

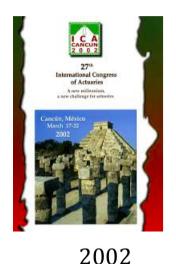
THE FOUR-PILLAR HEALTHCARE FRAMEWORK

Washington DC, United States April 2, 2014

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Do you know where ICAs 1988, 1992, 1995, 1998 were?





















Agenda

- Understanding Health Care Systems
 - Distinctions Between Health Care and Pension
 - World Bank Five-pillar Pension Framework
 - i.e. Muhanna Proposed Pillars of Health Care

Financial Sustainability of Health Care Systems





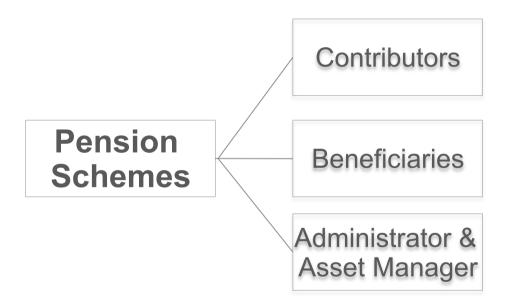
 Distinctions between pension and health care systems

Factor/Aspect	Pension	Health Care
Earnings	Directly Related	Indirectly Related
Contribution Period	Directly Related	Indirectly Related
Inflation	Indirect Effect	Direct (& Indirect) effect
Mortality	Direct Effect	Indirect effect
Morbidity	Lower effect	Higher effect
Anti-selection Risk due to eligibility	Low	High
Third Party	Little Effect	Large Effect
Benefits	Relatively easy to quantify	Harder to quantify





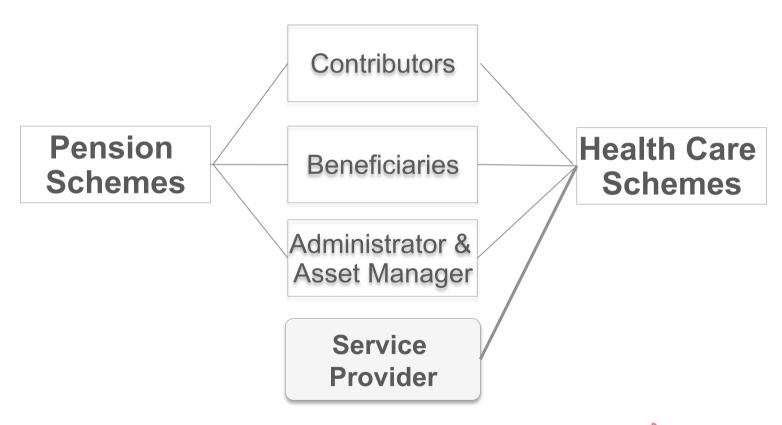
Stakeholders involved







Stakeholders involved







World Bank Five-pillar Pension Framework

PILLAR	0	1	2	3	4
Description	Basic, social pension, or social assistance	Public pension plan (Publicly managed)	Occupational or personal pension plans	Private schemes (Individual savings)	Informal support, other formal social programs (e.g. health) & other individual assets
Who is covered	Life-time poor, Informal and formal sector	Formal sector	Formal sector	Middle & higher income persons	Life-time poor, informal and formal sector
What is	Basic protection for the elderly	Basic benefit replacing a portion of preretirement income (40%)	Additional benefit replacing an extra portion of pre-retirement income (+30%)	Savings & investments	Non Financial: Health, Homeownership, lands
Participation & Funding	Universal / General budget	Mandated / Contributions linked to earnings	Mandated / Defined Contributions	Voluntary / Contributions, Ind. savings or employer sponsored	Voluntary / Government and Individual assets





