Universal Health Coverage

A Journey towards Equitable Access to Effective Health Care

Piya Hanvoravongchai, MD ScD

Faculty of Medicine, Chulalongkorn University

The Equity Initiative, CMB Foundation

UHC:
an affordable dream

THE GLOBAL GOALS
For Sustainable Development

http://www.globalgoals.org/

HEALTH IN THE SDG ERA

UHC

3.8 Achieve

World Health Organization

WWW.WHO.INT/SDGS

SUSTAINABLE DEVELOPMENT GOALS

ASEAN post-2015 health development agenda

Source: Phusit Prakongsai, M.D. Ph.D.

JOINT STATEMENT
12th ASEAN HEALTH MINISTERS MEETING
18 September 2014, Ha Noi, Viet Nam

We pledge to strengthen primary health care in order to achieve ***universal health coverage*** *in ASEAN Member States and increase access to primary health care for ASEAN people.*

JOINT STATEMENT
6TH ASEAN PLUS THREE HEALTH MINISTERS MEETING
19 September in 2014, Ha Noi, Viet Nam

We re-emphasise the significance of UHC.

We advocate UHC as one of the health priorities in the ASEAN Post-2015 Health Development Agenda

HARVARD PUBLIC HEALTH REVIEW

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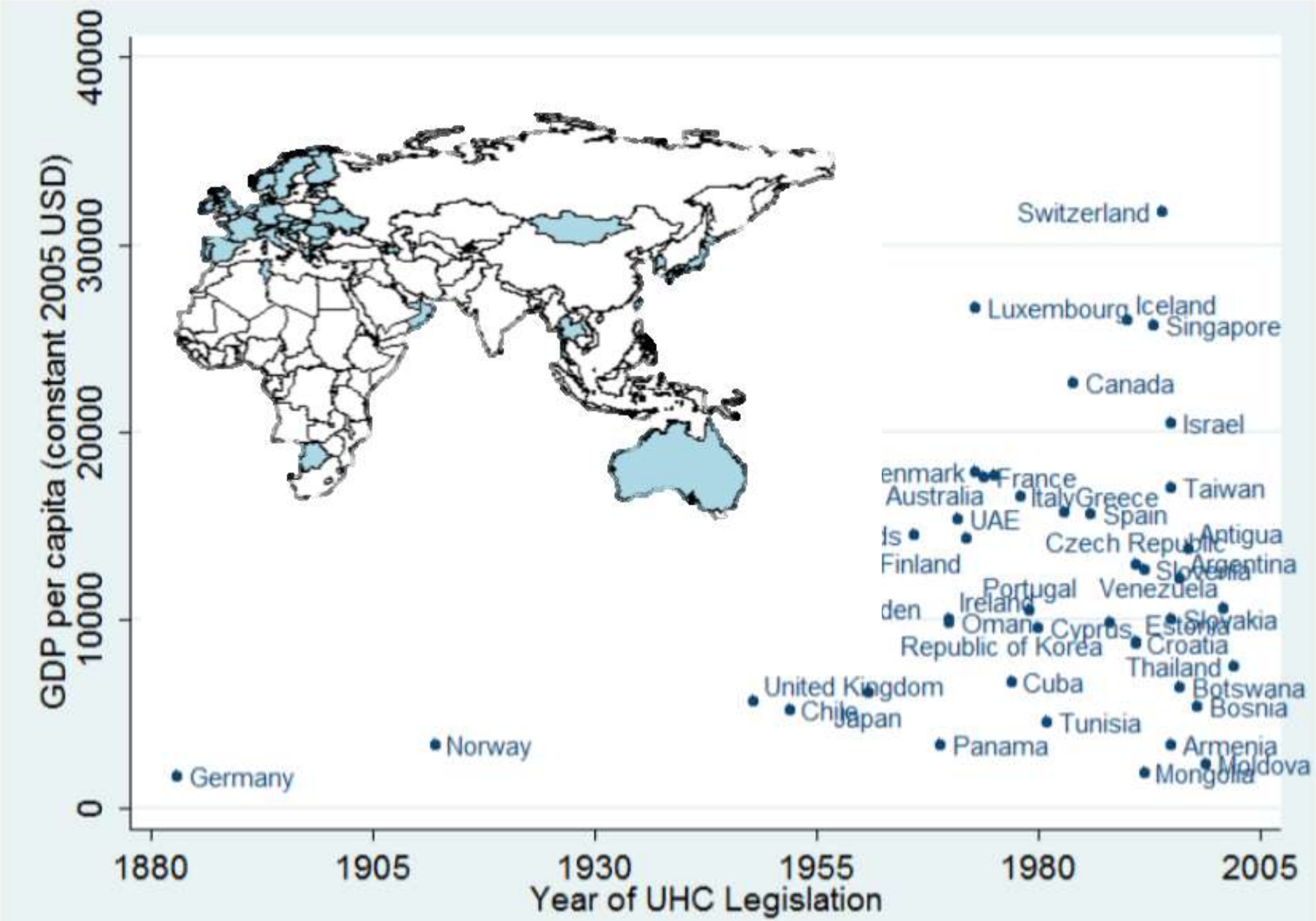
Health
The long read
at what

http://harvardpublichealthreview.org/universal-health-care-the-affordable-dream/

Universal Health Care: The Affordable Dream

Amartya Sen, PhD, Thomas W. Lamont University Professor and Professor of Econonomics and Philosphy, Harvard University; Nobel Memorial Prize in Economic Sciences (1998)

Twenty-five hundred years ago, the young Gautama Buddha left his princely home, in the foothills of the Himalayas, in a state of agitation and agony. What was he so distressed about? We learn from his biography that he was moved in particular by seeing the penalties of ill health—by the sight of mortality (a dead body being taken to cremation), morbidity (a person severely afflicted by illness), and disability (a person reduced and ravaged by unaided old age). Health has been a primary concern of human beings throughout history. It should, therefore, come as no surprise that healthcare for all—"universal healthcare" (UHC) —has been a highly appealing social objective in most countries in the world, even in those that have not got very far in actually providing it.



Real GDP in constant 2005 US dollars (PPP adjusted)

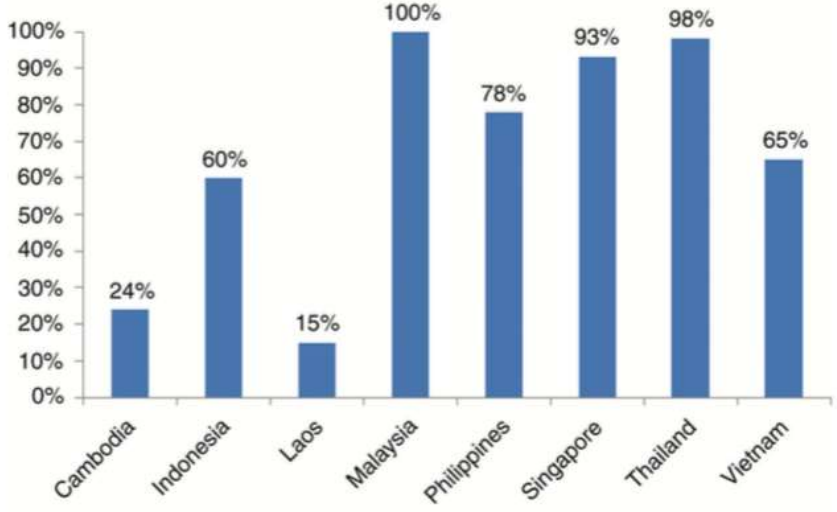
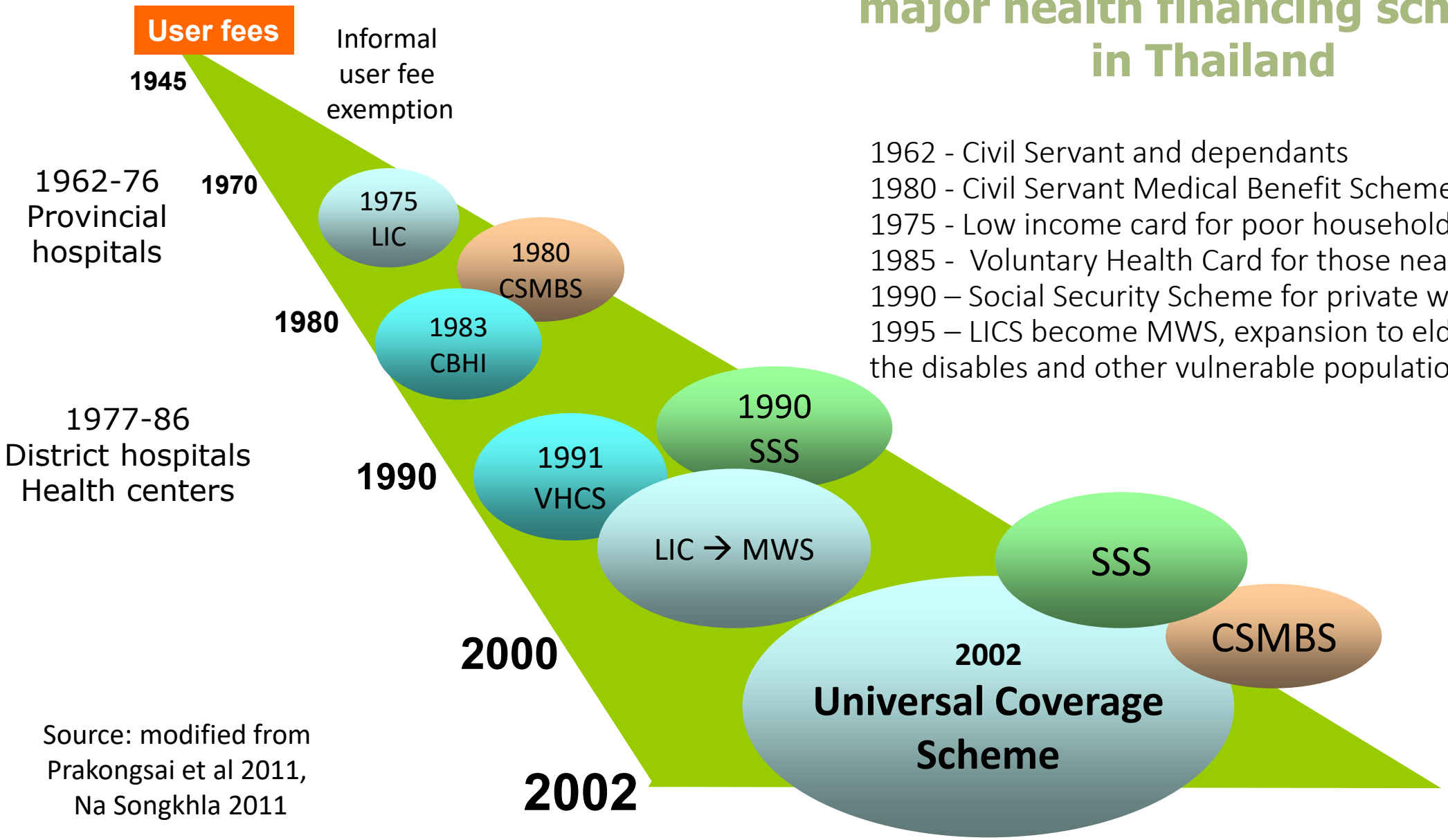


Fig. 1. Coverage of health insurance in ASEAN countries 2012.

