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COMPREHENSIVE ANALYSIS OF HEALTHCARE FINANCING MODELS AND EXPLORING UNIVERSAL HEALTH COVERAGE, HEALTH INSURANCE, AND PAYMENT REFORMS

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ABSTRACT

This comprehensive analysis delves into healthcare financing models, exploring universal health coverage (UHC), health insurance, and payment reforms. It analyzes the viability, challenges, and impacts of different money-related rebels in accomplishing value in healthcare. By analyzing distinctive models from around the world, this investigation aims to identify the qualities and shortcomings of each approach and give suggestions for advancement, progressing healthcare frameworks to attain widespread scope, and moving forward open healthcare outcomes.

Keywords: healthcare financing, universal health coverage, health insurance, payment reforms, equitable access, population health

INTRODUCTION

Access to affordable, quality healthcare care may be a human right. Still, a few million individuals worldwide face deterrents from fundamental healthcare administrations due to the lack of a healthcare framework. This briefing sets the stage for a comprehensive survey of healthcare benchmarks centered on universal healthcare and emolument reform. By exploring the complexities of distinctive money-related frameworks, this examination points out the challenges and openings to guaranteeing value in healthcare for all, in any case of financial status or geographic location.

BODY

The fundamental substance of this survey is to give an in-depth look at different therapeutic back models, analyzing their key highlights, approaches, and suggestions for therapeutic administrations and benefits. It addresses the following topics:



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Universal Health Coverage (UHC):

Universal Health Coverage (UHC) is a fundamental concept in public health and health policy, aimed at ensuring that all individuals and communities have access to essential health services without suffering financial hardship. At its core, UHC embodies the principle of health as a human right and seeks to achieve equitable access to quality healthcare for everyone, regardless of their socioeconomic status, geographic location, or background. This section delves into the definition and principles of UHC, provides case studies of countries with successful UHC models, identifies challenges and barriers to achieving UHC, and explores strategies for expanding UHC coverage and improving the quality of care (Gilardino et. al 2022).

Definition and Principles of UHC:

Universal Health Coverage encompasses three primary dimensions

- 1. Coverage: Guaranteeing that all people and communities have access to the healthcare require, including avoidance, back, treatment, recovery, and feebleness care, without monetary hardship.
- 2. Services: Guarantee a range of essential well-being, including those that address fundamental healthcare and non-communicable diseases.
- 3. Financial Protection: Ensuring that the cost of utilizing health services does not lead to impoverishment or financial catastrophe for individuals and households.

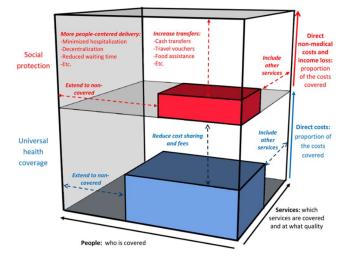


Figure: The three dimensions of universal health coverage

(Wang et. al 2020).

Principles underlying UHC include equity, solidarity, and quality. Equity entails ensuring that healthcare services are distributed based on need rather than ability to pay, while solidarity emphasizes the collective responsibility of society to ensure access to healthcare for all. Quality

refers to the provision of effective, safe, timely, and people-centered care that meets the needs and preferences of individuals (Ravindran & Govender 2020).

Case Studies of Countries with Successful UHC Models

The truth that numerous nations have accomplished UHC benchmarks has reacted by giving a distantly better understanding of the most excellent techniques for worldwide victory. For example:

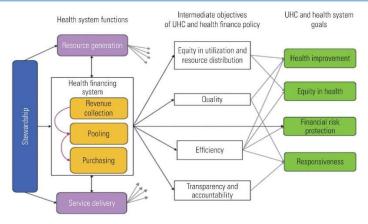
- 1. Thailand: Thailand's Widespread Healthcare Framework (UCS) extends healthcare to all individuals, counting destitute and impeded groups. Common tax assessments support these frameworks and give a comprehensive scope for a wide range of therapeutic services.
- 2. Japan: Japan's national healthcare framework is characterized by the arrangement of healthcare for all citizens with income-based premiums. The framework gives patients access to various administrations, including preventive care, essential care, and clinic administrations, at the lowest conceivable cost.
- 3. Rwanda: Rwanda has made noteworthy progress in accomplishing widespread healthcare the community healthcare protection healthcare program known as Mustieles de Santé.