• i.e. Muhanna Proposed Pillars of Health Care

PILLAR	0	1	2	3
Description	Welfare and Basic Health Care Benefits	Social Insurance Benefits	Occupational Health Care Benefits	Private Health Insurance and OOP payments
Who is covered	Low income, Informal and formal sector	Formal Sector	Formal Sector	Middle & higher income
What is covered	Basic and primary health care services, (Preventive care, Maternity & Chronic Diseases)	Medical necessities, secondary, and tertiary care benefits with co- pays, class C	Top-up insurance, covering the copays, & costs not covered by pillar 1 & 2, Class B	Benefits covering extra amenities, elective coverage, Class A
Participation & Funding	Universal / General budget	Mandated / Contributions linked to earnings & sometimes General Budget	Mandated / Sponsor's and member's contributions	Voluntary / Individual Savings and OOP payments





Financial Sustainability of Health Care Systems

 Problem of Financial Sustainability: addressed today due to demographic changes and ageing populations, but the actual effect of these factors has not been quantified yet

Proposed Financing Mechanism:

- Setting up a hybrid health system that caters for ageing populations
- Prefunding of health benefits of the elderly in the population
- Continue paying benefits of the currently active on a pay-as-you-go basis





Methodology:

- 4 cases representing different ageing profiles
- Simulate actual populations of countries that resemble the ageing profile required
- Assumptions concerning burning costs, medical inflation and income related to age
- Base projection year: 2010





4 cases of ageing population profiles

	Demographic Indicators (year 2010)							
Cases	as % of Total Population			Fertility	Fertility Average Age	Life	Ageing Stage	
	Pop 0-18	Pop 19-64	Pop >65	Rates	Average Age	Expectancy	Ageing Stage	
Base case	34%	56%	10%	1.8	31	73	Middle-aged	
Case 1	44%	52%	4%	3.1	25	69	Young	
Case 2	23%	65%	11%	1.2	37	81	Ageing	
Case 3	17%	62%	21%	1.4	43	80	Ageing (Advanced stage)	

- Cases simulate actual populations of 2010 that resemble the demographic profile required (Data Source: United Nations, 2010 Revision World Population Prospect)
 - Base Case: Lebanon's Population
 - Case 1: Philippines' Population
 - Case 2: Rep. of Korea's Population
 - Case 3: Germany's Population





- Assumptions Used
 - Income and Pensions

Age Bracket	Salaries & Pensions - 2010
0 - 15	-
16 - 25	4,500
26 - 35	5,600
36 - 45	6,000
46 - 55	6,600
56 - 65	7,500
66 - 75	4,500
76 - 85	4,500

- Income Increase = 5% p.a (increase=inflation + merit)
- Pension Increase 3% p.a (increase = inflation)
- Pension = 60% of last salary





Assumptions Used

Subsequently, for a country with such income and pension distribution, the expected inpatient cost distribution would be:





Assumptions Used

 Inpatient cost, utilization rates, and age-sensitive medical inflation

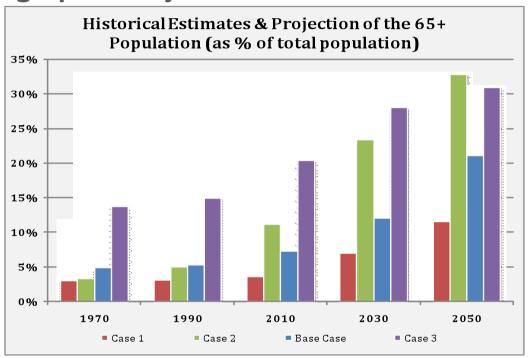
Age Bracket	Indexed Average Cost	Utilization Rate	Inpatient Burning Cost	Age-Sensitive Medical Inflation
0 - 15	520	15%	78	2.0%
16 - 25	670	8%	54	1.5%
26 - 35	1,090	10%	109	1.0%
36 - 45	1,000	13%	130	0.5%
46 - 55	1,270	15%	191	1.0%
56 - 65	1,690	23%	389	1.5%
66 - 75	2,150	26%	559	2.0%
76 - 85	2,700	29%	783	2.5%

Total Medical Inflation = Age-Sensitive Medical Inflation
 + 3.5%





Demographic Projections



- Trend towards ageing populations
- Expected faster trend towards ageing populations than observed historically





