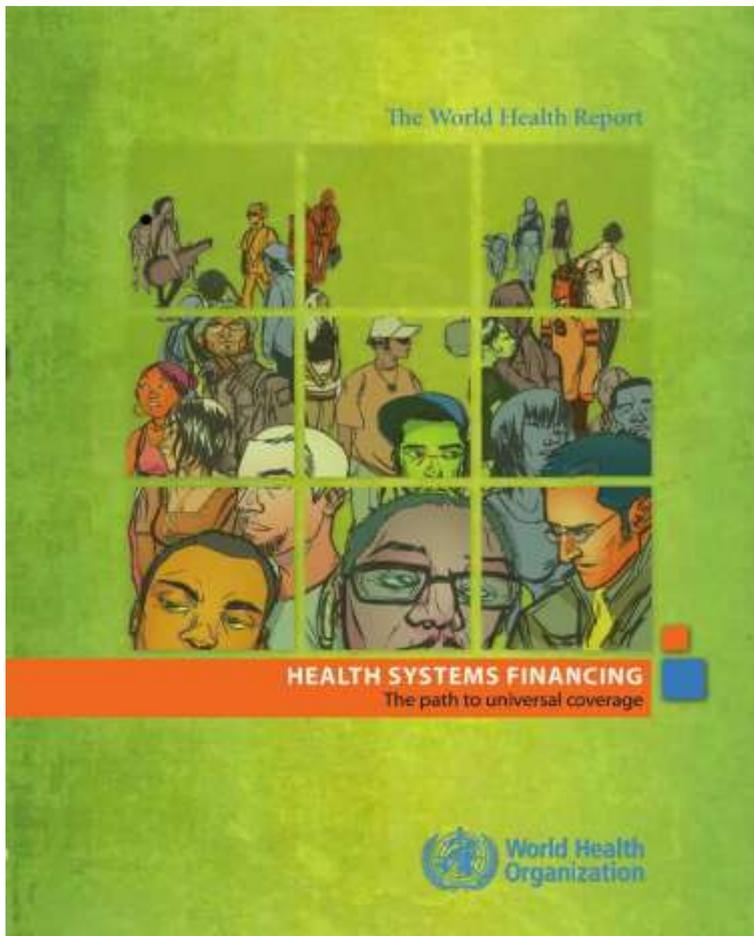

WHO Support on Universal Health Coverage Implementation

WHO, Indonesia

The First Regional Symposium on Health

11 October 2012 in Yogyakarta

Overview

- Universal Health Coverage (UHC): core definition and concepts
- WHO's approach to health financing policy for universal coverage
- Experiences from Asia

UNIVERSAL COVERAGE: CORE DEFINITIONS AND CONCEPTS

WHO Director General Dr. Margaret Chan in WHO Assembly 2012

- “Universal coverage is the single most powerful concept that public health has to offer”
- “Universal coverage is the hallmark of a government’s commitment, its duty, to take care of its citizens, all of its citizens”

DG Acceptance Speech 23 May 2012 »

http://www.who.int/dg/speeches/2012/wha_20120523/en/index.html »

Definition: Financing for Universal Coverage

- "Financing systems need to be specifically designed to:
  - Provide all people with access to needed health services (including prevention, promotion, treatment and rehabilitation) of sufficient quality to be effective;
  - Ensure that the use of these services does not expose the user to financial hardship“

  – World Health Report 2010, p.6

Definition embodies specific aims (universal coverage objectives)

- **Access** (reduce gap between need and utilization);
- **Quality** (sufficient to make a difference); and
- **Financial protection**…
- …**for all**

UHC is a direction, not a destination

- No country fully achieves all the coverage objectives
  - And harder for poorer countries
- But all countries want to
  - Reduce the gap between need and utilization
  - Improve quality
  - Improve financial protection
- Often, it translates into reducing explicit inequalities in benefits and funding per capita between groups
  - Mexico, Thailand, South Africa using this as political driver of their reform agendas
  - Relatedly, UHC as a means to the end (or the embodiment) of having "fairer societies"
- Thus, moving "towards Universal Coverage" is something that every country can do