INDIA
CHINA
BENGLA-DESH
INDIA
MYANMAR (BURMA)
VIETNAM
LAOS
TAIWAN
HONG KONG
Golf of Bengal
Sea of China
THAILAND
PHILIPPINES
CAMBODIA
ANDAMAN ISLANDS (India)
Andaman Sea
PHUKET
BORNEO
BRUNEI
MALAYSIA
SARAWAK (Malaysia)
SINGAPORE
SULAWESI (Indonesia)
IRIAN JAYA (Indonesia)
KALIMANTAN (Indonesia)
JAVA (Indonesia)
PAPUA NEW GUINEA
TIMOR (Indonesia)
120°

UHC:
not only about coverage

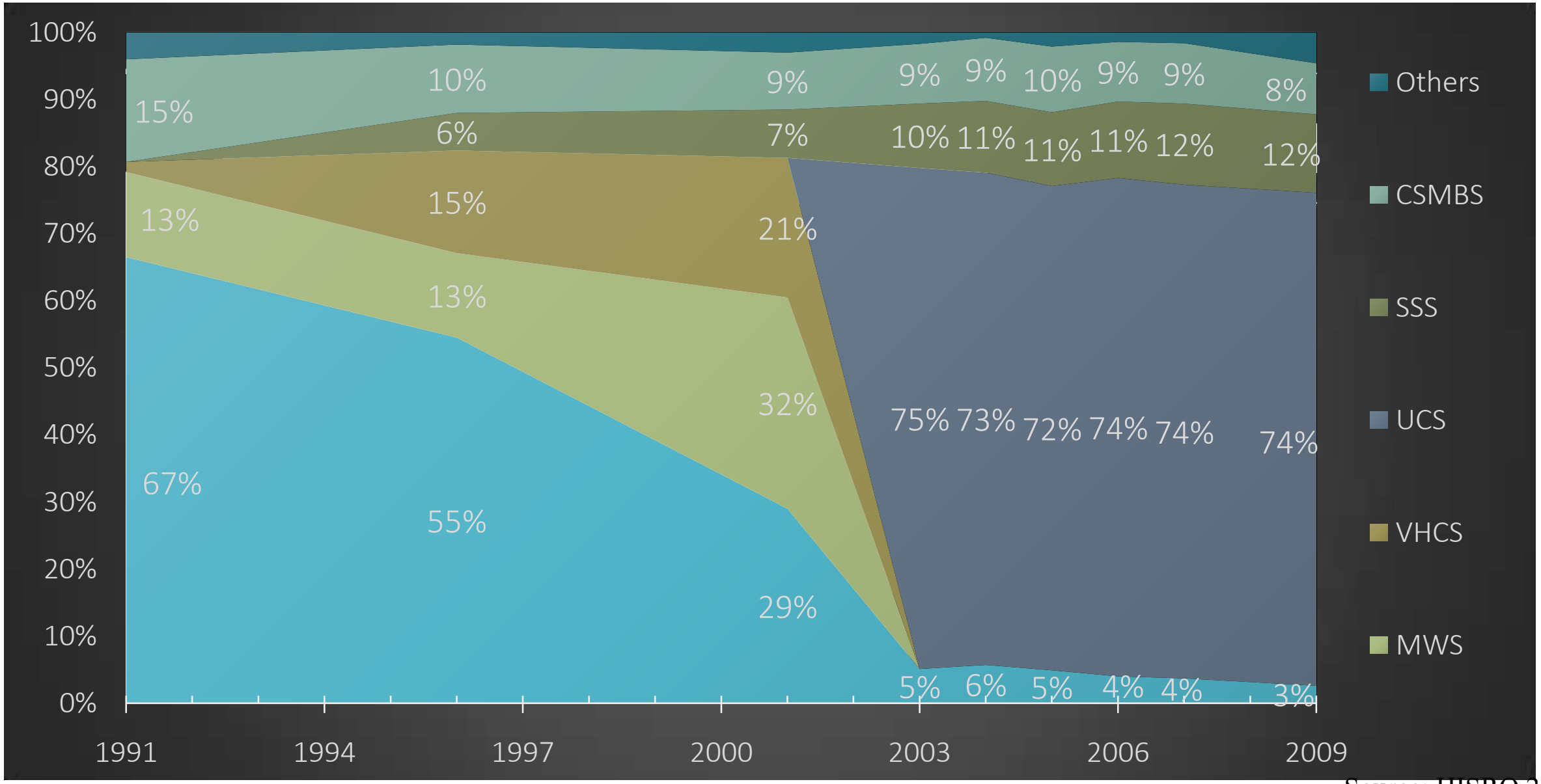
Historical development of major health financing schemes in Thailand



1962 - Civil Servant and dependants
1980 - Civil Servant Medical Benefit Scheme - expansion
1975 - Low income card for poor households
1985 - Voluntary Health Card for those near poor
1990 – Social Security Scheme for private workers
1995 – LICS become MWS, expansion to elderly, children, the disables and other vulnerable populations

Source: modified from Prakongsai et al 2011, Na Songkhla 2011

Health insurance coverage by insurance scheme, 1991–2009



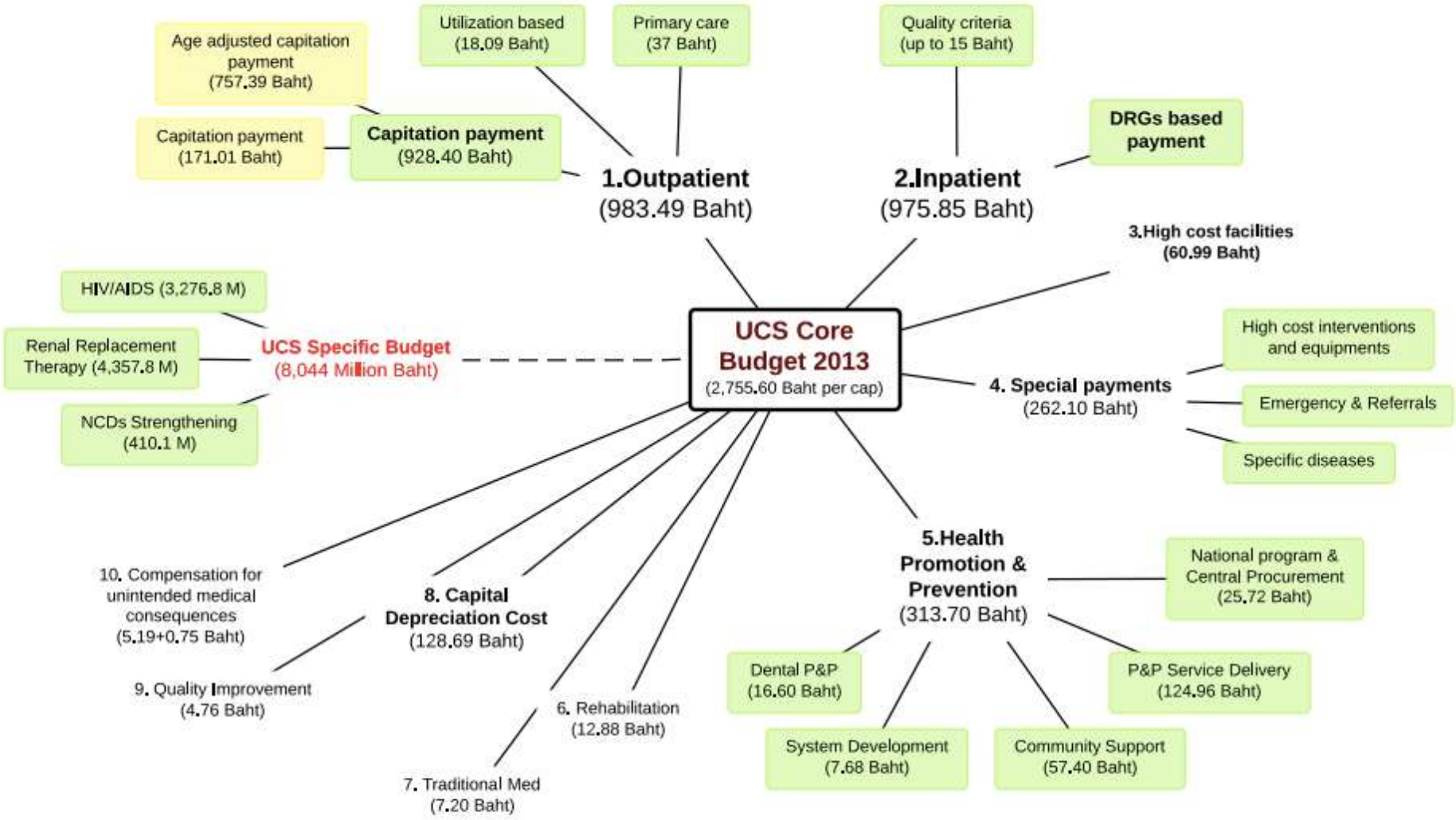
Source: HISRO 2012.

2002 Thailand's health financing reform

Coverage expansion – tax financed for informal sector

Purchaser and provider split – National Health Security Office as contracting agency

Demand side financing & strategic purchasing – from historical budgeting to inclusive capitation, and later on using multiple payment mechanisms

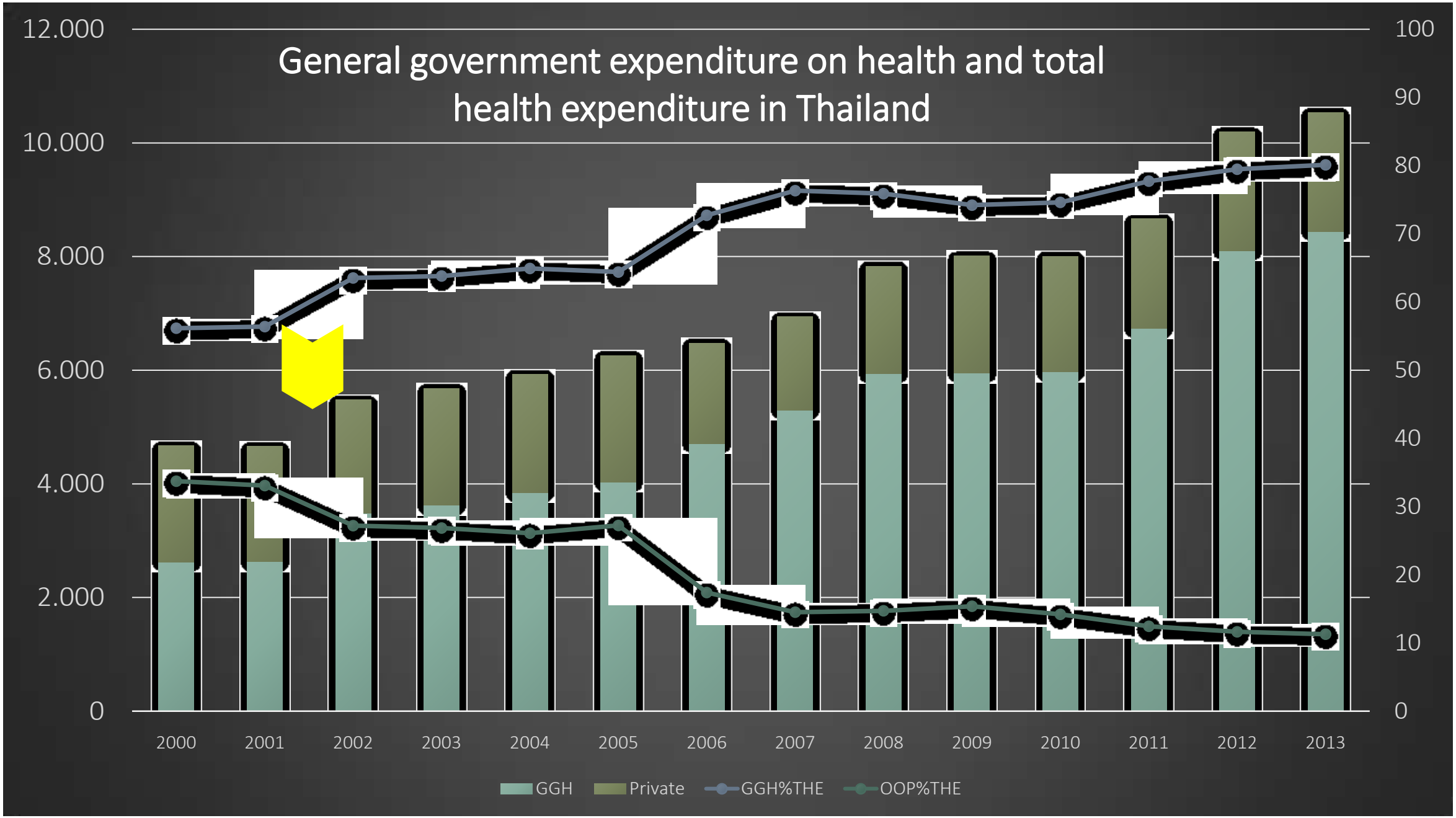


Thai UCS 2013 Payment Methods

UCS Beneficiaries: 48,445,000

*except Health P&P covers all population

Admin costs under NHSO not included



Note: GGH = general government expenditure on health. PVH = private expenditure on health, OOP = out-of-pocket. THE = total health expenditure. Expenditures are shown in million constant 2005 United States dollars Source: Data from the World Health Organization Global Health Expenditure database.

