



Media Bite

30,000 families denied health coverage due to mounting debt of voluntary health insurance scheme



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olitically driven insurance scheme costs the government 130 billion L.L. in debt and remains hanging till this day leaving its beneficiaries uncovered.

Why was a law passed in 1963 finally implemented in 2002 with no regard to stakeholder input or scientific evidence? A study by K2P center led by Dr. El-Jardali revealed that the voluntary health insurance scheme was implemented solely on political grounds. The scheme allowed uninsured individuals to subscribe to it while the government committed to cover 25% of the expenses. The real impetus behind this step was to provide health coverage for the employees laid off by the Middle East Airlines in 2001 after their re-structuring plan.

The study found that the government did not assess the relevant scientific evidence given the urgency of the situation. In addition, the policy was implemented despite the recurrent warnings from the NSSF and Ministry of Finance. Eventually, in a classic case of “yes, minister”, implementers who were initially against the policy design were forced to approve it. As a result, within two years, the new insurance scheme accumulated deficits leaving it unable to pay hospitals. This deprived around 30,000 families who were actively contributing to the fund of any form of health coverage. According to Dr. El-Jardali, “Although the policy had good intentions, which is to provide a large segment of the Lebanese population with health insurance, the poor implementation and lack of use of evidence resulted in catastrophic consequences.”

In addition to denying Lebanese families of coverage, the scheme cost the government 130 billion L.L. to seal its deficits in 2012. Today, the 7,000 enrollees do not benefit from any medical services under the scheme. As such, the Lebanese are still suffering from the consequences of a haphazard decision as the issue remains hanging with no solution in the horizon.

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