WEBINAR BRIEF

KNOWLEDGE EXCHANGE WEBINAR:

BRIDGING HEALTH SYSTEMS

Webinar 3: Informal Workers' Inclusion in Health Coverage

Egypt x Indonesia

November 2025

Acknowledgements: We would like to express our heartfelt appreciation to all who contributed to the success of this session, jointly organized by the Egypt Impact Lab (EIL) at J-PAL MENA, the Universal Health Insurance Authority (UHIA), and the World Health Organization (WHO) in Egypt. We are especially grateful to our speakers — Dr. Sudarno Sumarto and Dr. Mahlil Ruby — for sharing valuable lessons from Indonesia's journey toward inclusive health coverage. We extend our thanks to Dr. Joe Kutzin for his insights on global evidence and to Dr. Ahmed Seyam for his reflections on how these lessons can inform Egypt's Universal Health Insurance System. Special appreciation goes to our colleagues at J-PAL Southeast Asia, Lina Marliani and Lisnawati, for their continued collaboration and support in making this exchange possible. Your contributions were instrumental in advancing this dialogue on informal workers' inclusion under Universal Health Coverage.

OPENING REFLECTIONS

Dr. Reham Rizk, Director of the Egypt Impact Lab (EIL), welcomed participants to the third session of the *Knowledge Exchange Webinar Series – Bridging Health Systems*, organized by EIL, in collaboration with the Universal Health Insurance Authority (UHIA) and the World Health Organization (WHO) in Egypt and supported by J-PAL Southeast Asia.

She introduced the Egypt Impact Lab as a government-embedded evidence unit within the National Institute for Governance and Sustainable Development (NIGSD), established to strengthen evidence use in policymaking by connecting rigorous research to national priorities and building government capacity to design, test, and scale effective solutions.

Dr. Rizk explained that the Knowledge Exchange Webinar Series serves as a **government-to-government learning platform, fostering practical dialogue and cross-country learning** around the implementation of Egypt's Universal Health Insurance System (UHIS).

- The first session, organized in collaboration with J-PAL Latin America and the Caribbean, drew lessons from Chile's health reform experience, featuring H.E. Dr. Emilio Santelices, former Minister of Health.
- The second session, co-hosted with J-PAL Southeast Asia and Thailand's Health Intervention and Technology Assessment Program (HITAP), explored how Health Technology Assessment (HTA) can guide benefit package design and equitable resource allocation.

She noted that this third session tackled a particularly urgent and complex policy challenge — the inclusion of informal workers in health coverage. **With informal employment representing nearly 60% of Egypt's labor force, and out-of-pocket spending around 54% of total health expenditures (WHO, 2022)**, ensuring that informal workers are effectively integrated into UHIS is central to achieving universal health coverage. Dr. Rizk emphasized that by examining Indonesia's journey toward near-universal enrollment, Egypt aims to learn practical, evidence-based strategies for inclusion, affordability, and financial sustainability.

She concluded by thanking the partners and introducing Mr. Ahmed Khalifa, Health Economist at WHO Egypt, who moderated the discussion.

PANEL DISCUSSION HIGHLIGHTS

Setting the Global Stage

Dr. Joe Kutzin, Senior Fellow, and International Consultant on Health Financing , opened the discussion with a global framing of what is called the **"missing middle"** challenge — the difficulty of enrolling informal workers and non-poor households in contributory health insurance schemes. He noted that voluntary enrollment rarely achieves sustainability and highlighted lessons from other countries where success depended on using general revenues, simplifying administrative processes, and clarifying institutional roles and integration between national authorities, e.g. social insurance, tax and health authorities.

His intervention set the stage for Dr. Ahmed Seyam from UHIA to illustrate how these global dynamics manifest in Egypt's own context.

Egypt's Experience and Emerging Lessons

Building on the global overview, Dr. Ahmed Seyam, Deputy CEO for Technical Affairs at UHIA, shared Egypt's progress in implementing UHIS — which now covers over 5 million beneficiaries across six governorates — and the authority's ongoing efforts to improve service quality, provider contracting, and digital payment systems.