This program increases access to essential healthcare, particularly in provincial zones, and helps improve health results and diminish well-being.

Challenges and Barriers to Achieving UHC:

- ✓ Money-related imperatives: Deficiencies in the healthcare workforce, and administration can prevent endeavors to grow administrations and guarantee quality care.
- ✓ Frail healthcare well-beings: inadequate health services, a lack of framework, and access to essential drugs and advances can ruin endeavors to realize worldwide health.
- ✓ Financial imbalances: Disparities in pay, instruction, and access to healthcare and healthcare to more noteworthy well-being, affecting advances in worldwide health.
- ✓ Legislative issues and administration: the need for political commitment, powerless administration structures, and debasement can prevent endeavors and bolster UHC initiatives.

Figure: Challenges to Achieving Universal Health Coverage throughout the World:



(Yazbeck et. al 2020).

Strategies for Expanding UHC Coverage and Improving Quality of Care

- ✓ Increment open funds: The government should prioritize healthcare and distribute satisfactory assets to fortify well-being, extend administrations, and decrease out-of-pocket expenses.
- ✓ Moving forward primary healthcare: Ventures in essential healthcare, workforce advancement, and administrations can make strides in healthcare. Healthcare time and energizes preventive care and early intervention.
- ✓ Tending to the determinants of healthcare: healthcare poverty, instruction, lodging, and sanitation, is vital for diminishing destitution and healthcare and progressing worldwide health.
- ✓ Progressing healthcare strides in healthcare information collection forms can bolster evidence-based decision-making, screen for widespread well-being, responsibility, and transparency.
- ✓ Advance multispectral collaboration: Collaboration between governments, open organizations, private organizations, and worldwide accomplices is essential to supporting assets and tackling complex issues in accomplishing widespread health.

Figure: Strong universal health coverage-based systems with quality

(Wilson et. al 2021).

Universal healthcare the premise of an open healthcare to have an impartial point of view to ensure great healthcare individuals and communities. In spite of advances in a few nations, accomplishing all inclusive well-being still a worldwide challenge that requires the collaboration of governments, policymakers, practitioners, and partners. By utilizing great techniques, understanding issues, and empowering collaboration, nations can accomplish inclusive well-being and make strides toward well-being (Rostampour & Nosratnejad 2020).

Health Insurance

Health protections play a critical role in healthcare by providing people and families with monetary security against the toll of therapeutic administrations. This chapter analyzes distinctive sorts of well-being protections, counting open, private, and well-being protection models, examining each strategy's focal points and impediments, discussing the role of well-being protections in extending well-being care and presenting administrative and checking systems.

Types of Health Insurance Schemes

- ✓ Open Well-being Protections: Open well-being protection plans are government programs that provide health protection to qualified people and are regularly financed by charges or welfare. Examples incorporate Medicare within the United States and the National Health Protections Arrange in Ghana (Debie et. al 2022).
- ✓ Private health protection: Private health protection involves a person or boss obtaining protection from a private protection company. These plans may offer an assortment of choices, including hospitalization, outpatient administrations, and medicine medications.
- ✓ Community well-being protections: Community well-being protection plans are financed by commitments from managers and representatives, and protection scope is ordinarily given by government-regulated protection support (Zhou et. al 2022)... Examples incorporate Germany's well-being protection arrangement and Tanzania's National Wellbeing Protection Fund.

Pros and Cons of Different Insurance Models:

Public Health Insurance

Advantages: Gives protections for helpless individuals, advances social equity management with well-being, and guarantees excellent outcomes.

Drawbacks: Fetched to citizens, security and proficiency issues, and inability to meet the desires of all people.

