



On the occasion of the first Universal Health Coverage Day, on 12 December 2014, I am very pleased to release this special issue of the *WHO South-East Asia Journal of Public Health* on Universal Health Coverage.

Universal health coverage (UHC) has been receiving much attention worldwide from stakeholders across health and development. The

Director-General of the World Health Organization (WHO), Dr Margaret Chan, has described UHC as “the single most powerful concept that public health has to offer”. Furthermore, Dr Chan has emphasized that UHC is “the best way to cement the gains made during the previous decade. It is the ultimate expression of fairness. This is the anchor for the work of WHO as we move forward”. In South-East Asia, I have made UHC a priority area for WHO’s work in the Region.

Member States of the South-East Asia Region have made significant contributions to the conceptual debate on UHC, as well as to its realization for population health. Member States have conceptualized UHC as both a means and an end for health: a means to improve health status by strengthening the three dimensions of UHC – population coverage, service delivery and financial protection; and, by applying the overarching principle of equity in policy decisions related to these dimensions, UHC may be considered an end in itself.

Thailand is acknowledged as having achieved sustainable UHC – at about US\$ 5000 gross domestic product per capita at purchasing power parity – when it was categorized as a lower–middle-income country. This achievement is significant in a region where most countries are classified as low-income or lower–middle-income economies and where the cost of accessing health care is a key driver of poverty and inequity. Out-of-pocket (OOP) spending on health is more than 60% of total health expenditure – the highest among all WHO regions – and one third of new annual poverty is directly associated with health. The majority of OOP expenditure goes towards the purchase of medicines – in a region that includes India, which is known as the “pharmacy of the world” but has one of the lowest per capita government expenditures on medicines.

The pillars of UHC in Thailand provide useful guidance for other countries – evidence-based reform that emphasizes the

“four A’s” of service delivery: accessibility through a network of primary care facilities with effective referrals; availability of needed services through appropriate human resources and other inputs; acceptable quality of care, especially in the public sector; and affordability of care, including medicines, based on government financing. Furthermore, the reforms changed the incentive structure, notably provider payment mechanisms, which allowed engagement with the private sector for UHC while containing costs and improving performance of the overall health system. Finally, the Thai experience underlines the central role of the government in steering the process of reform, backed by necessary legislation and credible regulation.

Much has been achieved in the WHO South-East Asia Region, with important lessons for UHC for all countries and development partners. There are further quick wins for UHC in affordable access to medicines. However, much shall still need to be done in an increasingly complex health context. The current outbreak of Ebola virus disease in west Africa has emphatically underscored the critical importance of robust health systems for UHC. The changing epidemiological and demographic situation is now being influenced by factors outside the health sector – the cause and impact of ill-health requires the health sector to lead multisectoral action. This is clearly exemplified by noncommunicable diseases (NCDs) – the cause and impact of NCDs encompasses individual behaviour on the one hand, and overall economic development on the other; and the “best-buys” to address NCDs are prevention and promotion, with public information, legislation and regulation playing a crucial role. This special issue of the *WHO South-East Asia Journal of Public Health* documents original research, as well as country experience, analysing these for broader application. Importantly, most studies have been developed in collaboration with ministries of health, in a direct effort to inform policy decision and strategy formulation, thereby also making a significant contribution to the evidence base to advance UHC in the South-East Asia Region.



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