UNIVERSAL HEALTH COVERAGE

what does it mean for Singapore and our neighbours?

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Outline

- The UHC buzz
- Basics in health financing
- Singapore's health financing system
- Thailand's health financing system
- Monitoring and evaluation

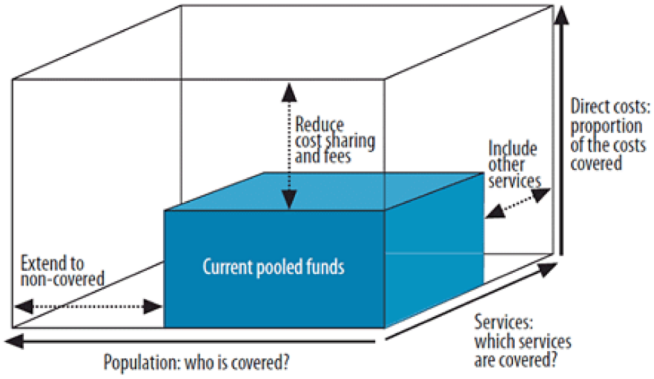
UHC

What is Universal Health Coverage (UHC)?

- **all people and communities** can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of **sufficient quality** to be effective, while also ensuring that the use of these services does not expose the user to **financial** hardship
- Context:
  - WHO declaration of health as a human right in 1948
  - Health for All, Alma Mata declaration in 1978
  - Sustainable Development Goals

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

What is Universal Health Coverage (UHC)?



Three dimensions to consider when moving towards universal coverage

What is Universal Health Coverage (UHC)?

What is Universal Health Coverage (UHC)?

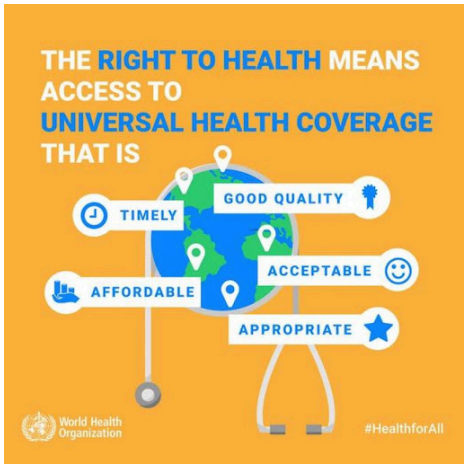
- **FINANCIAL RISK**
  - Risk of not accessing or receiving care due to financial constraint
  - Risk of financial hardship due to catastrophic healthcare spending
  - (Risk of lost of productivity)

What is Universal Health Coverage (UHC)?

- **QUALITY**

AHRQ Agency for Healthcare Research and Quality

- **Safe**: Avoiding harm to patients from care
- **Effective**: appropriate use
- **Patient-centered**: individual patient preferences, needs, and values
- **Timely**: Reducing waits and harmful delays
- **Efficient**: Avoiding waste of equipment, supplies, ideas, and energy.
- **Equitable**: care that does not vary in quality because of gender, ethnicity, geographic location, and socioeconomic status.



What is Universal Health Coverage (UHC)?

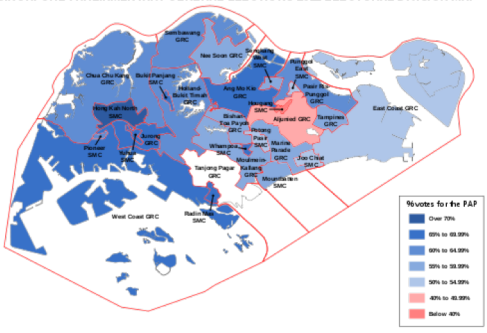
- **EQUITY**
  - Do we exclude some people or communities?

