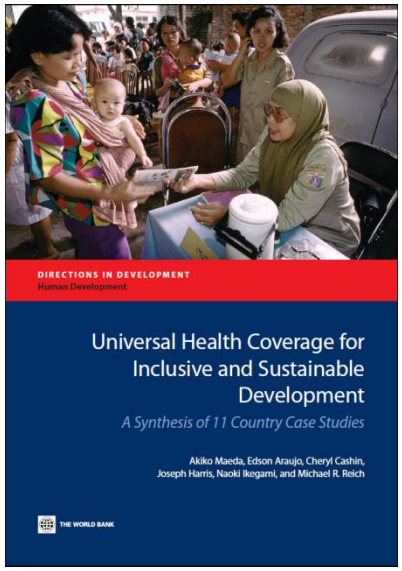
Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies



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Japan-World Bank Partnership Program for Universal Health Coverage (UHC)

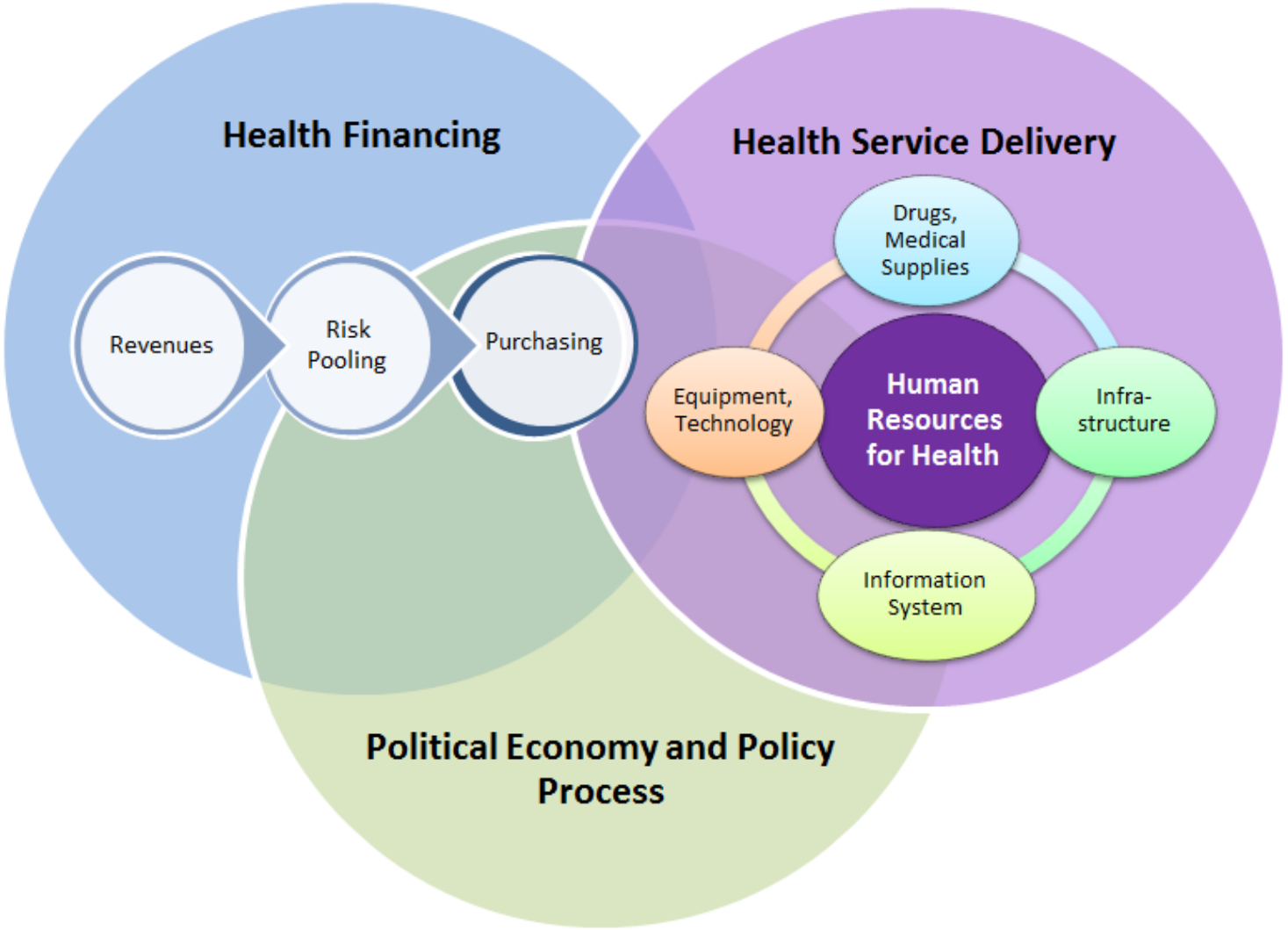
Objective

- To generate lessons on UHC to respond to the growing demand from Low and Middle Income Countries for technical advice and investment support in designing and implementing UHC policies and strategies

Scope

- 11 country case-studies at different stages of UHC across diverse contexts
- Focus on three critical policy areas: political economy, financing, and health workforce
- Identify and share lessons

A Common Framework for Analysis – *addressing key aspects of the Health System and their interaction*



A profile of the participating countries

Bangladesh **Ethiopia**		Initial stages of UHC, with limited resource envelope.
Ghana **Indonesia** **Peru** **Vietnam**		Initial programs and systems in place, implementation in progress, with ongoing re-evaluation of earlier policies; challenges in extending coverage to the remaining uninsured and under-served population groups.
Brazil **Thailand** **Turkey**		At or near to universal coverage, strong leadership and citizens' demands for expanding coverage; challenges in improving service quality, equity and fiscal sustainability.
Japan **France**		Mature systems with long history of universal coverage, but facing new challenges due to economic slow down, ageing population, including the laborforce.

Acute shortage of health workforce could be a binding constraint for many low middle income countries

Under a "status quo" scenario, low income countries:

- will face widening gap between "supply" and "need" for essential services.
- but will have only limited capacity to employ additional workers, even if supply can be increased.

Middle and High Income countries

- could face widening gap between supply and demand for health workers created by *economic* and *demographic* factors, in addition to *need*
- …which in turn could drive up costs or encourage migration (domestic and international)

Scaling up health workforce is more than just increasing the numbers

Availability of Skilled Workforce and the Economics of Education