Proposed indicators for UHC

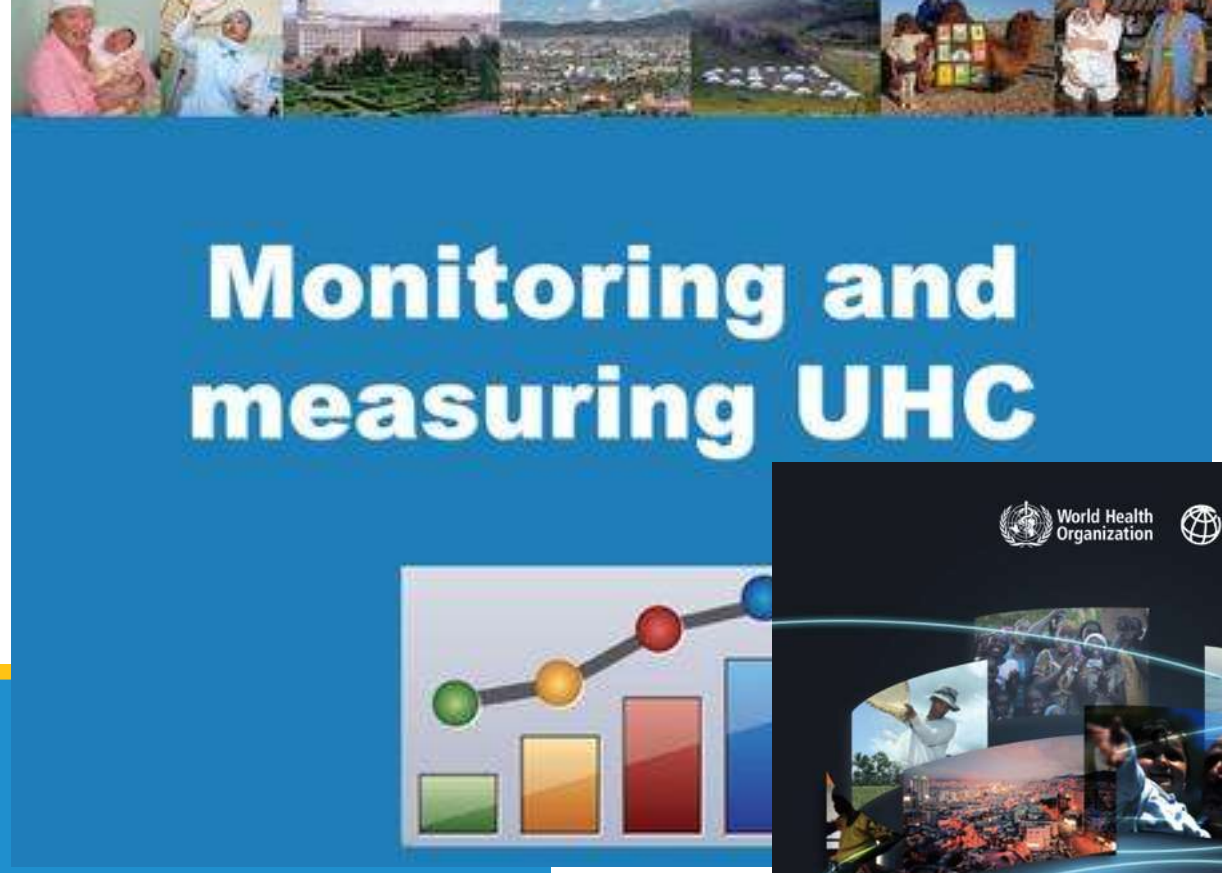
Statistical Commission, Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators

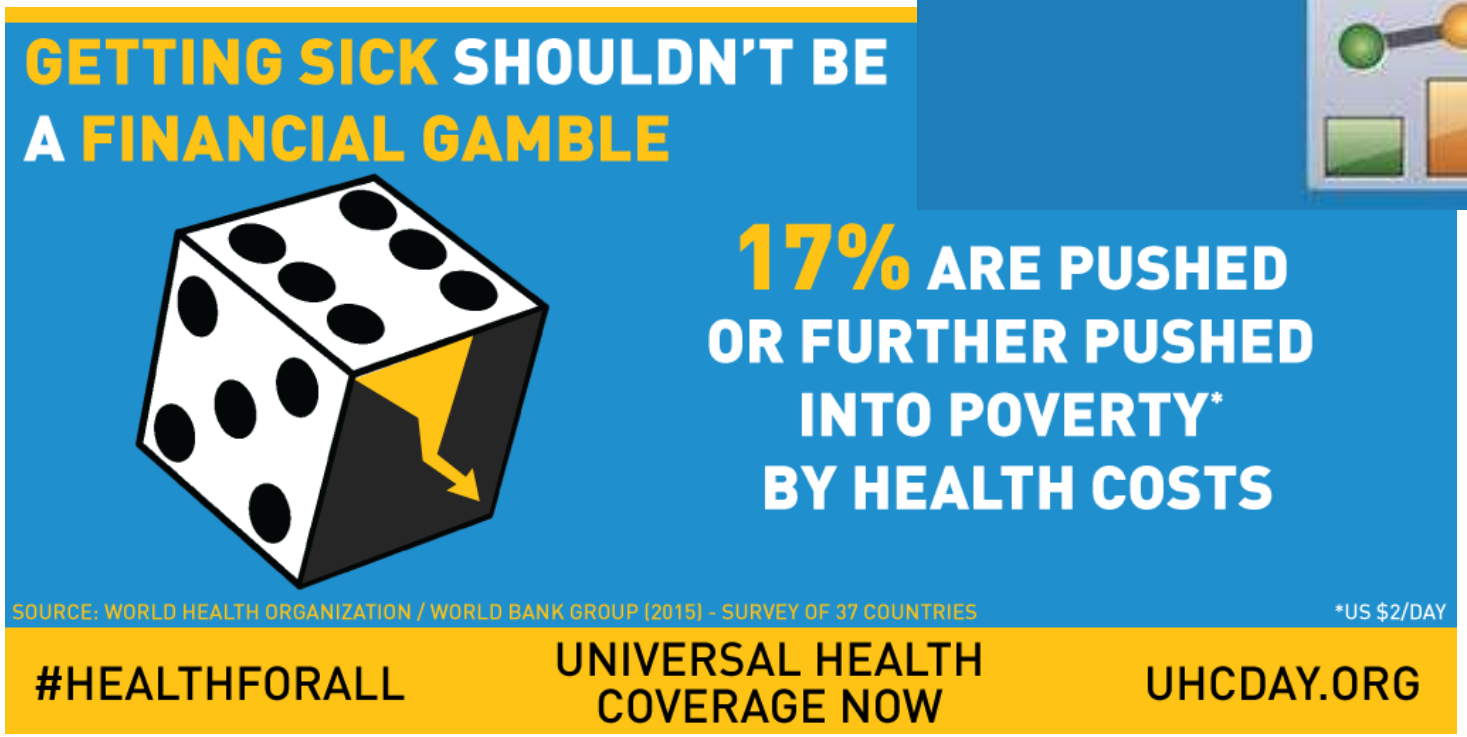
Number of people covered by health insurance or public health system per 1,000 population

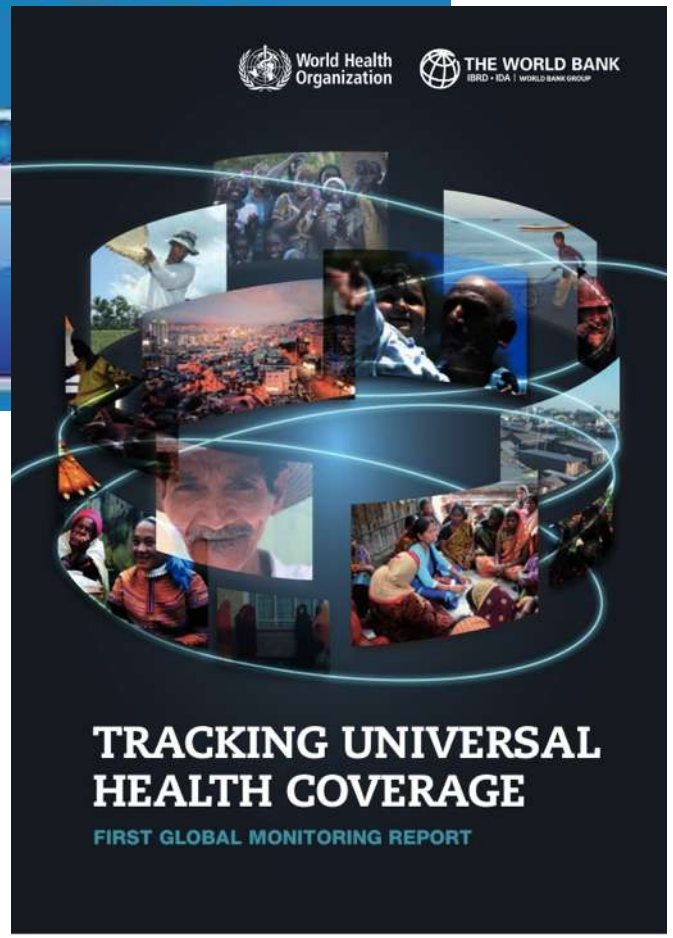
"Proportion of the population with large household expenditures on health as a share of total household expenditure or income"

Other better indicator to measure financial risk protection?

http://www.globalhealthcheck.org/?p=1854







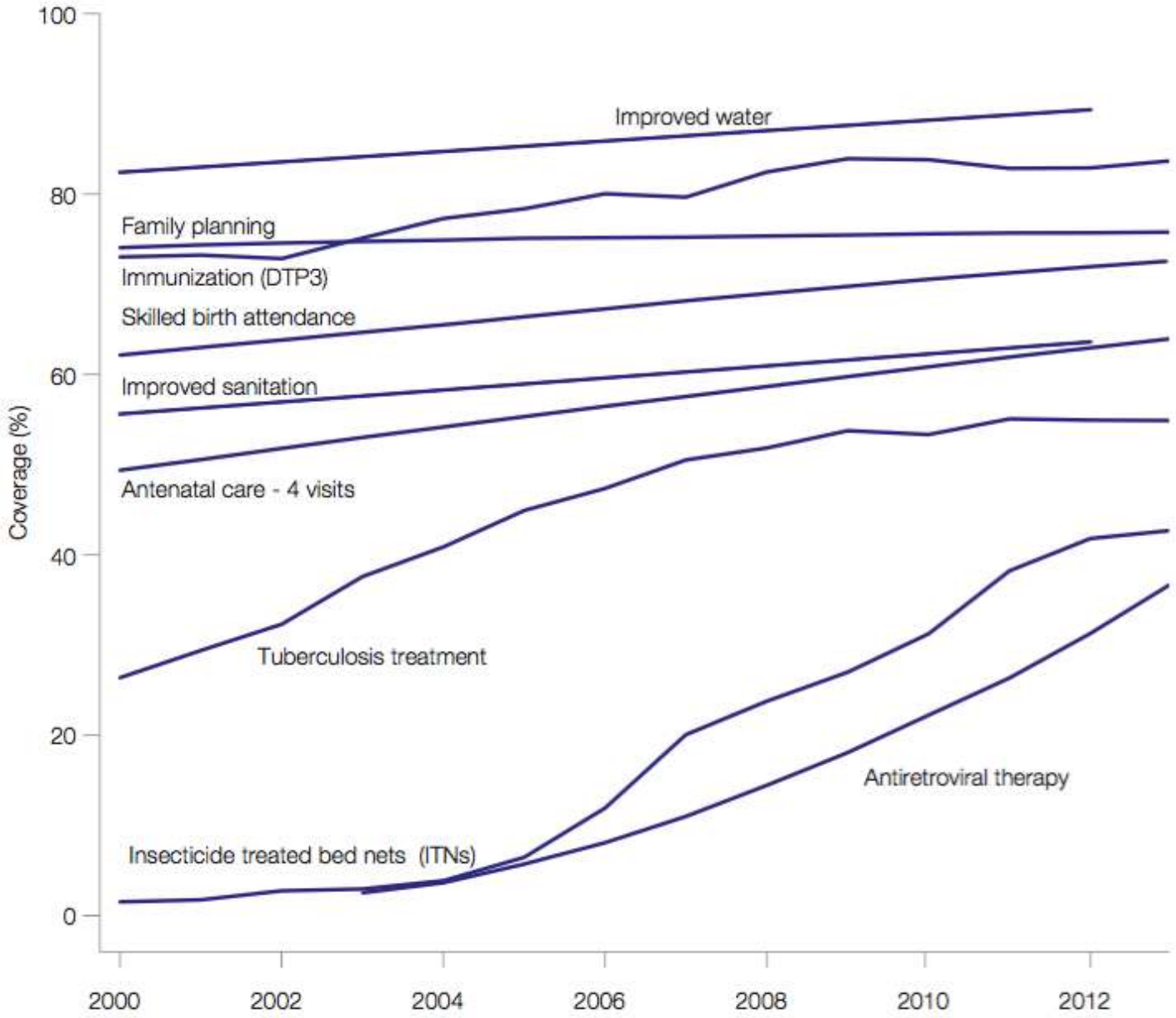
Proposed indicators for UHC

Statistical Commission, Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators

Proportion of the population with large household expenditures on health as a share of total household expenditure or income

Average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population.