- Demographic Projections
 - Average age projection

Case	Average Age						
	1970	1990	2010	2030	2050		
Base Case	24	25	31	37	43.		
Case 1	21	22	25	29	35		
Case 2	23	29	37	44	48		
Case 3	36	39	43	46	47		





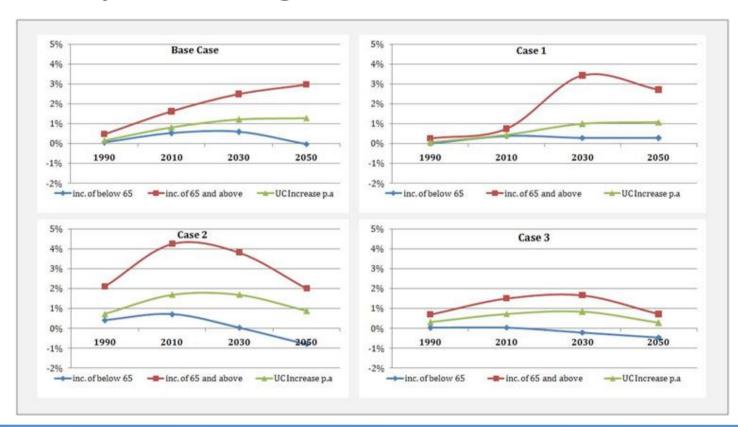
- Effect on Burning Cost
 - Projected Burning Costs No-Inflation Scenario

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Case				nflation Scenario	
	1970	1990	2010	2030	2050
Base Case	135	139	163	207	267
Increase p.a.		0.15%	0.81%	1.20%	1.28%
Inc. of below 65		0.06%	0.52%	0.59%	-0.03%
Inc. of 65 and Above		0.47%	1.62%	2.49%	2.97%
Case 1	118	119	130	159	196
Increase p.a.		0.06%	0.45%	0.99%	1.08%
Inc. of below 65		0.02%	0.39%	0.29%	0.28%
Inc. of 65 and Above		0.26%	0.75%	3.42%	2.70%
Case 2	125	144	202	283	338
Increase p.a.		0.73%	1.70%	1.70%	0.89%
Inc. of below 65		0.41%	0.71%	0.03%	-0.79%
Inc. of 65 and Above		2.10%	4.24%	3.81%	2.02%
Case 3	212	225	261	308	326
Increase p.a.		0.31%	0.73%	0.84%	0.28%
Inc. of below 65		0.03%	0.04%	-0.20%	-0.45%
Inc. of 65 and Above		0.70%	1.50%	1.67%	0.71%





- Effect on Burning Cost
 - Projected Burning Costs No-Inflation Scenario







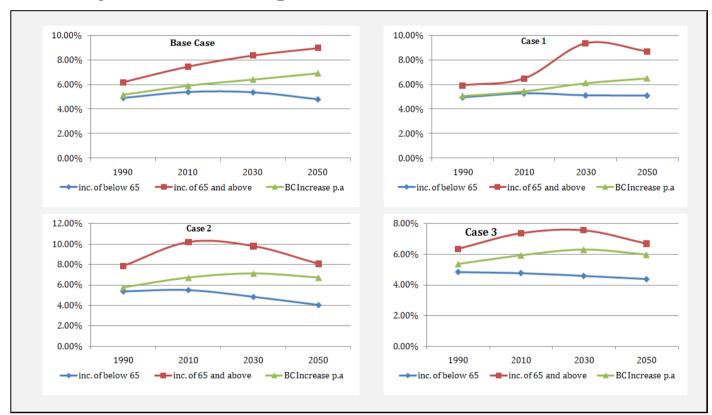
- Effect on Burning Cost
 - Projected Burning Costs Inflation Scenario

