



Universal health coverage in South-East Asia: documenting the evidence for a Regional Strategy

This special issue of the *WHO South-East Asia Journal of Public Health* brings together technical discussions, original research and country experiences in addressing some of the key challenges to universal health coverage (UHC). These papers have been commissioned or selected to strengthen evidence for policy in support of national UHC efforts, building on the work of the Regional Strategy for Universal Health Coverage.

Member States in the World Health Organization (WHO) South-East Asia Region are focusing on improving the equity and efficiency of their health systems and, consequently, most are reviewing their health-financing strategies as a lead area of reform for UHC.¹⁻⁴ To support country strategies, WHO South-East Regional Office was requested to develop a Regional Strategy on Universal Health Coverage in consultation with experts from within and outside the Region. The Strategy was subsequently endorsed by Member States at the Sixty-fifth Regional Committee for South-East Asia in 2012, in resolution SEA/RC65/R6, and is now being used as a practical reference by both Member States and WHO as the South-East Asia Region moves forward on UHC.⁵ The Strategy documents technical issues and international experience in a systematic manner and, based on this, recommends four strategic directions to advance UHC in countries of the South-East Asia Region; described below, these comprise a conceptual strategic direction, two technical strategic directions and an action point.⁶ The papers included in this special issue provide further evidence on these strategic directions.

Strategic direction 1: Placing primary health care oriented health systems strengthening at the centre of universal health coverage

Countries in the WHO South-East Asia Region have defined UHC in different ways and are at different levels of achievement. The common underlying UHC policy goal in all countries is to improve equity in health. It is therefore useful to have a common framework for Member States and WHO, as a basis for taking forward the UHC agenda. UHC may be defined as having three dimensions:

- *universal* or a population dimension (who is to be covered);
- *health* or a service-delivery dimension (covered with which services);
- *affordability* or a financing dimension (covered at what cost).

The *definition* and *principles* of primary health care are relevant to informing strategic choices along these three dimensions – to provide a benefit package that gives priority to the health needs of the poor, and public health, delivered using appropriate technology and at sustainable cost. Using this definition, significant progress on UHC can be made at low cost and in resource-constrained settings. A pragmatic way forward is to phase in UHC, starting with primary health-care priorities to eliminate avoidable systems inequities and inefficiencies, plus extension to more comprehensive coverage as required systems and institutional capacities are developed.

Strategic direction 2: Improving equity through social protection

Out-of-pocket health spending in the WHO South-East Asia Region is the highest among all regions (over 60% of total health expenditures) and is a key driver of health-related inequities in the Region. Countries that have progressed well on UHC have reduced out-of-pocket health spending to less than one third of total health expenditure, with government spending at about 5% of gross domestic product. Therefore, countries are reviewing health financing as a lead area of health systems strengthening for UHC.

Experience suggests that the way forward in reducing inequities is through social protection, by shifting to mandatory prepayment and consolidated pooling, through tax-based funding and/or social insurance contributions at national level. There is potential to raise additional financing through a higher share of government revenue or earmarked contributions to social insurance. Importantly, these options have been implemented successfully for social protection in contexts similar to those in countries of the South-East Asia Region.

Strategic direction 3: Improving efficiency in service delivery

In addition to improving equity or distributional efficiency through better health financing, technical and allocative efficiencies in service delivery are equally relevant for UHC – they determine which services are provided and at what cost and, therefore, who has access to them. In the South-East Asia Region, there is a push away from low-cost alternatives

(notably prevention) to high(er)-cost curative care, driven by the dominance of private providers, who are often inadequately regulated; increasing burden of noncommunicable diseases; and access to high-end technology. The four main areas of broad systems inefficiencies are listed next.

- Expenditure on medicines is the largest component of out-of-pocket health spending in the Region, and experience highlights the significance of increased public investment in medicines, better price control and use of generic products.
- Experience also shows that provider payments can be used to “correct” the health systems incentive structure for human resources, to influence the type of service, cost of provision and overall performance in both the public and private sectors, including supporting public–private partnerships.
- In decentralized service-delivery structures, inequities between decentralized units must be minimized through, for example, needs-based criteria for allocation of central funds. Furthermore, it is also important to review administrative decentralization from the perspective of health systems needs and efficiency – some health functions, such as procurement or financing public health, may not be appropriate for decentralization.
- An effective response to address these issues requires strengthening of regulations to overcome political, administrative and information constraints.

Strategic direction 4: Strengthening capacities for universal health coverage

Evidence-based decision-making requires capacities to monitor and evaluate, and these need to be strengthened in many countries.

To mark the occasion of Universal Health Coverage Day, 12 December 2014, this special issue of the *WHO South-East Asia Journal of Public Health* on UHC contributes to this strategic direction, by providing a systematic documentation

of evidence on the two technical strategic directions, to support Member States in advancing equity and efficiencies for UHC.

Alaka Singh

World Health Organization

Regional Office for South-East Asia, New Delhi, India

Address for correspondence:

Alaka Singh,
Health Economics and Health Planning Unit,
Department of Health Systems Development,
World Health Organization, Regional Office for South-East
Asia, New Delhi-110 002, India. Email: singha@who.int

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