Figure 2.1. Global levels and trends of health MDG-related UHC tracer indicators, 2000–2013



Goal 3 - Targets

THE GLOBAL GOALS
For Sustainable Development

3.8 Achieve **universal health coverage**, including **financial risk protection**, **access** to quality essential health-care services and **access** to safe, effective, quality and affordable essential medicines and vaccines for all

http://www.globalgoals.org/

Conceptual Frame: Access and Utilization

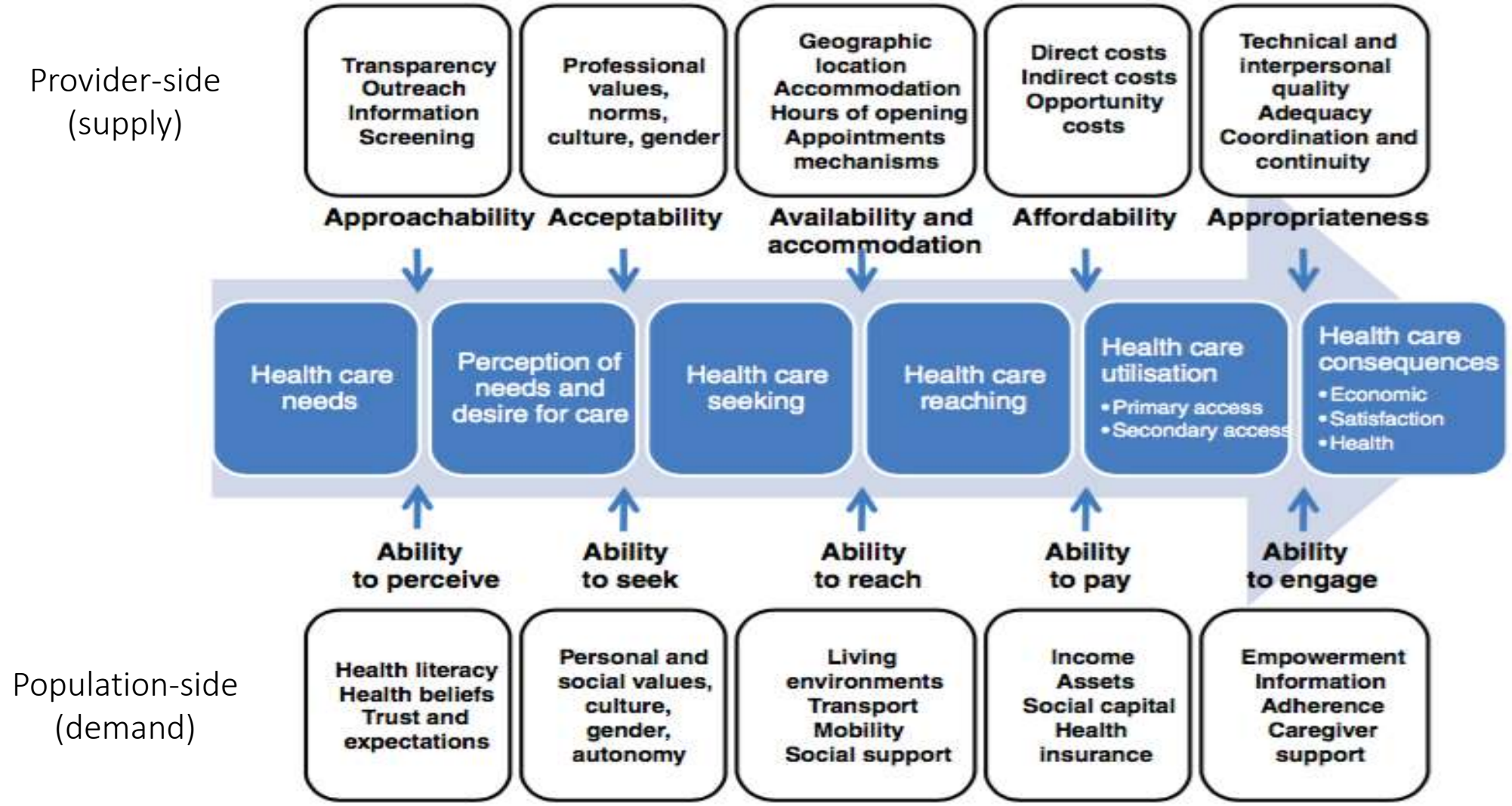
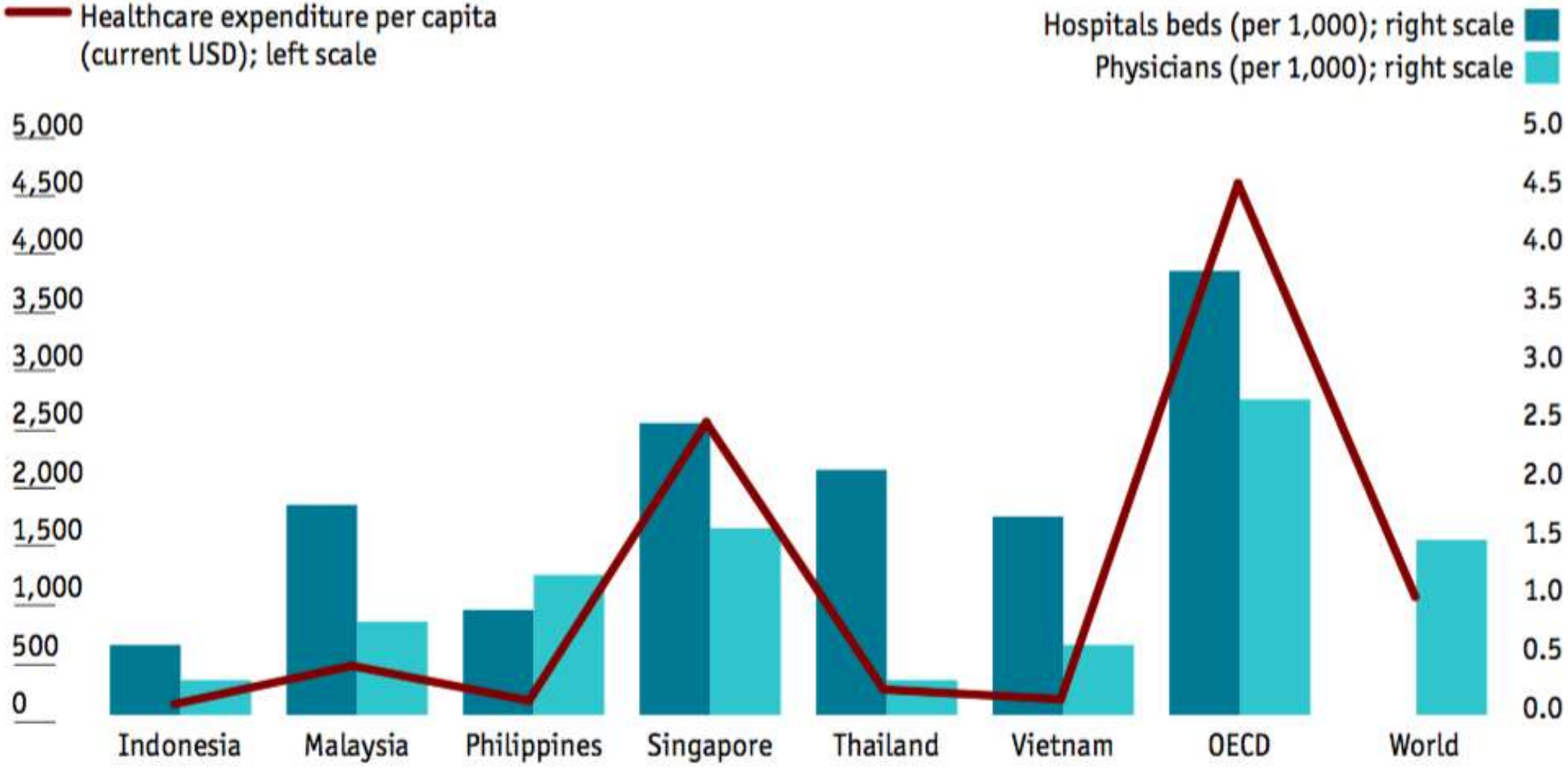


Figure 2 A conceptual framework of access to health care.

Levesque et al. 2013

Figure 6: Regional comparisons for healthcare infrastructure and healthcare expenditure per capita



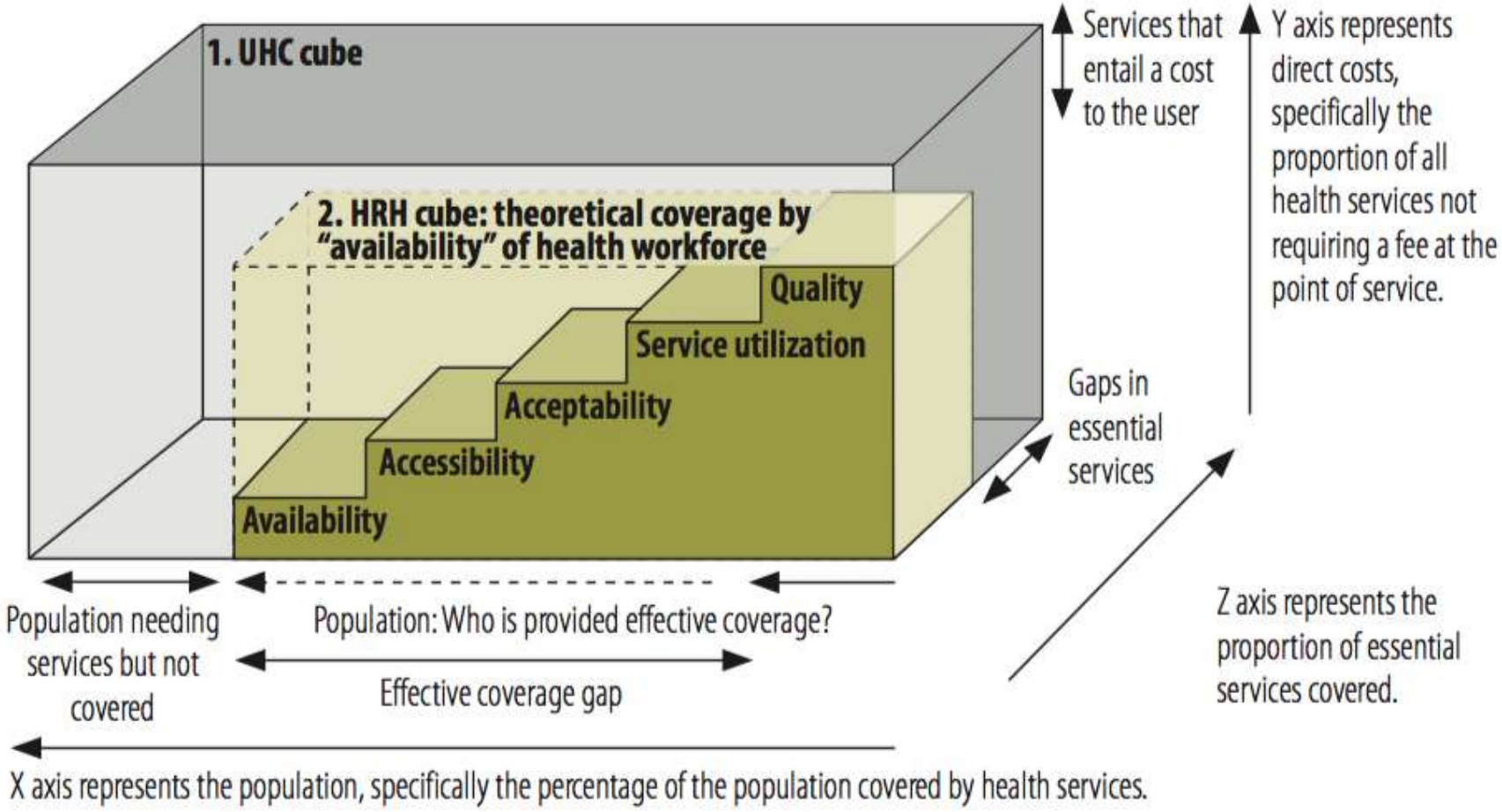
Note. Data for Indonesia, Malaysia, Philippines, Singapore, Thailand, Vietnam are EIU 2014 estimates; Data for OECD and World are Worldbank estimates for latest available data

Note. Estimates on hospital beds per 1,000 unavailable for World.

Source: World Bank; EIU-Clearstate analysi.