- Technological development has increased the demand for higher skilled workers and creating a skills bias in the health labor market.
- In emerging markets, there is rapid and unregulated growth in private sector entry into health professional education, with little quality assurance.
- Scaling up of health professional education will need to be accompanied by strong quality assurance system, but also a broadening of the recruitment pool, including community health workers, and adjusting training programs to meet local conditions and toward community-based primary health care.

Promoting employment and career development of health workers in under-served communities

Reducing disparities in distribution of Health Workforce

Creating Education & Employment Opportunities in Rural and Under-served Communities

- Unregulated market forces favor production and employment of health workers serving in urban/ higher income population
- Countries can reduce geographic disparities in HRH through:
  - Multiple strategies including better pay & working and living conditions for workers
  - Creating career incentives and employment opportunities, and promoting active recruitment of students and workers drawn directly from the under-served communities

Focus on primary health care could improve access, manage costs and expand coverage

Brazil's Family Health Strategy gave priority to providing primary care services to families in underserved regions, and is the main vehicle for expanding health coverage.

Thailand's Universal Coverage Scheme promotes primary care services by requiring beneficiaries to register with the primary care contracting unit as its first line of contact.

Turkey's Family Medicine Program explicitly encourages family physicians and other family health workers to serve in rural populations, which has been the primary means for expanding coverage in underserved areas.

Creating employment and education opportunities in underserved communities will be critical

Innovative approaches to education and deployment of health workers drawn from ***local communities*** and from *a* ***wider pool of workforce*** can be effective, but we need more evidence on productivity and cost-effectiveness.