		Inpatient Burn	ing Costs - No-I	nflation Scenario)
Case	1970	1990	2010	2030	2050
Base Case	19	52	163	563	2,139
Increase p.a.		5.16%	5.89%	6.39%	6.90%
Inc. of below 65		4.91%	5.39%	5.36%	4.81%
Inc. of 65 and Above		6.17%	7.44%	8.35%	8.96%
Case 1	17	45	130	427	1,504
Increase p.a.		5.08%	5.46%	6.11%	6.50%
Inc. of below 65		4.95%	5.26%	5.11%	5.09%
Inc. of 65 and Above		5.92%	6.48%	9.34%	8.68%
Case 2	18	55	202	798	2,924
Increase p.a.		5.74%	6.71%	7.11%	6.71%
Inc. of below 65		5.36%	5.48%	4.82%	4.01%
Inc. of 65 and Above		7.87%	10.17%	9.78%	8.07%
Case 3	29	82	261	885	2,820
Increase p.a.		5.37%	5.93%	6.30%	5.97%
Inc. of below 65		4.83%	4.76%	4.58%	4.37%
Inc. of 65 and Above		6.34%	7.36%	7.55%	6.67%





- Effect on Burning Cost
 - Projected Burning Costs Inflation Scenario







- Ageing effect on medical inflation Burning Cost
 - Medical inflation projection

Cooo			Medical Infl	ation	
Case	1970	1990	2010	2030	2050
Base Case	5.0%	5.00%	4.9%	4.9%	5.0%
Weighted Inflation of less than 65	4.8%	4.7%	4.5%	4.2%	3.8%
Weighted Inflation of 65 and above	0.3%	0.3%	0.4%	0.7%	1.2%
Case 1	5.1%	5.0%	5.0%	4.9%	4.9%
Weighted Inflation of less than 65	4.9%	4.8%	4.8%	4.5%	4.3%
Weighted Inflation of 65 and above	0.2%	0.2%	0.2%	0.4%	0.7%
Case 2	5.0%	4.9%	4.9%	5.0%	5.0%
Weighted Inflation of less than 65	4.8%	4.6%	4.2%	3.7%	3.2%
Weighted Inflation of 65 and above	0.2%	0.3%	0.6%	1.3%	1.9%
Case 3	5.0%	4.9%	4.9%	5.0%	5.1%
Weighted Inflation of less than 65	4.2%	4.1%	3.8%	3.4%	3.3%
Weighted Inflation of 65 and above	0.8%	0.9%	1.2%	1.6%	1.8%





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Base Case

		Burning Cost as % of Salaries & Pensions				
Population Segment	1970	1990	2010	2030	2050	
Total Population	3.86%	3.79%	3.84%	4.66%	6.94%	
Population Below 65	3.17%	2.98%	2.74%	2.74%	2.75%	
Population 65 and Above	0.68%	0.81%	1.10%	1.92%	4.19%	





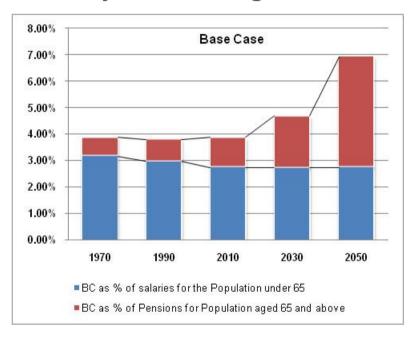
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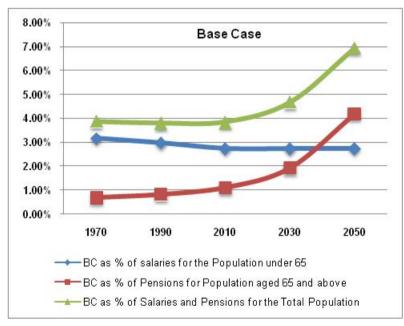
	Burning Cost as % of Salaries & Pensions					
Population Segment	1970	1990	2010	2030	2050	
Total Population	3.86%	3.79%	3.84%	4.66%	6.94%	
Increase p.a.		-0.08%	0.06%	0.97%	2.01%	
Population Below 65	3.17%	2.98%	2.74%	2.74%	2.75%	
Increase p.a.		-0.31%	-0.42%	-0.01%	0.01%	
Population 65 and Above	0.68%	0.81%	1.10%	1.92%	4.19%	
Increase p.a.		0.88%	1.53%	2.83%	3.97%	





