUDŽETA LĪDZEKĻIEM APMĀKSĀTAI ANTIRETROVIRĀLAI TERAPIJAI HIV/AIDS INFEKCIJAS ĀRSTĒŠANAI

Rekomendācijas sagatavotas darba grupā ar Veselības ekonomikas centra un v/a „Latvijas Infektoloģijas centrs” pārstāvju piedalīšanos.

Ievads

HIV ir hroniska, lēni progresējoša infekcijas slimība, kuru izraisa cilvēka imūndeficīta vīruss (HIV), kas, nonākot organismā, lēnām sagrauj cilvēka imūno sistēmu. Pēc Pasaules veselības organizācijas (PVO) datiem vairāk nekā 33 miljoni cilvēku pasaulē dzīvo ar HIV/AIDS.

Latvija ir to ES valstu vidū, kur HIV infekcijas izplatības rādītāji ir augsti. Šobrīd kopējais HIV inficēto skaits Latvijā ir vairāk kā 4500 cilvēki.

Ar antiretrovirālās terapijas (ART) palīdzību nevar pilnībā atbrīvoties no HIV vīrusa, bet var uz vairākiem gadiem aizkavēt slimības attīstības procesu. Ārstēšana nozīmē pastāvīgu medikamentu (vairāku zāļu kombināciju) lietošanu ik dienu visu atlikušo mūžu. Antiretrovirālie medikamenti aizkavē HIV vairošanos organismā, līdz ar to uzlabo kopējo veselības stāvokli un dod iespēju inficētajam cilvēkam dzīvot pilnvērtīgu dzīvi. Šī specifiskā ārstēšana savā ziņā ir arī HIV izplatības profilakse, jo var samazināt HIV daudzumu inficētā cilvēka organisma šķidrums līdz tādām līmenim, ka tie nav infekciozi un bīstami citiem cilvēkiem. Tas nozīmē, ka antiretrovirālās terapijas pieejamība ir būtiski nozīmīga ne tikai HIV inficētajiem cilvēkiem, bet arī sabiedrībai kopumā.

Rekomendācijas izstrādātas, ņemot vērā veselības aprūpes budžeta ierobežotus finanšu resursus, medikamentu efektivitāti un to izmaksas.

1. Rekomendāciju izstrādāšanas mērķis

- rekomendēt HIV infekcijas antiretrovirālās terapijas (ART) izvēli, nosakot tās principus,
- veicināt izmaksu efektīvu zāļu kombināciju izvēli HIV/AIDS pacientu ārstēšanā ierobežotā valsts veselības budžeta ietvaros.

2. Rekomendāciju izstrādāšanas metodoloģija

Rekomendāciju izstrādē izmantotas:

- PVO rekomendācijas "HIV/AIDS protocols on treatment and care in the European Region (2007, atsevišķas daļas pārskatītas 2008)" WHO clinical protocol 1 "Patient evaluation and Antiretroviral treatment of Adults and Adolescents",
- V/A "Latvijas infektoloģijas centrs" HIV infekcijas ārstēšanas vadlīnijas, 2009. g.

HIV infekcijas terapijas (ART) uzsākšanas indikācijas pieaugušajiem

- Akūts retrovīrusu sindroms – terapijas ilgums 3-6 mēneši
- Simptomātiska HIV infekcija:
 - a) C kategorijas slimība
 - b) simptomātiska HIV trombocitonēnija
- * CD4 < 200 šūnas/mm³
- * - rādītājs noteikts ierobežotā veselības budžeta finansējuma apstākļos (PVO rekomendē apsvērt terapijas uzsākšanu ja CD4 < 350 šūnas/mm³)

4.2. Antiretrovirālās terapijas izvēle

HIV infekcijas ārstēšanas galvenais princips ir nepieciešamība iekļaut terapijā jebkurā kombinācijā ne mazāk kā trīs preparātus.

ART tiek lietotas sekojošas medikamentu grupas:

- NRTI, NtRTI – nukleozīdu un nukleotīdu reversās (atgriezeniskās) transkriptāzes inhibitori;
- NNRTI – nenukleozīdu reversās (atgriezeniskās) transkriptāzes inhibitori;
- PI – proteāzes inhibitori;
- FI – saplūšanas jeb fūzijas inhibitori;
- II – integrāzes inhibitori;
- CCR5 antagonisti;

Pirmās izvēles terapija paredz divu dažādu nukleozīdu (NRTI) vai nukleotīdu reversās transkriptāzes inhibitoru (NtRTI) un nenukleozīdā reversās transkriptāzes inhibitoru (NNRTI) kombināciju izmantošanu.