WHO'S APPROACH TO HEALTH FINANCING POLICY

WHO's position

- WHO is committed to help countries sustain progress towards Universal Coverage
- WHO is NOT committed to any particular model
- Requires a comprehensive approach to address a complex, ever-changing set of challenges
- While the goals of universal coverage are broadly shared, each country's context and starting point differs; thus, the path to universal coverage must be "home grown“

Recommendation for WHO SEARO in Regional Committee, Sixty-fifth Session at Yogyakarta, September 2012 – (1)

- To provide technical support to Member States in developing, implementing and monitoring country-specific strategies for UHC, applying the four Strategic Directions of the Regional Strategy for Universal Health Coverage;
  - To strengthen capacity in the Region and the existing platform initiated by WHO SEARO for sharing of UHC experiences, supporting collaborative research, monitoring progress and linking with other UHC networks;
  - To support countries to produce evidence on impact of UHC, including on reduction of out-of-pocket expenditure, prevention of household catastrophic health expenditure and impoverishment;

To be Continued…..

Recommendation for WHO SEARO in Regional Committee, Sixty-fifth Session at Yogyakarta, September 2012 – (2)

- To convene regular workshops for Member States in the SEA Region to share experiences, identify challenges and their potential solutions, and monitor progress towards UHC; and
- To support mechanisms at regional and international levels for specific needs of Member States for health system strengthening for UHC, including bulk procurement of medicines.

EXPERIENCES FROM ASIA

Thailand

- In 2000 30% of population uninsured and low income scheme not well targeted to the poor
- Inequalities in benefits and public subsidies between schemes
- 2001 UC ("30 Baht") scheme: tax financed, non-contributory, universal entitlement. The 30 Baht co-payment was removed in 2006
- Re-channeled public funding to separate pooling and purchasing agency, reduced fragmentation of schemes, capitation and output-based payments methods

Independent review of Thai UC Scheme

- Within 1 year was covering ¾ of Thai population including 18% previously uninsured
- Higher utilisation of OP (31%↑) and IP (23%↑) services by members
- Reduced OOP and Impoverishment – down 82%!
- Satisfaction with UC scheme increased from 83% (2003) to 90% (2010)
- Download Report Here:
  http://uhcforward.org/publications/thailand%E2%80%99s-universal-coverage-scheme-achievements-and-challenges

World Health Organization

China

- Pre 1980 famous for its health system
- Allowed private financing mechanisms to dominate with dire consequences
- Established 4 separate SHI schemes
- In 2009 announced $125 Billion investment of tax financing
- Coverage increased 30% to 96% in 8 years
- Virtually all babies born in health units
- Problems with depth of coverage and escalating costs in

India

- Low public spend (1.2% GDP), high OOPs, very poor health services and indicators
- UHC strategy to double public spending to 2.5% of GDP by 2017
- Ring fence 70% for PHC services
- Remove all user fees
- No contributions from the informal sector
- Emphasis on providing free generic medicines as a "quick-win"

Large variations in Government health spending as a proportion of GDP

Source: WHO estimates for 2008, countries with population > 600,000

World Health Organization

Bottom line: where government spends more on health, people spend less out-of-pocket

OOPS as % total health spending

90
80
70
60
50
40
30
20
10
0

India
Armenia
Georgia
Egypt
Kyrgyzstan
Albania
Bosnia & Herzegovina
Iran
Philippines
Moldova
Kazakhstan
Romania
Thailand
Hungary
Serbia & Montenegro
USA
$R^2 = 0.66$

0 1 2 3 4 5 6 7 8 9 10

Public spending on health % GDP

Source: WHO estimates for 2004, excluding countries with population < 600,000

World Health Organization

Some Potential UHC Lessons

- Need to spend at least 2.0% of GDP per capita in public financing
- Countries are often using a hybrid model of tax financing and SHI
- It is extremely difficult to differentiate between poor and non-poor in the informal sector and take significant health insurance contributions from them
- Therefore general tax financing is primarily used to cover the informal sector where household premiums are zero or very small

Concluding Remarks

- Your starting point is unique. So it is not about importing a model, but learning from mistakes of others while you create your own model of health financing
- In addition to raising revenues and pooling funds it is essential to allocate and manage resources efficiently and equitably
- WHO is committed to work with Governments and development partners to help countries move towards UHC
- "It [UHC] is the anchor for the work of WHO as we move forward" - WHO DG Margaret Chan May 21st 2012

www.who.int/whr/2010

Thank you