He presented findings from a qualitative study on informal workers in Port Said, conducted in collaboration with the International Labour Organization (ILO), revealing that while awareness of UHIS is high, **affordability constraints, overdue contributions, and administrative complexity** limit sustained participation. UHIA's response includes:

- Launching awareness campaigns and payment flexibility options;
- Piloting a Beneficiary Management System to streamline enrollment;
- Partnering with NGOs to support near-poor households.

Dr. Seyam's intervention underscored that reaching informal workers requires both **financial incentives and institutional capacity**, a theme further deepened by the following speaker from Indonesia's research community.

Insights from Indonesia – Research Perspective

Dr. Sudarno Sumarto, Honorary Senior Research Fellow at the SMERU Research Institute, presented evidence from a randomized controlled trial conducted with J-PAL Southeast Asia, MIT, and Harvard University. The study examined barriers to enrolling Indonesia's non-poor informal workers in the National Health Insurance (JKN) and tested three interventions:

1. Temporary premium subsidies,
2. Administrative assistance during registration, and
3. Information campaigns on health and legal obligations.

The findings were compelling:

- Full premium subsidies increased enrollment by 18.6 percentage points, primarily by attracting healthier households and improving retention.
- Administrative assistance increased successful registration by 3.5%, demonstrating the value of reducing transaction costs.
- Information campaigns alone had little effect on enrollment.

Dr. Sumarto emphasized that combining **financial incentives with administrative support** proved most effective — achieving a 30% coverage rate among previously uninsured informal workers. These findings offered concrete, evidence-based lessons for Egypt on how to overcome affordability and operational barriers.

His presentation naturally led to the question: h**ow can governments take such research evidence and implement it at scale?** This transition introduced the policy perspective from Indonesia's national health insurance agency.

Insights from Indonesia – Policy Perspective

Dr. Mahlil Ruby, Director of Planning and Development at BPJS Kesehatan, described Indonesia's journey from multiple fragmented schemes to a **unified national insurance system** covering over **98% of the population**. He outlined five key strategies that enabled large-scale inclusion of informal workers:

1. A strong legal foundation mandating social health insurance;
2. Partnerships with local governments to co-finance near-poor groups;
3. Simplified digital platforms for enrollment and payment (e.g., *JKN Mobile*, *Pandawa*);
4. Building public trust through expanded provider networks and improved quality assurance;
5. A conditional public service linkage mechanism, where access to certain administrative services is contingent on active insurance membership.

Dr. Ruby's remarks illustrated how **research–policy collaboration** can drive systems change — showing how insights from studies like Dr. Sudarno's informed BPJS's national strategy. His experience highlighted the importance of aligning incentives, strengthening administrative infrastructure, and ensuring continuous engagement between national and local authorities.

In closing, Mr. Ahmed Khalifa reflected on the cross-country insights, noting that Egypt's UHIS reform shares many of the institutional and behavioral challenges faced by Indonesia. The discussion reinforced that universal coverage is achievable when evidence informs policy design and when systems are built to be both inclusive and financially sustainable.

Key Takeaway

The panel discussion highlighted that achieving Universal Health Coverage for informal workers is a complex and essential step toward equity and system sustainability. Speakers emphasized that Egypt's experience reveals key challenges in affordability, awareness, and administrative complexity, while evidence from Indonesia showed that time-bound subsidies, simplified enrollment, and local government partnerships are effective in boosting participation. Collectively, the discussion underscored the need for integrated strategies that combine financial incentives, administrative ease, and trust-building measures to advance inclusion of informal workers under Egypt's Universal Health Insurance System.

LOOKING AHEAD

This session marks the third in a four-part webinar series designed to promote evidence-informed health policy and practical learning across countries. The upcoming session will delve deeper into Primary Health Care (PHC) contracting featuring Thailand's experience. The session is scheduled to take place in two months, and invitations will be shared in due course. A recording of this webinar will be found here to support continued learning and engagement.