Otrās izvēles terapija balstās uz proteāzes inhibitoru (PI) un divu NRTI medikamentu kombināciju. PI *ritonavir* pievienošana citiem proteāzes inhibitoriem paaugstina kombinācijas efektivitāti.

Optimālas ART efektivitātes iegūšanai nepieciešama stingra ART lietošanas ievērošana un pacienta līdzestība.

5. Antiretrovirālās terapijas efektivitātes novērtējums

Nozīmētā ART shēma ir efektīva, ja:

- vīrusa slodze samazinās vai pēc 48 nedēļu terapijas ar ART vīrusa slodze ir zem nosakāmības robežas;
- 24-48 nedēļas pēc ART terapijas uzsākšanas konstatēts CD4 šūnu pieaugums vismaz par 50-100 šūnas/ml;
- netiek konstatētas jaunas oportūnistiskās slimības pēc 3 mēnešiem, kopš uzsākta ART.

6. Izvēlētās antiretrovirālās terapijas neefektivitāte un terapijas shēmu maiņa

Viens no svarīgākajiem uzdevumiem ART lietošanas laikā ir izvairīšanās no zāļu rezistences. Rezistence pret zāļu preparātiem rodas tajos gadījumos, kad vīrusa struktūrā attīstās mutācijas, kuras dažreiz noved pie zāļu efektivitātes samazināšanās vai pilnīgas

INGRIDA CIRCENE'S, MoH, FAMOUS CITATION



Professionals and experts have not provided any evidence on the treatment benefits whether you start from 350 or you start treatment at 200 CD4 cell count

"HIV noteikti vairs nav "tikai narkomānu problēma"" DIENA 06.12.2012

BRUCE D. WALKER, MD, professor of immunology at Harvard Medical School advocated immediate ART irrespective of CD4 cell count since 1999.

2000 Sep 28;407(6803):523-6.

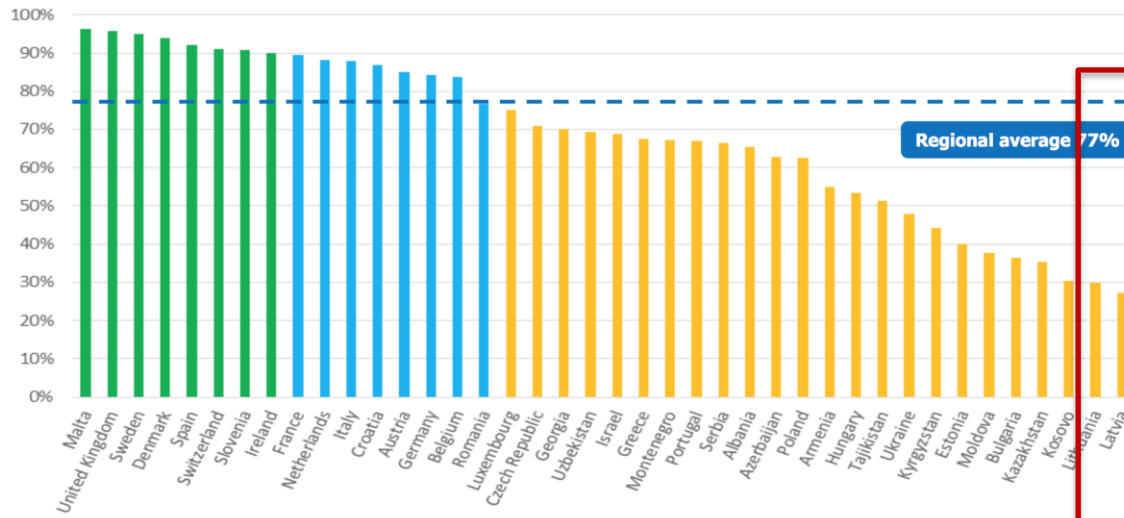
Immune control of HIV-1 after early treatment of acute infection.

J Exp Med. 2001 Jan 15; 193(2): 169–180.

Cellular Immune Responses and Viral Diversity in Individuals Treated during Acute and Early HIV-1 Infection

Conclusions and Relevance: Deferral of ART beyond 12 months of the EDS diminishes the likelihood of restoring immunologic health in HIV-1–infected individuals.