Ethiopia - Health Extension Worker Program

Brazil - Community Health Agents Program (Programa de Agentes Comunitários de Saude)

Bangladesh – Shasthya Shebika (community health volunteers)

UHC and Health Financing Strategy: overcoming market failures and establishing governance structure toward UHC goals

Managing costs through strategic purchasing and investing in broader strategies that add value

- Resource constraints are universal, so value-for-money purchasing is essential in achieving and sustaining UHC at all levels of income.
- Strong, evidence-informed purchasing capacity and institutions capable of negotiating prices and conditions of services (quality, safety) with health care providers and suppliers on behalf of the UHC goals
- Investing in core public health functions is a universal priority

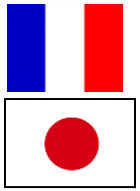
Over time, countries face the challenge of integrating multiple programs into a unified or harmonized risk pool

Ghana has established a single risk pool under its National Health Insurance Scheme (2003) as the basis for UHC.

Vietnam integrated the Health Care Fund for the Poor under the social health insurance program in 2009, although the benefits under these programs remain divergent.

Indonesia and Peru are introducing measures to integrate the existing multiple programs into a unified system.

Thailand covers majority (>75% of the population) in an integrated risk pool, but maintains separate programs for civil servants and private employees.



France consolidated 20 multiples programs into a single program and payment system covering the population, but Japan maintained multiple programs and is now facing new challenges.

UHC by definition involves redistribution and trade-offs across different interest groups

- Economic growth helps with coverage expansion, but this is not a sufficient condition for ensuring equitable coverage.
- Countries need to work pro-actively and continuously on pro-poor policies to reduce disparities in access to health care, and to improve financial protection.
- Overcoming political and economic forces favoring high end technology and specialized services will be a challenge.
- UHC requires adaptive and inclusive leadership: short-term wins can secure public and political support, but they need to be linked to longer-term agenda for change.

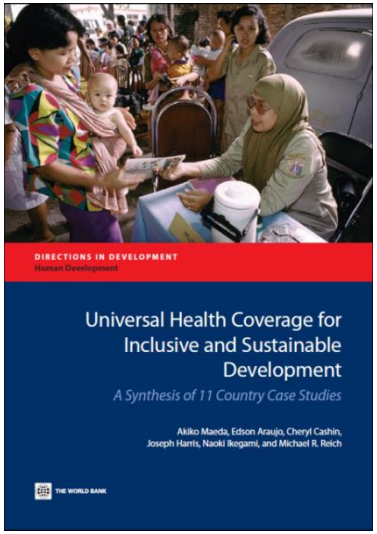
Measuring progress and promoting accountability toward UHC

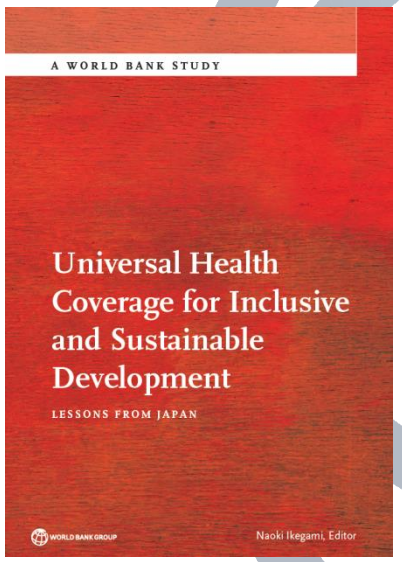
As countries commit and move toward UHC, there will be a continuous need to make trade-offs and balance competing demands. Establishing an effective governance structure that brings different interest groups together will be critical for supporting this process.

At each point, policy choices can be either *coverage enhancing* or *coverage eroding*. Political compromises or fiscal pressures could result in decisions that exclude coverage for some population groups, reduce benefits, or increase cost-sharing.

Therefore, it is crucial that countries have the means and tools to measure progress toward UHC, and make the necessary adjustments and revisions to their policies on a continuous basis.

Thank you and please check the website: http://www.worldbank.org/en/topic/health/brief/uhc-japan





Discussion Papers