Source EIU 2015

Fig. 1. **Dimensions of universal health coverage (UHC) pertaining to human resources for health (HRH): effective coverage**



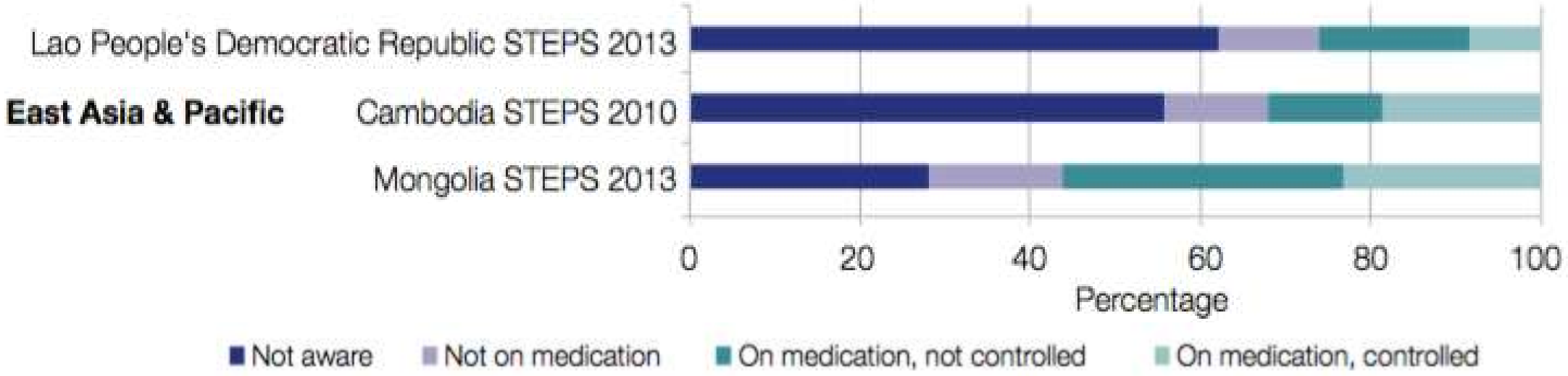
Adapted from *The world health report* (2010),[4] UN Economic and Social Council (2000)[22] and Tanahashi (1978).[19]

Source: Campbell et al. 2013

Effective coverage

Need – Use - Effectiveness

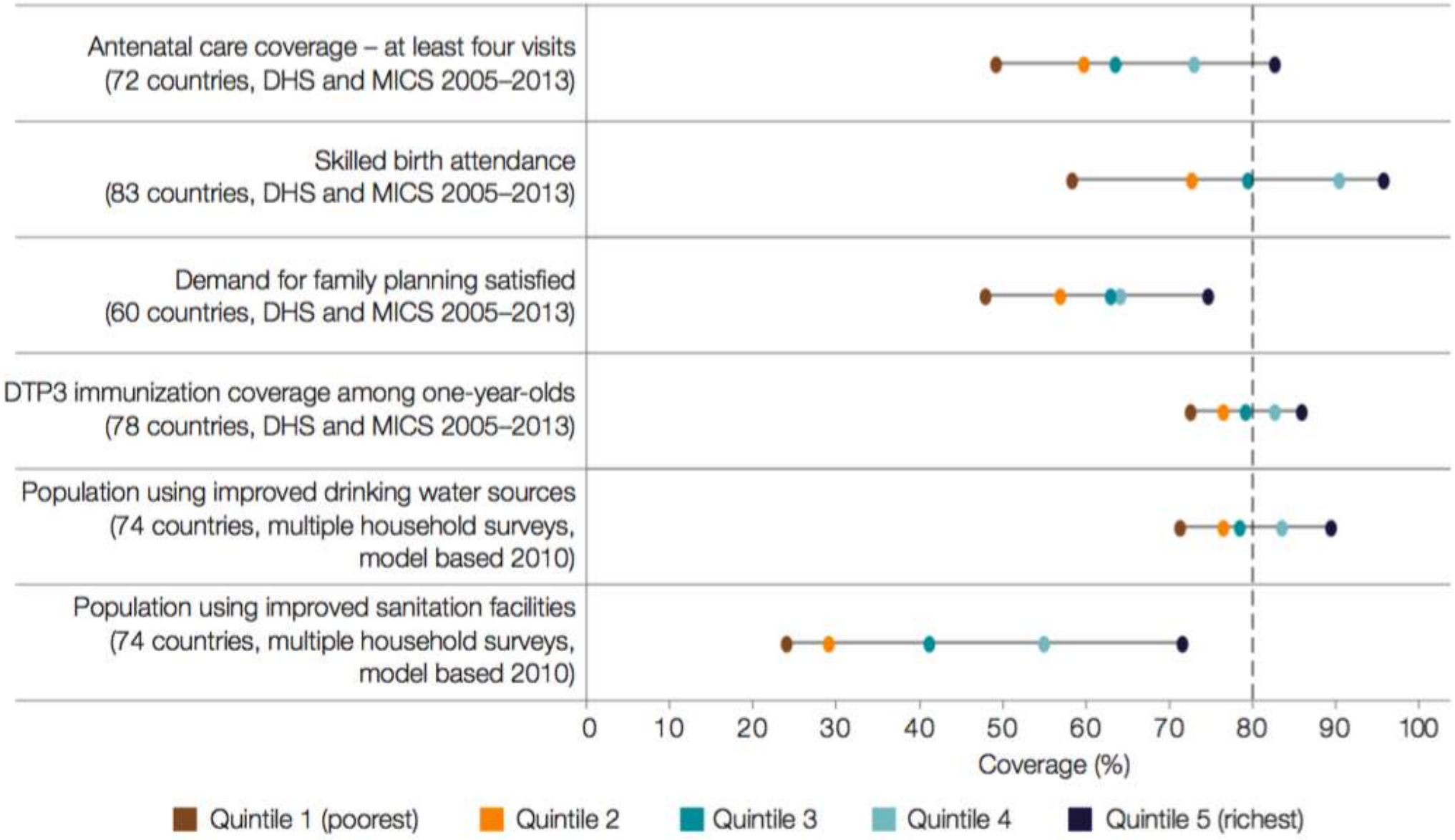
Figure 2.6. Adults with raised blood pressure[a] or on medication for hypertension, disaggregated by diagnosis and treatment status[b]



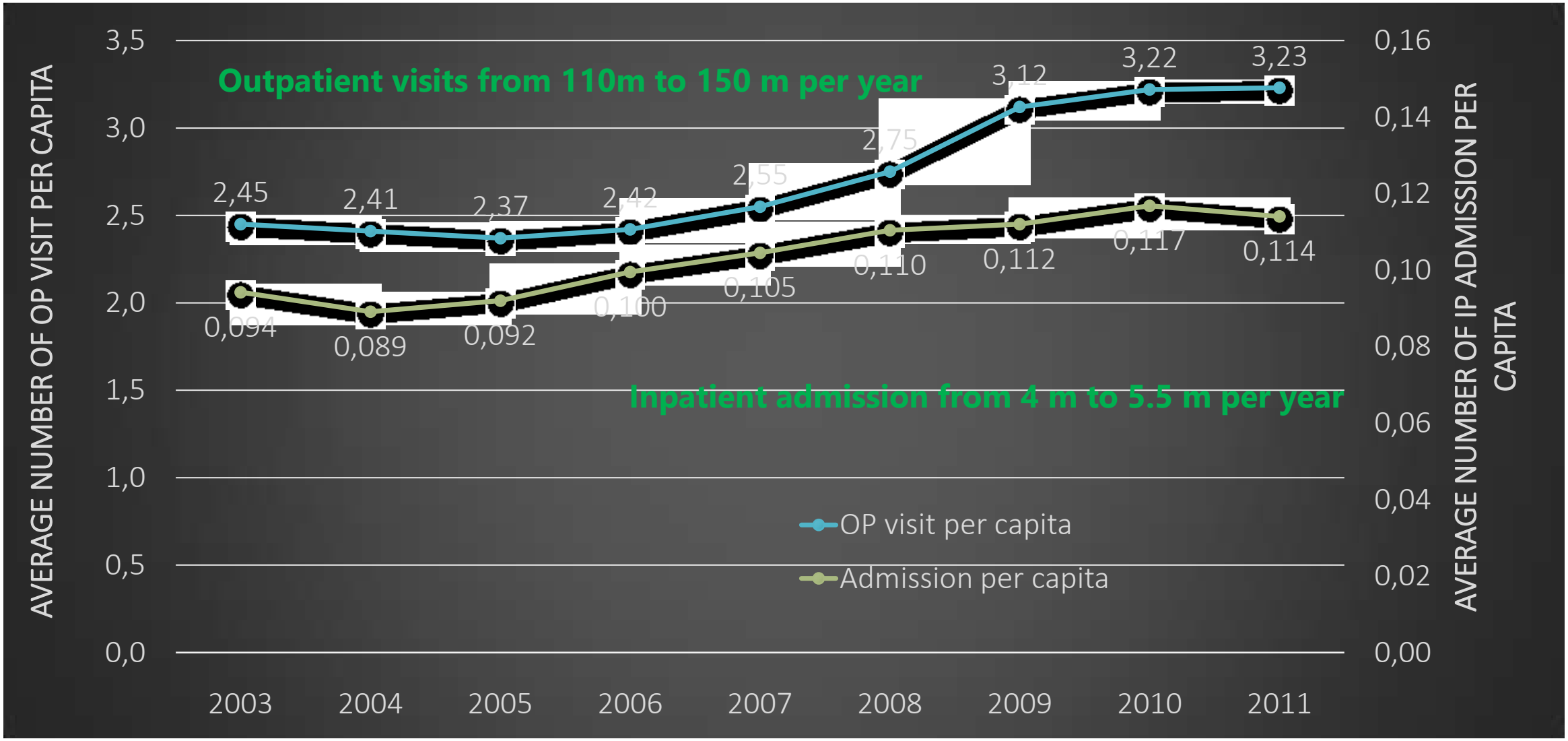
UHC:

a journey towards more equitable, effective, and efficient health system

Figure 2.4. Median coverage of selected interventions by wealth quintile, in low- and middle-income countries