Private Well-being Insurance:

Advantages: It gives choice and adaptability in choosing well-being scope, can provide extra benefits from essential well-being administrations, and empowers competition between protection companies (Ifeagwu et. al 2021).

Drawbacks: It can be costly for people, except for individuals with heart illness. Pre-existing conditions will take priority over care income.

Social Well-being Insurance:

Advantages: It combines open and private protection components, advances solidarity and hazard sharing among accomplices, and makes a difference in the lion's population share.

Disadvantages: It may be troublesome to oversee, issues may arise in guaranteeing budgetary soundness, and state supervision and control may be needed.

Role of well-being protections in extending access to healthcare:

- ightharpoonup Gives therapeutic scope and monetary security for damage costs.
- Energize individuals to require safeguards and look for early treatment to diminish the chance of infection.
- Advance get to a run of well-being administrations, counting specialized care and diagnostics.
- Advance value in access to healthcare by lessening disparities based on wage, occupation, or location.

Regulatory Frameworks and Oversight Mechanisms:

- ✓ Give significant cases and counsel to specialists and protection companies to supply quality and compelling care (Ranabhat et. al 2020).
- ✓ Monitor and assess the effectiveness of well-being protection plans by counting scope levels, healthcare utilization, and patient fulfillment measurements.
- ✓ Enforcement of laws to avoid extortion, mishandling, and manhandling within the protection industry.

Health protections play a vital role in extending access to healthcare by providing budgetary security and advancing value. Diverse well-being protections have their qualities and shortcomings, and administration and checking frameworks are vital to reliably guaranteeing their viability and productivity (Alawode & Adele 2021). By carefully planning and executing well-being protection arrangements, governments can move forward with well-being care and results, protecting people and families from the monetary burden of sickness and injury.

Payment Reform

Healthcare installment change points to altering how healthcare suppliers are repaid for healthcare administrations to make strides in quality, effectiveness, and understanding results. This chapter examines critical changes, including the move from fee-for-service to fee-based

installment models, copayments, charging, and repayment. It also looks at the effects of installment changes on healthcare and understands the results and the challenges and strategies utilized to manage these changes (Muttaqien et. al 2021).

Moving from fee-for-service to fee-based charging models

Fee-for-service repayment, in which suppliers pay for each benefit they give, has long been criticized for advancing volume over esteem and expanding well-being care costs. On the other hand, value-based installment models incentivize suppliers to provide quality, cost-effective care by connecting repayment to execution measures, quality, and results. Cases of cost-based installment models incorporate responsible care organizations (ACOs), co-pays, and shared investment fund plans (Reshmi et. al 2021).

Bundled Payments, Capitation, and Pay-for-Performance Arrangements

- ✓ Bundled Payments: Installments incorporate repayment to suppliers after the installment is made for all administrations related to a scene of care such as surgery or sickness. Illness control. This approach empowers collaboration between providers and increases the viability of care (Zhou et. al 2021).
- ✓ Capitation: A specialist pays a settled charge to the quiet each month, in any case of the administration. These models energize suppliers to center on preventative care, overseeing unremitting conditions and diminishing the utilization of extra therapeutic services.
- ✓ Pay for execution: Pay for execution programs remunerate suppliers based on execution measures such as clinical handle devotion, understanding fulfillment scores, and result measures. These plans are outlined to improve quality of care, patient results, and supplier accountability (Derakhshani et. al 2020).

The effect of Healthcare Installments on Healthcare and patient Administrations

- ✓ Advances the utilization of evidence-based hone and guidance.
- ✓ Advance preventive care and early intervention.
- ✓ Decrease pointless therapeutic use and reading.
- ✓ Increment patient engagement and satisfaction.
- ✓ Progress open well-being results and decrease long-term well-being care costs.
- ✓ Competition and Execution:

Despite their potential benefits, payment reforms face several challenges, including:

- ➤ Challenges from benefit suppliers are utilized to get repayment for services.
- > Problems with advancement information and checking execution measurement.
- ➤ Hazard of undesirable results, such as selecting solid patients or checking complex situations (Nyandekwe et. al 2020).