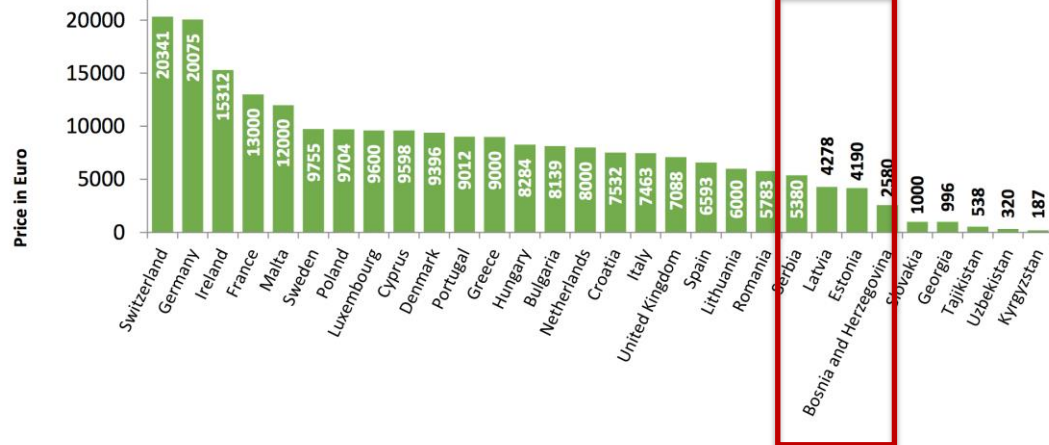
Proportion of people diagnosed with HIV receiving ART in Europe and Central Asia¹⁰



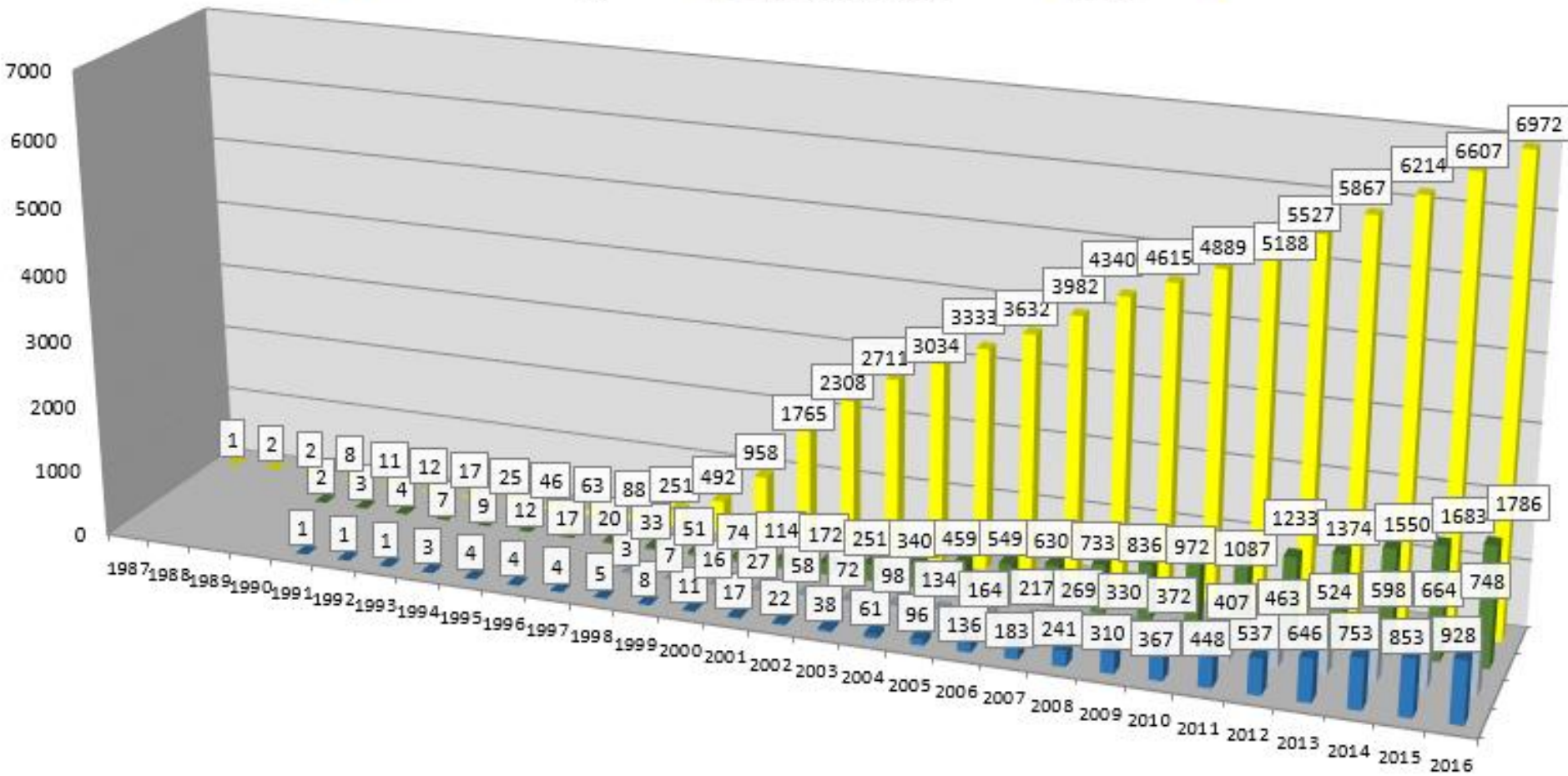
(ECDC SPECIAL REPORT : HIV treatment and care Monitoring implementation of the Dublin Declaration on Partnership to fight