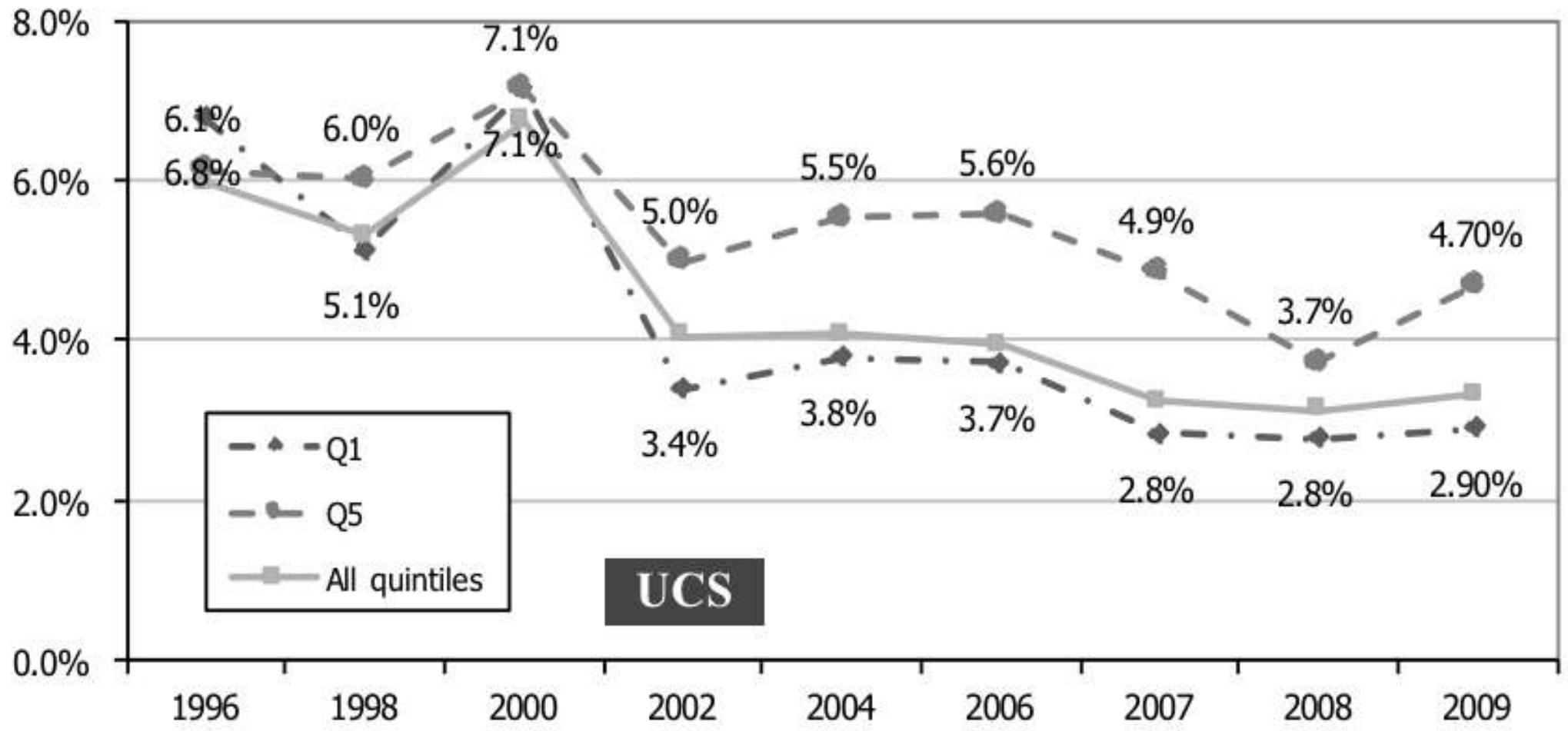


Health care utilization rate among UCS members, 2003–2010



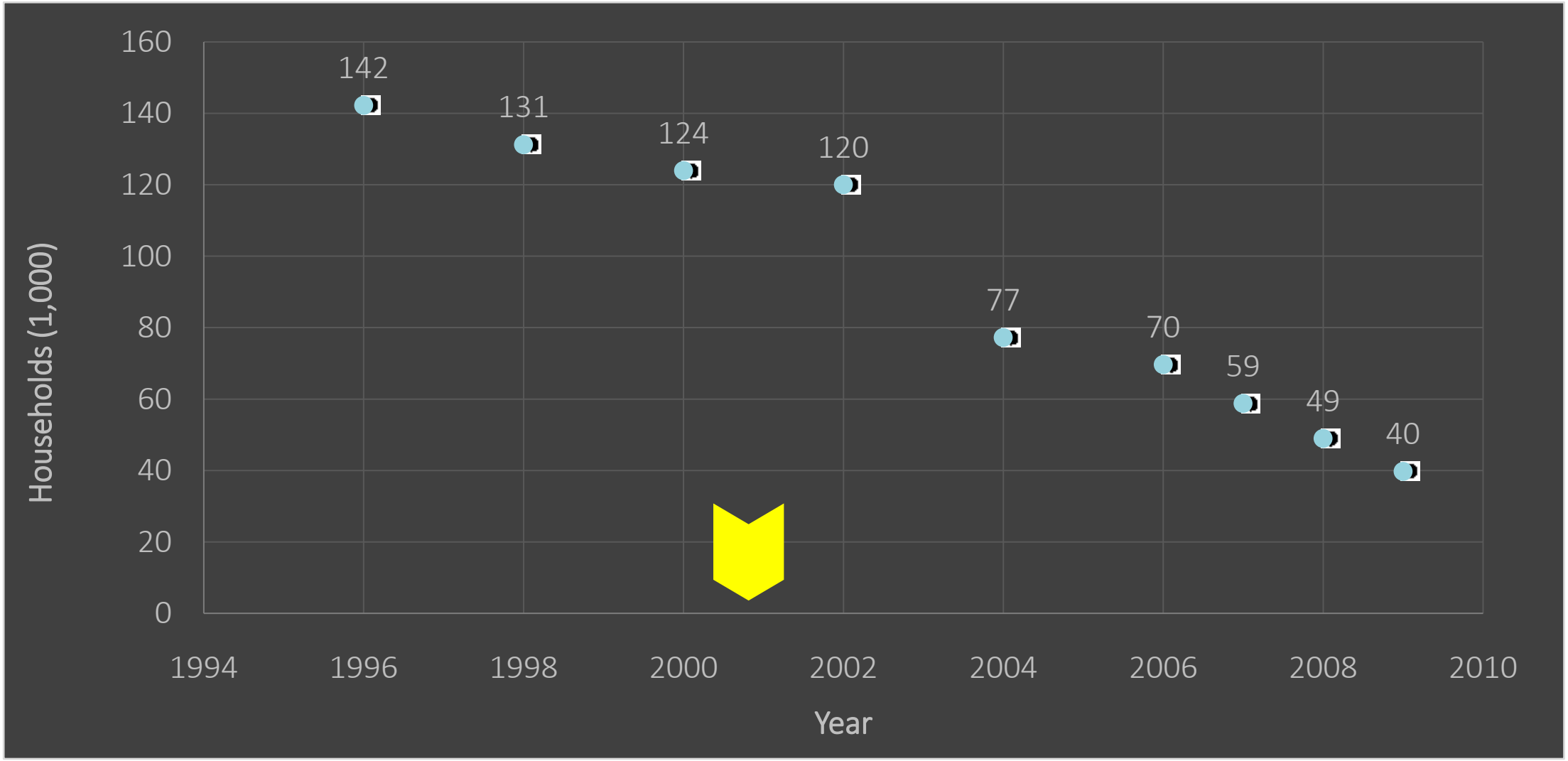
Note: OP = outpatient. IP = inpatient. **Source:** Data from NHSO (2012).

Proportion of households with catastrophic health spending by quintiles, 1996–2008

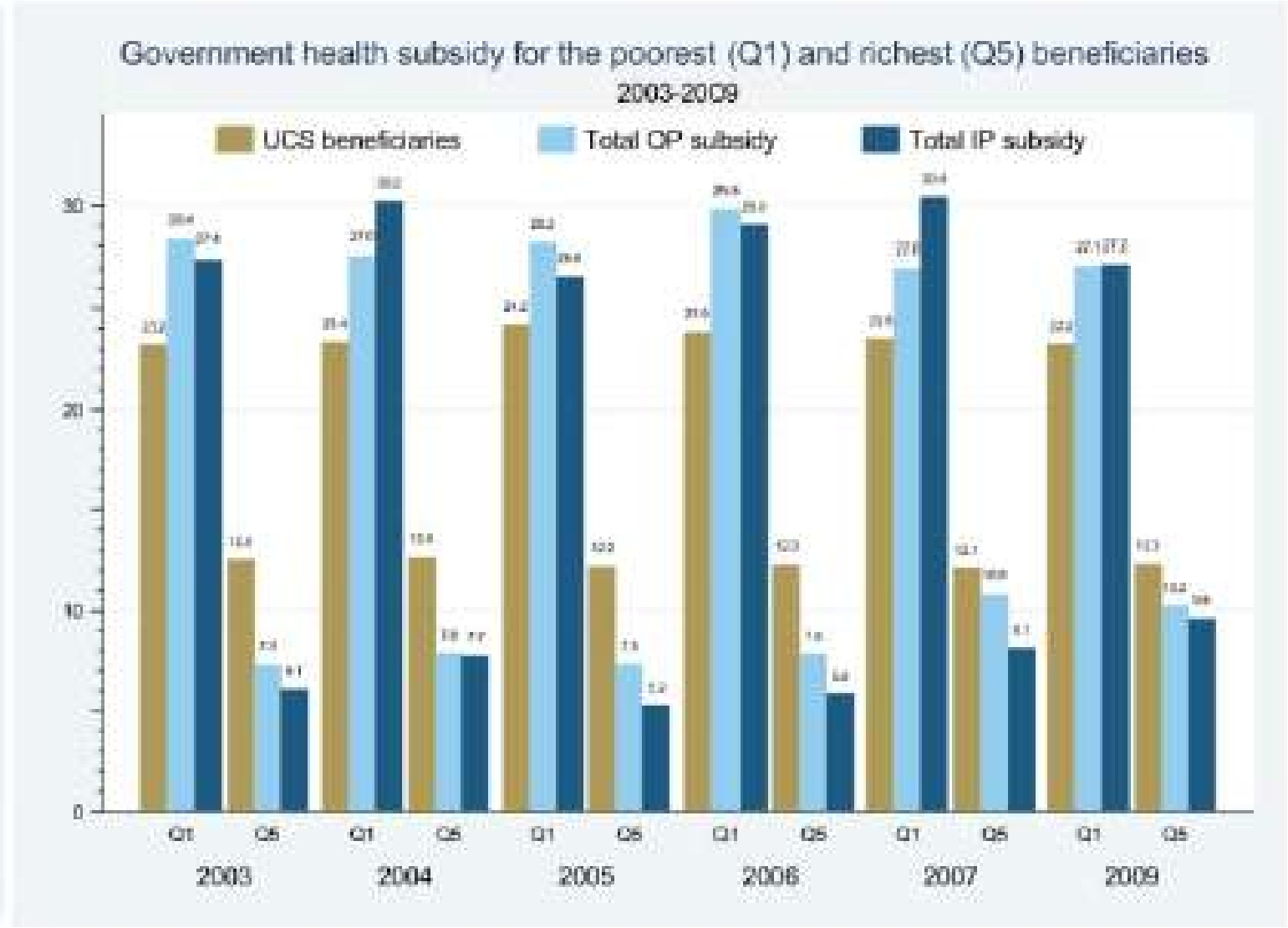


Note: Household catastrophic health spending is defined as the level of health spending higher than 10 percent of total household consumption. Q1 is the poorest quintile. Source: Modified from: HISRO (2012).

Estimated number of households (,000) impoverished from health care payments



Benefit incidence of government health subsidy



Source: Limwattananon 2012

Health Policy and Planning, 2015, 1–10
doi: 10.1093/heapol/czv046
Original Article

OXFORD

Health insurance for people with citizenship problems in Thailand: a case study of policy implementation

Bangkok Post The world's window on Thailand

HEALTH

Cabinet mulls medical care for stateless

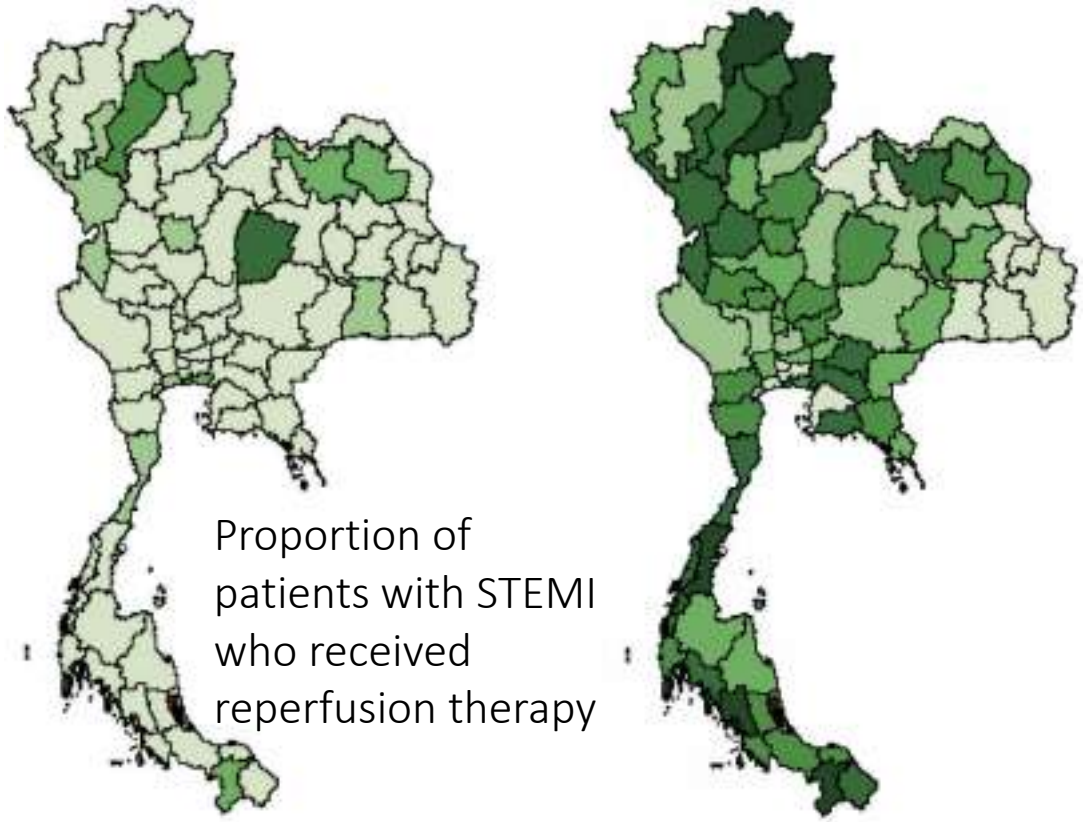
Published: 17/04/2015 at 06:00 AM
Newspaper section: News

The cabinet yesterday resolved to approve the Ministry of Public Health's request to incorporate more than 208,000 people born in Thailand without citizenship into a healthcare scheme.

The approval was given after Public Health Minister Rajata Rajatanavin and his deputy Somsak Chunharas presented their proposal at a cabinet meeting on economic affairs to give healthcare services to stateless people residing in Thailand.