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Base Case





Burning cost as % of pensions (65+) exceeds the burning cost as % of salaries (65-) in 2040 under the model's assumptions





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 1

	Burning Cost as % of Salaries & Pensions				
Population Segment	1970	1990	2010	2030	2050
Total Population	3.79%	3.64%	3.63%	4.11%	5.22%
Population Below 65	3.33%	3.12%	3.00%	2.80%	2.73%
Population 65 and Above	0.47%	0.52%	0.63%	1.31%	2.49%





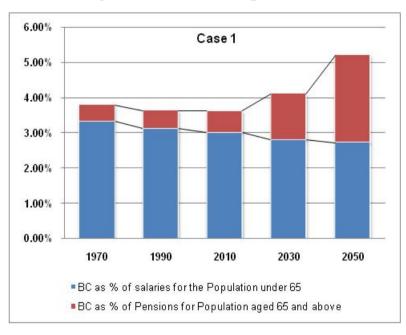
- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 1

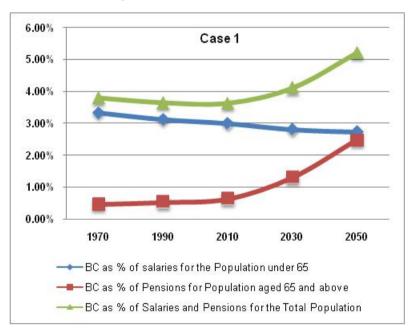
Population Segment	Burning Cost as % of Salaries & Pensions				
	1970	1990	2010	2030	2050
Total Population	3.79%	3.64%	3.63%	4.11%	5.22%
Increase p.a.		-0.20%	-0.02%	0.62%	1.20%
Population Below 65	3.33%	3.12%	3.00%	2.80%	2.73%
Increase p.a.		-0.32%	-0.20%	-0.33%	-0.14%
Population 65 and Above	0.47%	0.52%	0.63%	1.31%	2.49%
Increase p.a.		0.60%	0.95%	3.68%	3.28%





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 1





Burning cost as % of pensions (65+) exceeds the burning cost as % of salaries (65-) in 2050 under the model's assumptions





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 2

Population Segment	Burning Cost as % of Salaries & Pensions					
	1970	1990	2010	2030	2050	
Total Population	3.75%	3.43%	4.18%	6.54%	10.37%	
Population Below 65	3.28%	2.79%	2.70%	2.74%	2.60%	
Population 65 and Above	0.47%	0.64%	1.48%	3.80%	7.76%	





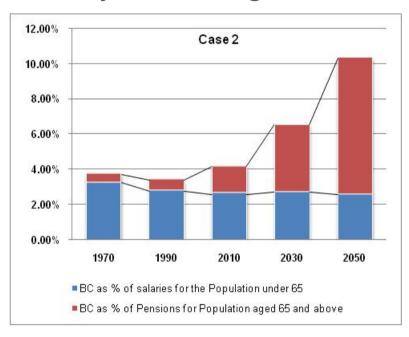
- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 2

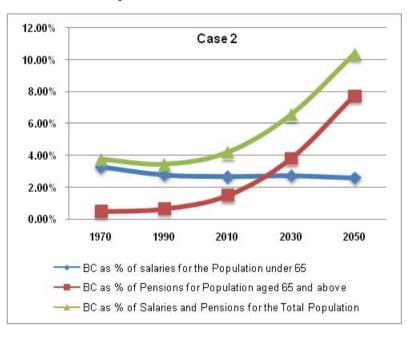
	Burning Cost as % of Salaries & Pensions					
Population Segment	1970	1990	2010	2030	2050	
Total Population	3.75%	3.43%	4.18%	6.54%	10.37%	
Increase p.a.		-0.44%	0.98%	2.27%	2.33%	
Population Below 65	3.28%	2.79%	2.70%	2.74%	2.60%	
Increase p.a.		-0.80%	-0.17%	0.08%	-0.26%	
Population 65 and Above	0.47%	0.64%	1.48%	3.80%	7.76%	
Increase p.a.		1.56%	4.26%	4.82%	3.63%	





