

Enrolling people in a health scheme is not the same as getting them care — and the gap between the two is where most access programmes quietly fail. *A health-financing and access brief.*

Expanding health coverage is one of the great policy goals of the era. It is also one of the easiest places to confuse a proxy for the real thing. A growing enrolment number feels like progress. Whether enrolled people actually receive quality care when they need it is a different — and harder — question. This brief is for anyone designing or funding coverage-expansion who wants the second number to move, not just the first.

The four gaps between coverage and care

1. **The enrolment gap** — who is *eligible* but not enrolled? Usually the poorest and most remote, i.e. exactly the people the scheme exists for. 2. **The utilisation gap** — who is enrolled but doesn't *use* care? Distance, cost beyond the premium, mistrust, or not knowing the benefit exists. 3. **The quality gap** — who uses care but receives *poor* care? Coverage that buys access to unsafe services is a hollow promise. 4. **The financial-protection gap** — who uses care but still faces *catastrophic* out-of-pocket cost? Coverage that doesn't actually protect isn't protection.

A programme that reports only enrolment is blind to gaps 2–4 — the ones where the promise of coverage is actually kept or broken.

Five questions for a coverage-expansion programme

1. Is enrolment **growing fastest among the people who most need it**, or among the easiest to reach? 2. Do enrolled people **use** the services they're entitled to — and if not, *why*? 3. Is the care they access **quality-assured** (accredited facilities, safe services), or just available? 4. Are people **financially protected** in practice, or still paying at the point of care? 5. Does the financing model **survive** beyond the pilot or the political cycle?

The design lesson

Durable access programmes tend to pair the financing mechanism with three things: a **human on-ramp** that reaches the under-enrolled (community workers, enrolment advisors), a **quality floor** so coverage buys safe care (facility accreditation/certification), and a **measurement plan that tracks all four gaps** — not just the enrolment headline.

> Coverage is the promise. Care received, safely, without financial ruin, is the > keeping of it. Measure the keeping.

How this was built. This brief reflects directing health quality-certification and insurance-enrolment expansion across health systems, and care-coordination and managed-care experience earlier in practice — work spent precisely in the gap between being covered and being cared for. It is a strategic brief, not policy or financial advice.