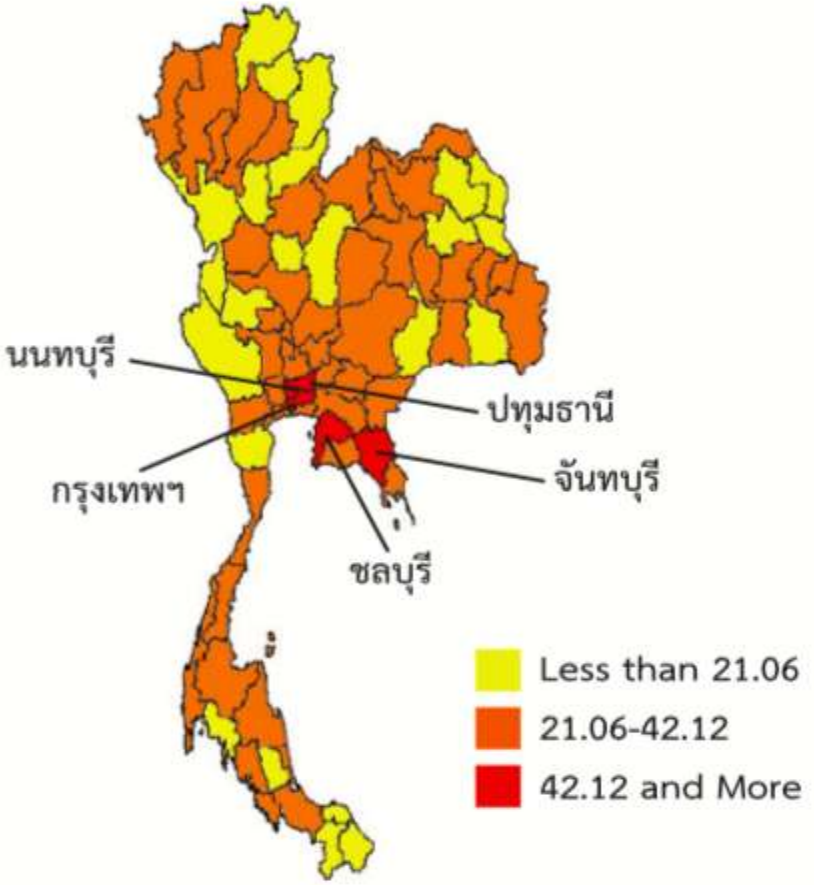
The healthcare scheme for people with citizenship problems, called the stateless healthcare scheme, provides medical services to stateless people in the process of nationality verification.

The scheme was launched in 2010 by the Abhisit Vejjajiva government, and allowed 400,000 stateless people to access the healthcare program when it was first launched.



Source: Limwattananon

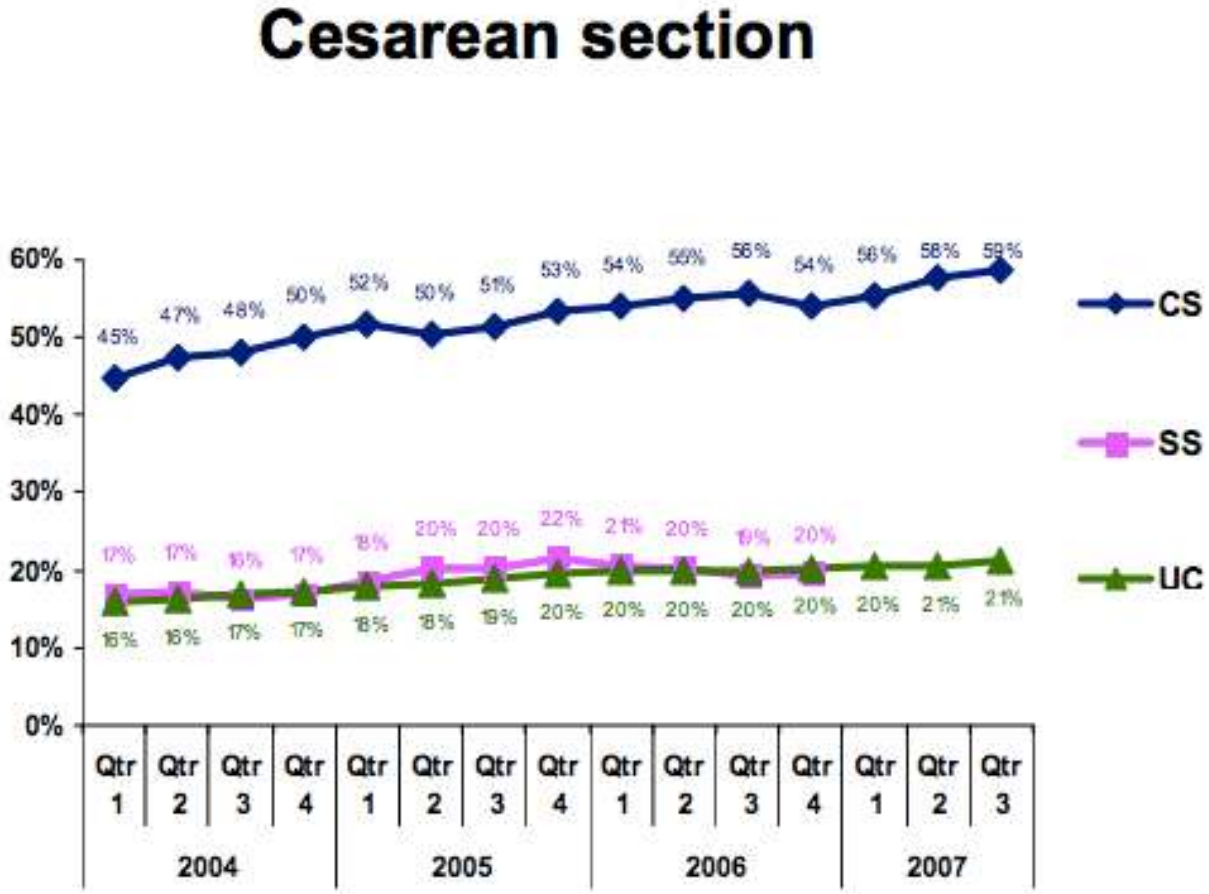
Prevalence of cardiac surgery (per 10,000) by province in 2007

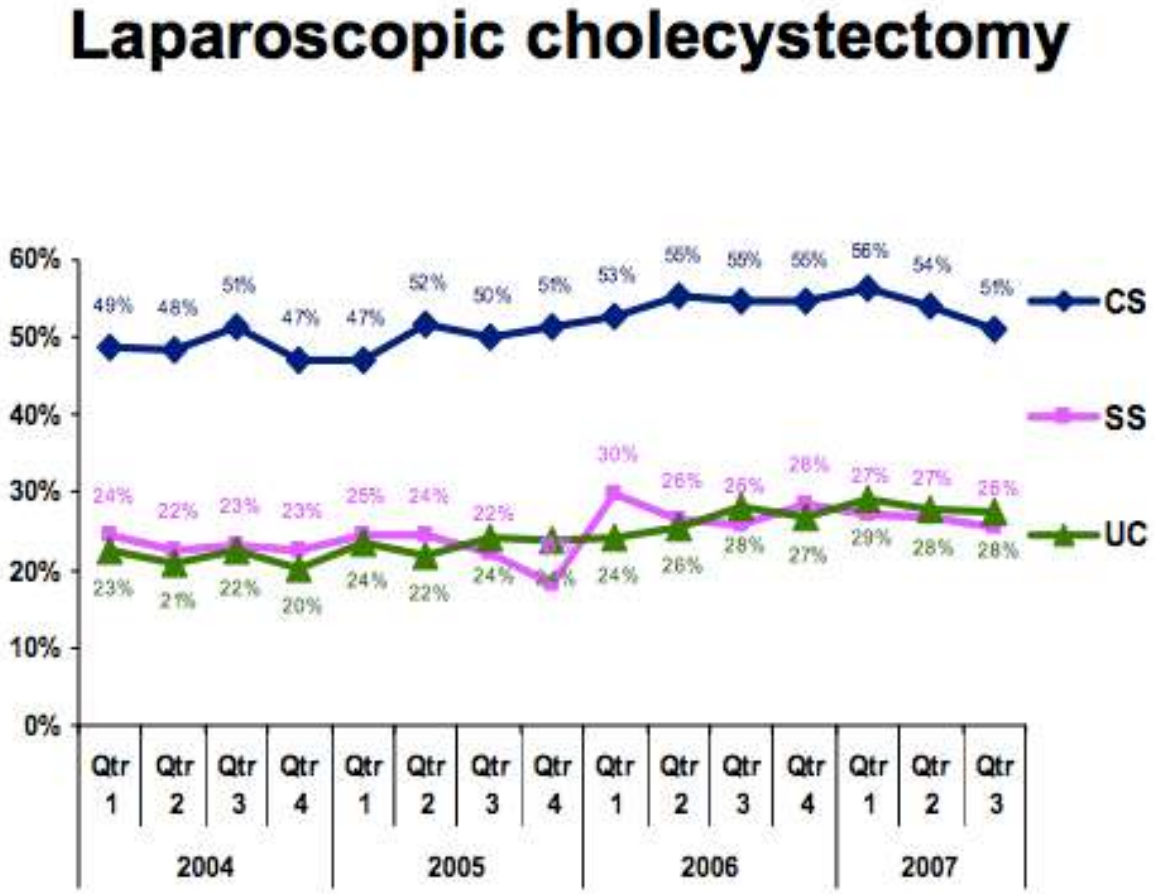


หน่วย : อัตราต่อ 10,000 ประชากรสิทธิหลักประกันสุขภาพถ้วนหน้า

แหล่งที่มา : ข้อมูลจากฐานข้อมูลผู้ป่วยใน สำนักงานหลักประกันสุขภาพแห่งชาติ

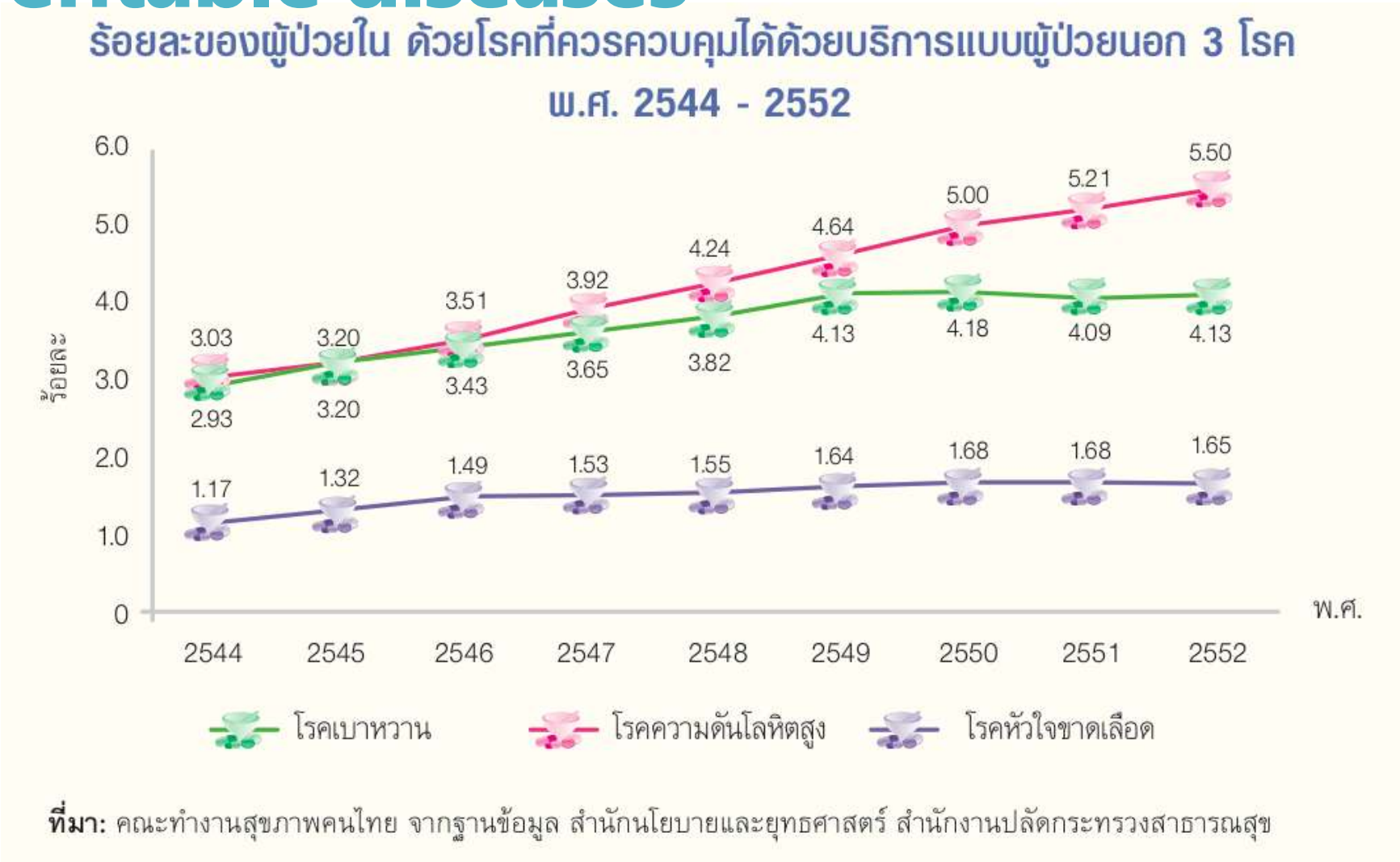
Differences in service utilization rates across major schemes