- ➤ Budgetary information is needed and ought to contribute to shared care. To address these issues and drive payment improvements, healthcare organizations can provide bolsters and assets to assist doctors in moving to unused installment models.
- ➤ Promote collaboration and communication between suppliers all through the care continuum.
- Align inspiration and execution evaluation with corporate objectives and priorities.
- Engage patients in shared decision-making and care administration to realize compelling and palatable outcomes (Verged et. al 2021).

In summary, installment change speaks to a noteworthy alteration in therapeutic repayment that has the potential to lead to changes in care, patient results, and great utilization of cash. By utilizing cost-based installment models, fee-for-service installments, and performance-based installments, healthcare organizations can increment money-related bolster with benefits, adequacy, and results, eventually leading to a compelling, adjusted, patient-centered approach—centered care. But victory in installment change requires vital arranging, speculation in the foundation, and collaboration with accomplices to fathom issues such as supplier dissent of benefit, data imperatives, and money-related illiteracy (Pratiwi et. al 2021).

CONCLUSION

In summary, this examination highlights the role of a solid healthcare financing framework in advancing worldwide execution, well-being care scope, and value in care. By analyzing different monetary models, we recognized their qualities and shortcomings and realized the significance of adjusting the method to meet the diverse needs of the world's populace. Proposals for improving well-being frameworks incorporate reinforcing administrative frameworks, prioritizing speculations in essential well-being care, and implementing new changes to advance great work. By actualizing these proposals, policymakers, well-being experts, and other partners can work to form solid, feasible ways of life that make strides toward well-being results for all people and communities(Doshmangir et. al 2021).

RECOMMENDATIONS

- ♣ Prioritize universal health scope (UHC) as the foundation of healthcare arrangements and designate satisfactory assets to attain this objective. Universal healthcare care scope makes it less demanding for everybody to induce therapeutic care without financial stress.
- ♣ Progressing participation between the open and private divisions and utilizing their powers to grow healthcare administrations. Public-private organizations can cultivate advancement, make strides in asset assignment, and progress in delivery.
- ♣ Track healthcare care costs to energize specialists to supply quality, cost-effective care. Value-based installment models can increment productivity and progress well-being results by adjusting installments with results and, patient satisfaction (Wagstaff & Nielsen 2020).

- ♣ Contributing to the wellbeing IT framework to make strides in information collection, investigation, and wellbeing observation. Strong wellbeing data permits policymakers to make educated choices, track progress, and recognize areas for improvement.
- Persistently assess and alter wellness care guidelines based on changing wellness needs, mechanical progress, and the wellness angles of clean drinking. Customary observing and assessment guarantee that the subsidizing show adjusts to changes and meets open wellness needs.

