

# BENEFIT DESIGN: THE PERSPECTIVE FROM HEALTH FINANCING POLICY



World Health  
Organization



HEALTH FINANCING POLICY BRIEF NO 8

# **BENEFIT DESIGN: THE PERSPECTIVE FROM HEALTH FINANCING POLICY**

Benefit design: the perspective from health financing policy

(Health Financing Policy Brief, No. 8)

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## ABOUT HEALTH FINANCING POLICY BRIEFS

WHO Health Financing Policy Briefs are short papers which summarize current evidence and thinking on a topic of strategic importance for universal health coverage. They are based on a detailed review of the literature, and discussion and debate about the guidance and recommendations for Member States based on this evidence. Health Financing Policy Briefs target policy makers and technical advisors working in health financing or in health systems strengthening more broadly.

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## Key Messages

- Benefit design is concerned with policy decisions regarding the entitlements, in terms of both services and population groups, which are either funded from public revenues, or publicly mandated. Benefit design also concerns defining conditions of access to these entitlements.
- Benefit design considers how all public revenues for individual health services are used, not only those in schemes with explicitly defined entitlements, or those serving a limited population. Benefit design is also concerned with policies regarding the use of private revenues for publicly mandated benefits.
- Where multiple coverage schemes or programmes operate side-by-side, each with its defined target population, benefits, and health financing policies, it is critical to minimize duplication and inefficiency, ensure transparency for service users and providers, and ensure coherence across the health system to leverage positive change.
- Conditions of access to publicly funded health services include decisions related to price e.g. whether patients make co-payments, and non-price e.g. which treatments are subsidized, in which facilities, and whether a referral system must be followed. Conditions of access should support service delivery objectives.
- Reducing uncertainty for both service users and providers is a central objective of benefit design; uncertainty around entitlements and conditions of access constitutes a significant barrier to access and can increase inefficiency in the health system. Entitlements should be explicit but not overly detailed, particularly for first-contact care. Co-payments, if applied, should be fixed in absolute terms, and kept low, both to reduce uncertainty and to protect users against financial hardship.
- Aligning benefit design with health financing policies is essential to implement policies effectively. Of particular importance are budget mechanisms which explicitly allocate funds to priority health services, and the establishment of provider incentives which support service delivery objectives, limit cost escalation, and promote efficiency and quality.

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