Source: Limwattananon 2009

% of inpatient admissions from selected preventable diseases



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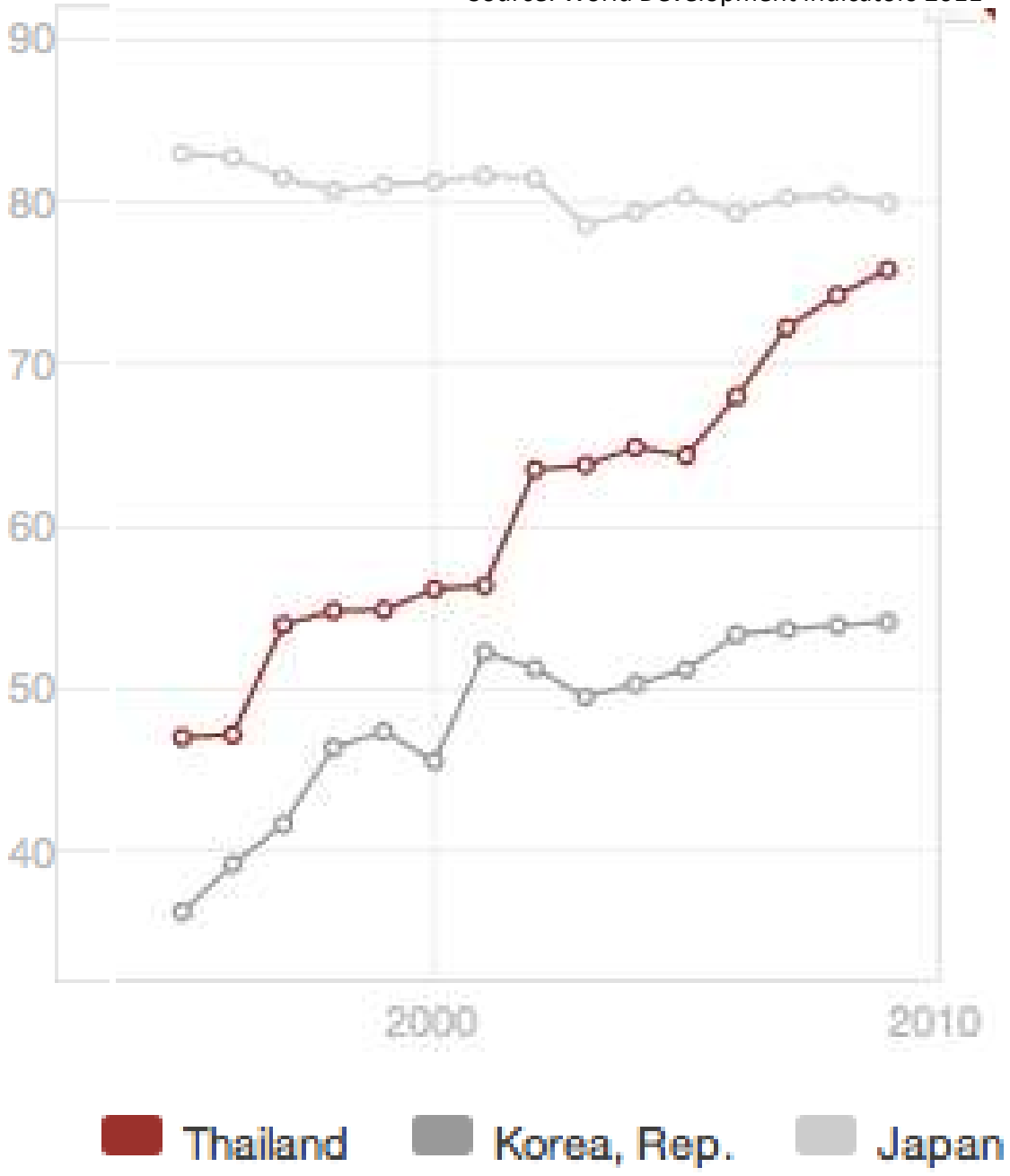
Public Health Expenditure
% of Total Health Expenditure

Source: World Development Indicators 2011



Conclusion

Key messages

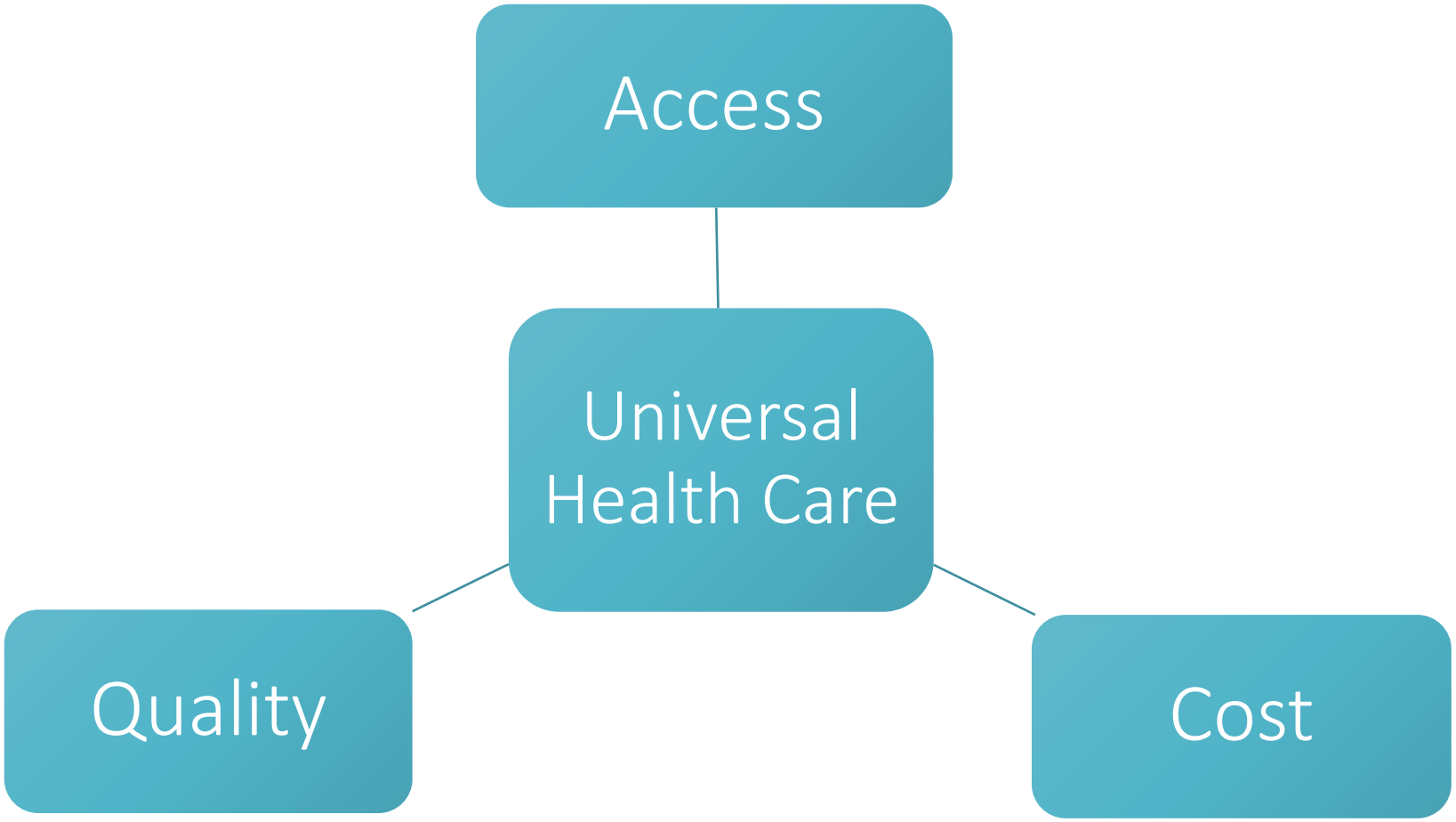
- UHC: an affordable dream
- UHC: not only about coverage
- UHC: a journey towards more equitable, effective, and efficient health system

UHC embodies three related objectives:

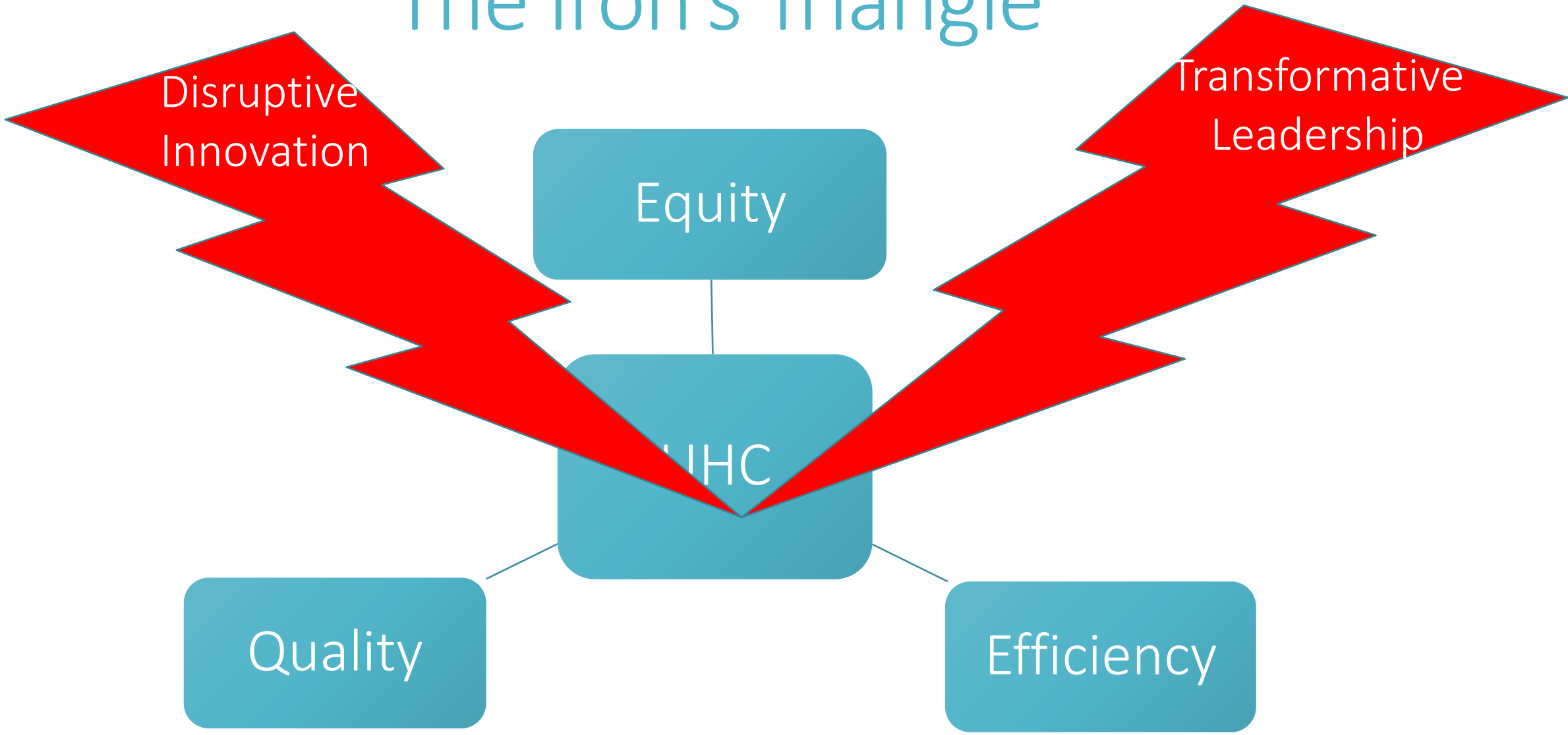
1. **equity in access to health services** - everyone who needs services should get them, not only those who can pay for them;
2. the **quality of health services** should be good enough to improve the health of those receiving services; and
3. people should be **protected against financial-risk**, ensuring that the cost of using services does not put people at risk of financial harm.

http://www.who.int/health_financing/universal_coverage_definition/en/

The Iron's Triangle



The Iron's Triangle



DON'T BE AFRAID TO FAIL
BE AFRAID NOT TO TRY.
PK2M - FKM UI

ASEAN INTEGRATION AND ITS HEALTH IMPLICATIONS

Progress toward universal health coverage in ASEAN

*"**UHC can be achieved** even among low and middle-income countries by strengthening the health system, securing sustainable and equitable financing, selecting the right benefit package, and reorganizing domestic health expenditures to be used more efficiently"*

*"In the long term, we envisage that social protection could be designed in various **ASEAN wide packages** including health insurance and elderly care, **making health coverage regional**. A regional health fund, into which ASEAN countries contribute based on national income levels, could be used to contribute to disease outbreaks and surveillance."*

Minh et al 2012

Terima Kasih
Thank You!

Piya Hanvoravongchai
Piya.h@chula.ac.th