HIV/AIDS in Europe and Central Asia: 2017 progress report)

Reported mean cost of ART per patient per year by country, 2014 and 2016¹⁵



■ Death of AIDS stage ■ Death of HIV stage ■ AIDS ■ HIV



<https://www.spkc.gov.lv/lv/>

2009-2014

Valdis Dombrovskis

Ingrīda Cīrcene

Andris Vilks

REGRESSION in quality and amount
of HIV/AIDS and Hep C Services and
Treatment

Unity

2014-2016

Straujuma

Bijēvičs

Reirs

PROGRESSION in quality of
HIV/AIDS and Hep C Services and
Treatment

ZZS

2009-2014

Valdis Dombrovskis

Ingrida Circene

Andris Vilks

REGRESSION in quality and amount of HIV/AIDS and Hep C Services and Treatment

2014-2016

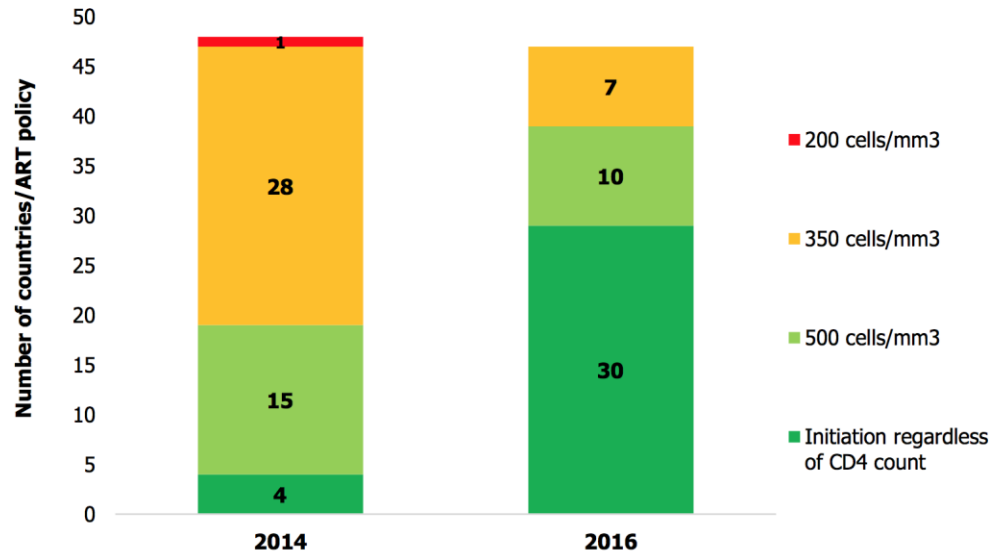
Straujuma

Bijēvičs

Reirs

PROGRESSION in quality of HIV/AIDS and Hep C Services and Treatment

Policy on ART initiation in Europe and Central Asia 2014 (n=48) and 2016 (n=47), as of November 2016