REFERENCES

- Wagstaff, A., & Nielsen, S. (2020). A comprehensive assessment of universal health coverage in 111 countries: a retrospective observational study. *The Lancet Global Health*, 8(1), e39-e49. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X1930463-2/fulltext
- Ifeagwu, S. C., Yang, J. C., Parkes-Ratanshi, R., & Brayne, C. (2021). Health financing for universal health coverage in Sub-Saharan Africa: a systematic review. *Global health research and policy*, 6, 1-9. https://link.springer.com/article/10.1186/s41256-021-00190-7
- Tao, W., Zeng, Z., Dang, H., Lu, B., Chuong, L., Yue, D., ... & Kominski, G. F. (2020). Towards universal health coverage: lessons from 10 years of healthcare reform in China. *BMJ global health*, *5*(3), e002086. https://gh.bmj.com/content/5/3/e002086.abstract
- Ranabhat, C. L., Acharya, S. P., Adhikari, C., & Kim, C. B. (2023). Universal health coverage evolution, ongoing trend, and future challenge: a conceptual and historical policy review. *Frontiers in Public Health*, 11, 1041459. https://www.frontiersin.org/articles/10.3389/fpubh.2023.1041459/full
- Rizvi, S. S., Douglas, R., Williams, O. D., & Hill, P. S. (2020). The political economy of universal health coverage: a systematic narrative review. *Health policy and planning*, *35*(3), 364-372. https://academic.oup.com/heapol/article-abstract/35/3/364/5697101
- Doshmangir, L., Bazyar, M., Rashidian, A., & Gordeev, V. S. (2021). Iran health insurance system in transition: equity concerns and steps to achieve universal health coverage. *International Journal for Equity in Health*, 20, 1-14. https://link.springer.com/article/10.1186/s12939-020-01372-4
- Wang, J., Zhu, H., Liu, H., Wu, K., Zhang, X., Zhao, M., ... & Shan, L. (2020). Can the reform of integrating health insurance reduce inequity in catastrophic health expenditure? Evidence from China. *International Journal for Equity in Health*, 19, 1-15. https://link.springer.com/article/10.1186/s12939-020-1145-5
- Hooley, B., Afriyie, D. O., Fink, G., & Tediosi, F. (2022). Health insurance coverage in low-income and middle-income countries: progress made to date and related changes in private and public health expenditure. *BMJ Global Health*, 7(5), e008722. https://gh.bmj.com/content/7/5/e008722.abstract
- Pratiwi, A. B., Setiyaningsih, H., Kok, M. O., Hoekstra, T., Mukti, A. G., & Pisani, E. (2021). Is Indonesia achieving universal health coverage? Secondary analysis of national data on insurance coverage, health spending and service availability. *BMJ open*, 11(10), e050565. https://bmjopen.bmj.com/content/11/10/e050565.abstract
- Verguet, S., Hailu, A., Eregata, G. T., Memirie, S. T., Johansson, K. A., & Norheim, O. F. (2021). Toward universal health coverage in the post-COVID-19 era. *Nature Medicine*, 27(3), 380-387. https://www.nature.com/articles/s41591-021-01268-y

- Nyandekwe, M., Nzayirambaho, M., & Kakoma, J. B. (2020). Universal health insurance in Rwanda: major challenges and solutions for financial sustainability case study of Rwanda community-based health insurance part I. *Pan African Medical Journal*, 37(1). https://www.ajol.info/index.php/pamj/article/view/212489
- Gilardino, R. E., Valanzasca, P., & Rifkin, S. B. (2022). Has Latin America achieved universal health coverage yet?

 Lessons from four countries. *Archives of Public Health*, 80(1), 38. https://link.springer.com/article/10.1186/s13690-022-00793-7
- Derakhshani, N., Doshmangir, L., Ahmadi, A., Fakhri, A., Sadeghi-Bazargani, H., & Gordeev, V. S. (2020). Monitoring process barriers and enablers towards universal health coverage within the sustainable development goals: a systematic review and content analysis. *ClinicoEconomics and Outcomes Research*, 459-472. https://www.tandfonline.com/doi/abs/10.2147/CEOR.S254946
- Ravindran, T. S., & Govender, V. (2020). Sexual and reproductive health services in universal health coverage: a review of recent evidence from low-and middle-income countries. *Sexual and reproductive health matters*, 28(2), 1779632. https://www.tandfonline.com/doi/abs/10.1080/26410397.2020.1779632
- Zhou, S., Zhou, C., Yuan, Q., & Wang, Z. (2022). Universal health insurance coverage and the economic burden of disease in eastern China: a pooled cross-sectional analysis from the National Health Service Survey in Jiangsu Province. Frontiers in Public Health, 10, 738146. https://www.frontiersin.org/articles/10.3389/fpubh.2022.738146/full
- Wilson, D., Sheikh, A., Görgens, M., Ward, K., & Bank, W. (2021). Technology and Universal Health Coverage: Examining the role of digital health. *Journal of Global Health*, 11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8645240/
- Zhou, Y., Wushouer, H., Vuillermin, D., Guan, X., & Shi, L. (2021). Does the universal medical insurance system reduce catastrophic health expenditure among middle-aged and elderly households in China? A longitudinal analysis. *The European Journal of Health Economics*, 22, 463-471. https://link.springer.com/article/10.1007/s10198-021-01267-3
- Debie, A., Khatri, R. B., & Assefa, Y. (2022). Successes and challenges of health systems governance towards universal health coverage and global health security: a narrative review and synthesis of the literature. *Health research policy and systems*, 20(1), 50. https://link.springer.com/article/10.1186/s12961-022-00858-7
- Yazbeck, A. S., Savedoff, W. D., Hsiao, W. C., Kutzin, J., Soucat, A., Tandon, A., ... & Chi-Man Yip, W. (2020). The Case Against Labor-Tax-Financed Social Health Insurance For Low-And Low-Middle-Income Countries: A summary of recent research into labor-tax financing of social health insurance in low-and low-middle-income countries. *Health Affairs*, 39(5), 892-897. https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00874
- Ranabhat, C. L., Jakovljevic, M., Dhimal, M., & Kim, C. B. (2020). Structural factors responsible for universal health coverage in low-and middle-income countries: results from 118 countries. *Frontiers in public health*, 7, 507313. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2019.00414/full
- Nambiar, D., Sankar D, H., Negi, J., Nair, A., & Sadanandan, R. (2020). Monitoring universal health coverage reforms in primary health care facilities: creating a framework, selecting and field-testing indicators in Kerala, India. *PloS* one, 15(8), e0236169. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0236169