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 2





Burning cost as % of pensions (65+) exceeds the burning cost as % of salaries (65-) in 2020 under the model's assumptions





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 3

_	Burning Cost as % of Salaries & Pensions				
Population Segment	1970	1990	2010	2030	2050
Total Population	3.99%	4.28%	5.27%	7.48%	10.06%
Population Below 65	2.69%	2.60%	2.57%	2.63%	2.61%
Population 65 and Above	1.30%	1.68%	2.70%	4.85%	7.45%





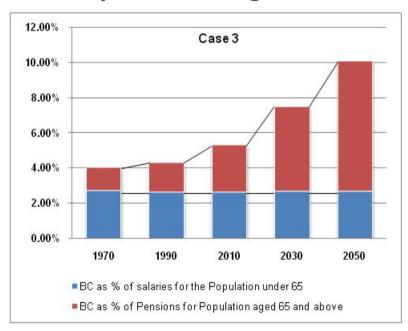
- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 3

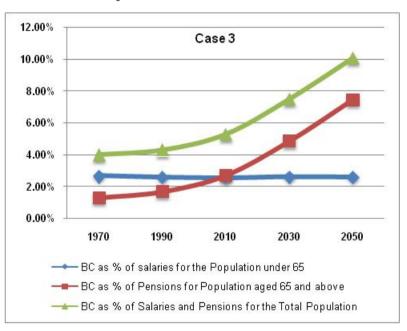
Population Segment	Burning Cost as % of Salaries & Pensions				
	1970	1990	2010	2030	2050
Total Population	3.99%	4.28%	5.27%	7.48%	10.06%
Increase p.a.		0.35%	1.04%	1.76%	1.50%
Population Below 65	2.69%	2.60%	2.57%	2.63%	2.61%
Increase p.a.		-0.16%	-0.07%	0.12%	-0.03%
Population 65 and Above	1.30%	1.68%	2.70%	4.85%	7.45%
Increase p.a.		1.27%	2.41%	2.96%	2.17%





- Effect of ageing on contribution rates
 - Projected burning costs as % of salaries & pensions Case 3





Burning cost as % of pensions (65+) had already exceeded the burning cost as % of salaries (65-) by 2010 under the model's assumptions



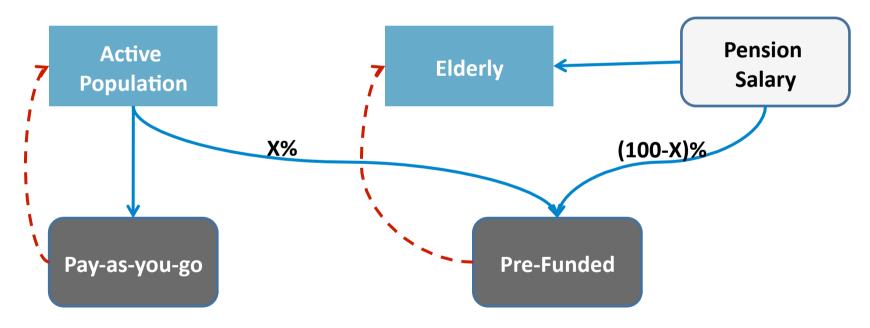


- Young and middle-aged populations show a future tendency in demographic changes towards becoming ageing populations
- The increase in retirees leads to an increase in burning costs, irrespective of all other parameters
- The medical inflation increases at a faster rate than normal due to the ageing of populations which causes additional increases to the burning costs
- Prefunding for post-retirement health care benefits within a hybrid model for elderly





- Hybrid Pre-Funded Model
 - Active population: Pay-as-you-go funding
 - Elderly: funded partly through pension and partly from active population







Hybrid Pre-Funded Model

Main Advantage

 Active population is held accountable to their choices of future benefits while keeping a buffer for adjustments in the future

Main Disadvantage

Difficulty in administering vesting of benefits





Thank you for your time

Any questions?

Full paper could be found on www.muhanna.org
www.issa.int