(ECDC SPECIAL REPORT : HIV treatment and care Monitoring implementation of the

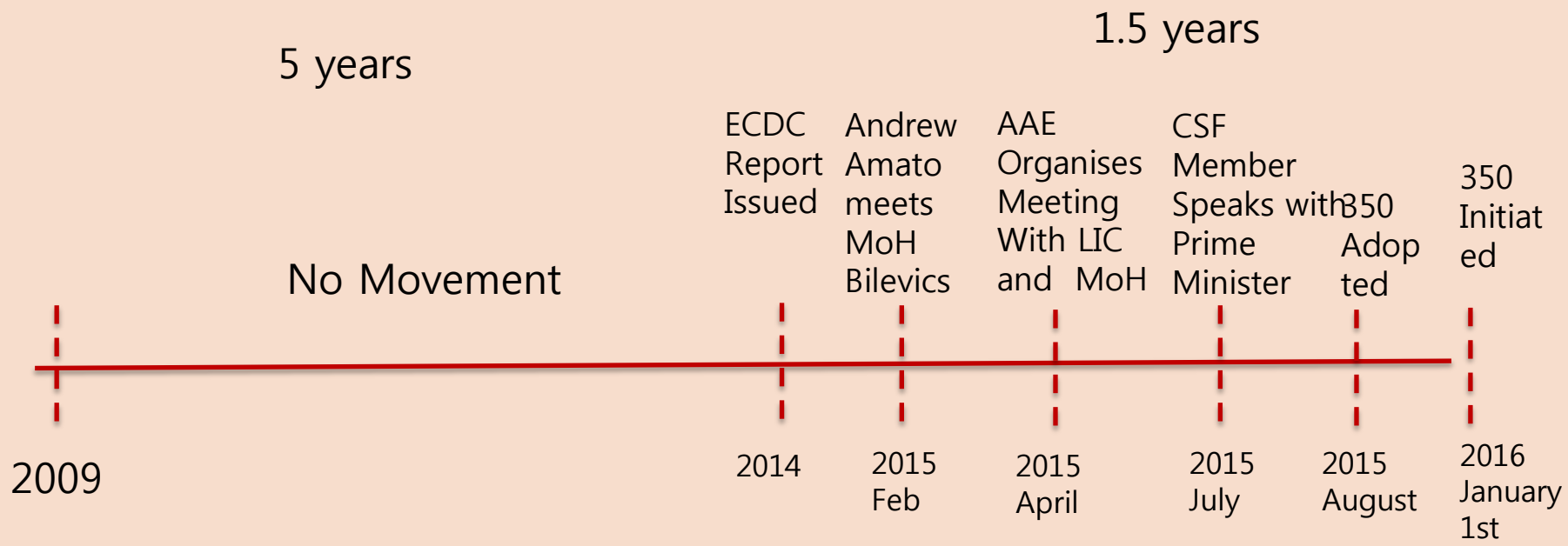
Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia: 2017

progress report)

People to Thank for 350



AIDS Action Europe
HIV/AIDS CSF (2013-2016)
Andrew Amato (ECDC)
Teymoor Noori (ECDC)
AGIHAS
LIC





Mandatory Health Insurance (OVA)



Universal State Insurance (USI)

LATVIJAS BANKA
CIROSISTĒMA

LATVIJAS BANKA

OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANAS IEVIEŠANAS KONCEPCIJA



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ĒROŠISISTĒMA

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OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANAS IEVIEŠANAS KONCEPCIJA



Dr Tamás Evetovits, the Head of the WHO Barcelona Office for Health Systems Strengthening, on September 21st, 2016, in Riga, at the the public health conference with the Latvian MPs, Prime Minister, and MoH present, strongly advised against the model put forward by the Bank of Latvia





“The Bank of Latvia is offering a solution to the problem that does not exist in Latvia”

Dr Tamás Evetovits, the Conference “ Latvia’s Healthcare System - Structural Reforms and Funding Models” , University of Latvia, Riga, 21.09.2016



KEY OBSERVATIONS ON OVA

OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANAS IEVIEŠANAS KONCEPCIJA

- Problems with the current health care crisis correctly identified, but not beyond what can be deducted from similar reports issued by OECD, WHO, SPKC (Latvian Center for Disease Control), or National Health Services
- While the problems are identified correctly, no convincing or transparent solutions are offered, since many available case studies on privation of national health care systems, in fact, undermine the data furnished by the Bank. The data needs to be peer-to-peer reviewed by external examiners having no vested interest in its outcomes.