- Rostampour, M., & Nosratnejad, S. (2020). A systematic review of equity in healthcare financing in low-and middle-income countries. Value health regional issues, 21, 133-140. in https://www.sciencedirect.com/science/article/pii/S2212109919306144
- Lal, A., Abdalla, S. M., Chattu, V. K., Erondu, N. A., Lee, T. L., Singh, S., ... & Phelan, A. (2022). Pandemic preparedness and response: exploring the role of universal health coverage within the global health security e1675-e1683. architecture. The Lancet Global Health, 10(11), https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00341-2/fulltext?trk=public post main-feed-card reshare feed-article-content
- Montagu, D. (2021). The provision of private healthcare services in European countries: recent data and lessons for universal health coverage in other settings. Frontiers Public Health, 9, 636750. https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.636750/full
- Ying, M., Wang, S., Bai, C., & Li, Y. (2020). Rural-urban differences in health outcomes, healthcare use, and expenditures among older adults under universal health insurance in China. PloS one, 15(10), e0240194. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240194
- White, J. A., & Rispel, L. C. (2021). Policy exclusion or confusion? Perspectives on universal health coverage for migrants and refugees in South Africa. Health Policy and Planning, 36(8), https://academic.oup.com/heapol/article-abstract/36/8/1292/6225002
- Ta, Y., Zhu, Y., & Fu, H. (2020). Trends in access to health services, financial protection and satisfaction between 2010 and 2016: Has China achieved the goals of its health system reform?. Social Science & Medicine, 245, 112715. https://www.sciencedirect.com/science/article/pii/S0277953619307105
- Alawode, G. O., & Adewole, D. A. (2021). Assessment of the design and implementation challenges of the National Health Insurance Scheme in Nigeria: a qualitative study among sub-national level actors, healthcare and insurance providers. BMC Public Health, 21, 1-12. https://link.springer.com/article/10.1186/s12889-020-10133-5
- Muttaqien, M., Setiyaningsih, H., Aristianti, V., Coleman, H. L. S., Hidayat, M. S., Dhanalvin, E., ... & Kok, M. O. (2021). Why did informal sector workers stop paying for health insurance in Indonesia? Exploring willingness pay. PLoS One, 16(6), e0252708. to https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0252708
- Reshmi, B., Unnikrishnan, B., Rajwar, E., Parsekar, S. S., Vijayamma, R., & Venkatesh, B. T. (2021). Impact of public-funded health insurances in India on health care utilisation and financial risk protection: a systematic review. BMJ open, 11(12), e050077. https://bmjopen.bmj.com/content/11/12/e050077.abstract