KEY PROVISIONS AND REBUTTAL

OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANAS IEVIEŠANAS KONCEPCIJA

- OVA would foster a health competition: insurers will choose to enter into contracts with those providers that offer quality services at a favourable price
- many researchers recognize that regulated OVA model provides a more efficient and effective use of health-financing
- in order to regulate a competitive insurance system to function effectively, the state will have to establish insurance risk equalization fund
- a false statement since it is theoretically tangible, yet, practically viable only in the economies with high purchasing power, to which Latvia does not belong to
- the document does not specify how many is many as well as the data presented in support is scant
- the conflict of interest is in the risk assessment, which will be determined by an insurance company and not the state. Technically, public funds will transfer to private insurance



KEY PROVISIONS AND REBUTTAL

OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANAS IEVIEŠANAS KONCEPCIJA

- NHS is to be replaced by the State Insurance Board
- a deeply disturbing proposition since given inflated salaries at low productivity and much higher administrative costs in private sector, the State Insurance Board will raise the cost of health expenditure
- State Insurance Board will oversee the risk equalization fund, and regularly review the basket of services and tariffs to ensure the system meets the objectives. oversee
- at the current GINI index and inflated executive salaries, inappropriate for the size of Latvia's economy, compounded by the high administrative costs could potentially favouritism will flourish corruption index
- the basket will be prone to shrinkage



POVERTY LEVEL



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FINANCE*NET

Tuesday, June 20, 2017

Maira , Rasa , Rasma

PASTS

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MEKLĒ ZIŅAS ŠEIT!

Salary up to € 450 per person in Latvia receives 48% of the workforce

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[COMMENTS \(153\)](#)

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Apartment Riga
70 000 EUR

House Kekavas par.
EUR 85,000

POVERTY LEVEL



Employee breakdown for 'monthly' net (after 'tax'), '%'

CSB of Republic of Latvia Data

	2015	2016
Workforce (percent)	100,0	100,0
Up to 450,00 EUR	51,2	43,7
including state minimum of 380 EUR	20,7	20,6
450,01 – 700,00 EUR	30,1	31,8
700,01 – 1400,00 EUR	13,4	17,4
1400,01 EUR un vairāk	1,9	2,9
NOT ACCOUNTED FOR	1,6	2,7



LATVIJAS BANKA

ILMARS RIMSEVICS

110,000 Euro Net (23%)



Janet Yellen

129,000 Euro Net (33%)

POVERTY LEVEL



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[MEKLĒ ZIŅAS ŠEIT!](#)

Lattelecom CEO Gulbis, whose salary is € 392,000, challenging the solidarity tax in the Constitutional Court

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Lattelecom Chairman of the Board Juris Gulbis. Photo: Ieva Lukka / LETA

Apartment Riga
EUR 79 000

Apartment Riga
70 000 EUR

Apartment Riga
57 999 EUR

House in Riga
200 000 EUR

House Carnikava
EUR 149,000

Apartment in Ropaži
36 000 EUR

TVNET / LETA

September 23, 2015 at 9:48 am

[MOST POPULAR ARTICLES >>](#)

CORRUPTION INDEX



to tackle corruption, people grow cynical. Increasingly, people are turning to populist leaders who promise to break the cycle of corruption and privilege. Yet this is likely to exacerbate – rather than resolve – the tensions that fed the populist surge in the first place. ([Read more](#) about the linkages between corruption, inequality and populism.)


CORRUPTION PERCEPTIONS INDEX 2016

 latvia

2016 Rank	Country	2016 Score	2015 Score	2014 Score	2013 Score	2012 Score	Region
44	Latvia	57	55	55	53	49	Europe and Central Asia

 netherlands

2016 Rank	Country	2016 Score	2015 Score	2014 Score	2013 Score	2012 Score	Region
8	Netherlands	83	87	83	83	84	Europe and Central Asia

 estonia

2016 Rank	Country	2016 Score	2015 Score	2014 Score	2013 Score	2012 Score	Region
22	Estonia	70	70	69	68	64	Europe and Central Asia

 lithua

2016 Rank	Country	2016 Score	2015 Score	2014 Score	2013 Score	2012 Score	Region
38	Lithuania	59	61	58	57	54	Europe and Central Asia

 russia

2016 Rank	Country	2016 Score	2015 Score	2014 Score	2013 Score	2012 Score	Region
131	Russia	29	29	27	28	28	Europe and Central Asia

AVERAGE ADMINISTRATIVE COSTS FOR PRIVATE INSURANCE



Table 3. Data for private health insurance administrative costs

Country	SHA / NHA Data		Data retrieved from literature		
	% of total insurance expenditure	Years covered	% of total insurance expenditure	Years covered	References (first author listed) ^d
Australia	9.6 - 14.7 ^a	1995-2008	15.8	Not specified	Woolhandler, 2003 ^e
	10.1 - 13.6 ^b	2000-2006			
Austria	19.8 - 30.3 ^a	1995-2008			
	25.1 - 30.2 ^b	2004-2006			
Barbados	[20.7 - 22.0 ^a]	1995-2001			
Belgium	12.9 - 17.2 ^a	2003-2008			
	11.8 - 16.9 ^b	2005-2007			
Canada	12.0 - 17.8 ^a	1995-2008	13.2	1999	Woolhandler, 2003 ^e
	13.3 - 17.8 ^b	1999-2007			
Cyprus	1.6 - 4.9 ^a	2003-2008			
Czech Republic	2.2 - 3.4 ^{a,b}	2003-2007			
Denmark	5.8 - 11 ^{a,b}	2003-2007			
Estonia	[0.2 ^a]	2006			
	[0.1, 0.8 ^b]	2005, 2007			
Finland	4.5 - 9.1 ^a	1995-2008			
	5.6 - 7.9 ^b	2003-2007			
France	19.1 - 21.2 ^a	1995-2008	6.9 - 25.1 ^c	2006-2008	Garnero, 2009
	18.2 - 18.6 ^b	2003-2007			
Germany	14.9 - 17.2 ^a	1995-2008	16.4 - 17.4	1992-2001	Saltman, 2004 Orosz, 2004 ^e
	15.0 - 17.2 ^b	2001-2007			
Hong Kong SAR			20.4	Not specified	Woolhandler, 2003 ^e
High-income			21.2	2001	Tin, 2007 ^e
	6.6 - 17.4 ^a	1998-2008			
	[0.7, 0.3 ^a]	2000, 2002			
Ireland	9.9 - 17.4 ^b	2003-2007	2.0 - 14.2 ^c	1996-1999	Mossialos, 2002



NHS (1.8%)

Latvia's Health Care Reform



Veselības ministrija

Universal State Insurance (USI)

as incepted by the Ministry of Health, favoured by the Latvian Infectology Center, the ruling coalition government, a majority of health care providers, nurses, LVSADA, and the GP Association, and the majority of low and middle income population

KEY COVERAGE TARGETS



Universal State Insurance (USI)

• **Three Tier System, tied to 1% additional social security tax**

Increase of 200 million euro are expected in the health budget

Full Package (taxpayers)

Co-Payments of 10 euro (subject to change)

Emergency Services,
Maternity,
Oncology,
GP,
Diabetes,
TB,
HepC,
HIV/AIDS,
Diagnostics,
Ambulatory,
Hospitals,
Laboratory,
Rehabilitation,
Medication under Reimbursement (HIV, HepC meds)
etc.

Basic Package (non-tax, no co-payment)

Co-Payments of 10 euro (subject to change)

Emergency Services
Maternity,
Oncology,
GP,
Diabetes,
TB,
HepC,
HIV/AIDS,
Psychiatry

Not covered:
Lab Results,
Diagnostics,
Medication under Reimbursement

Pensioners, children till 18 covered in full

HIV/AIDS covered from 500 CD4 Slated for January 1st, 2018

Plan is scheduled for Fall Session Debate at the Parliament, will be opposed by Unity and those favoring MHI



ASSESSMENT AND RECOMMENDATION

- while both plans are far from perfect, USI is clear on coverage for HIV/AIDS and HepC. MHI plan is precarious since the current private insurances do not cover Hep C, TB, and HIV/AIDS and entail transparency issues
- CSF 2017-2020 and EU should extend its support to USI Plan and work with EC to create a legal framework in order to affect USI to include all the unrepresented groups (*long term unemployed, undocumented immigrants, etc.*)
- the European Commission, ECDC, OECD, WHO should assess the methodology used in financial feasibility and sustainability for the health care models presented by all the appropriate parties, including the Bank of Latvia. The date should be reviewed by the impartial external expert groups.
- the European Commission, OECD, WHO, CSF should encourage the government of Latvia to redistribute its spending allocation



General government spending

Recreation, culture and religion, % of GDP, 2015

Source: National Accounts at a Glance

Show:

Chart

Map

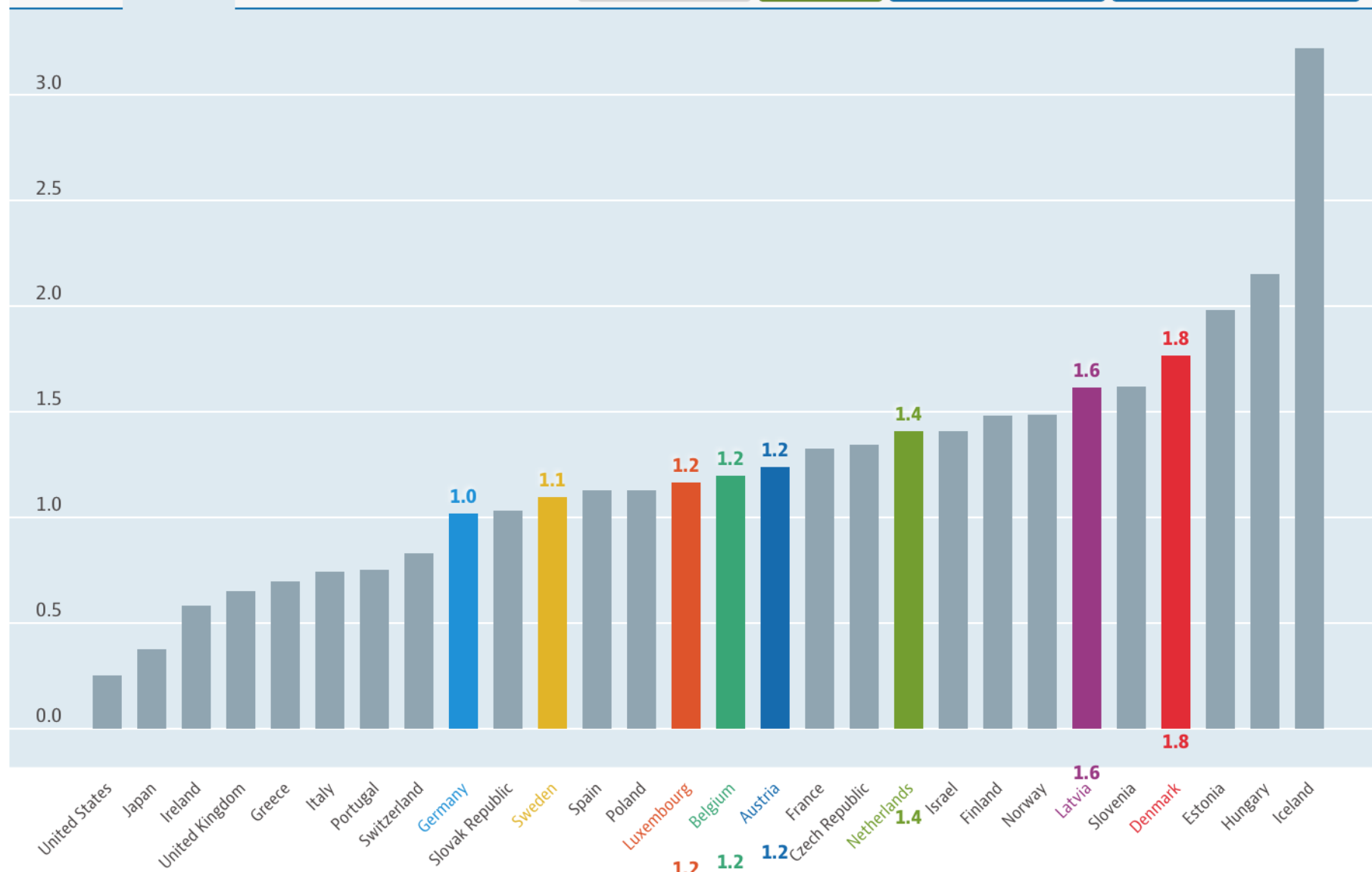
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ASSESSMENT AND RECOMMENDATIONS

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- the European Commission, OECD, WHO, and CSF should encourage the government of Latvia to redistribute its spending allocation
- the European Commission should entrust the new CSF 2017-2020 to ensure the data reported by the Republic of Latvia is accurate and reflect the realities on the ground, and develop the framework in which the data is speeded up
- the European Commission should monitor whether any Latvia's new health care initiatives are in par or in violation of EC's latest directives on social cohesion and health: Structural Funds may be used as a carrot and stick policy
- the European Commission, OECD, WHO, World Bank should reiterate the value of implementing the progressive tax system in Latvia, including the differentiation of health care payments where applicable
- the European Commission should view the Latvian health care system as a matter of crucial security for eurozone and EU at large



Mandatory Health Insurance

OBLIGĀTĀS VESELĪBAS APDROŠINĀŠANA
IEVIEŠANAS KONCEPCIJA