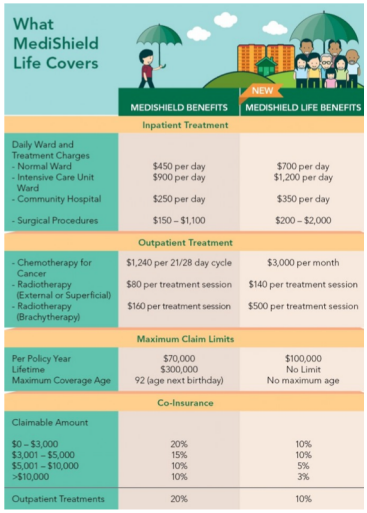
http://arabcenterdc.org/policy_analyses/the-policy-of-no-return-the-case-of-syrian-refugees/ https://earthjournalism.net/stories/rohingya-camps-in-bangladesh-vulnerable-to-covid-19-outbreak
Credit: Ore Huiying—Getty Images

What is Universal Health Coverage (UHC)?

- **POLITICS AND POLICIES**
  - Both are inextricably linked to the extent a country enjoys UHC

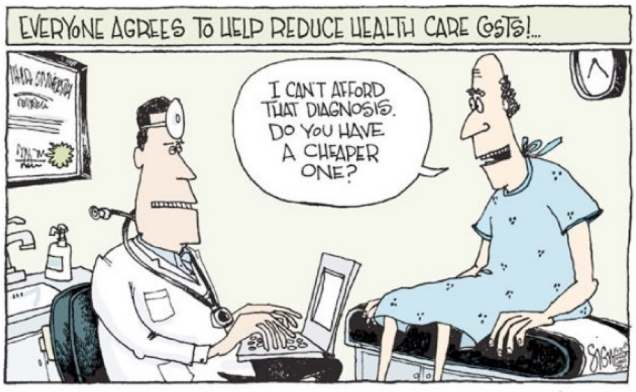
SINGAPORE PARLIAMENTARY GENERAL ELECTIONS 2011 ELECTORAL DIVISION MAP





Health Financing

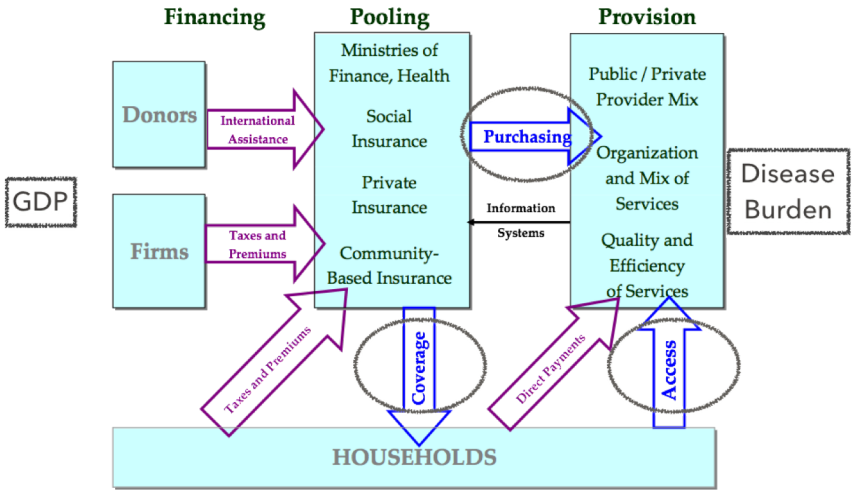
Health financing



Health financing – what does it mean to you?

- **Questions to think about before we proceed:**
- How important is it to know about health financing in your role at work?
- What are your values on health: is it a,
  - Right or privilege?
  - Personal or group responsibility?
    - Government or civil society?
    - Local or international?

Health financing in a slide



G. Anderson, Comparative Health Insurance 2017

Health financing – important definitions and concepts

- Financing: Progressive vs flat vs regressive
- Model: adverse selection, cream skimming
- Payment: deductible, co-insurance, co-payment (user fees/OOP)
- Intention: Financial protection vs moral hazard
- Equity: means testing, waiver, exemption, leakage

Historical context of public health financing

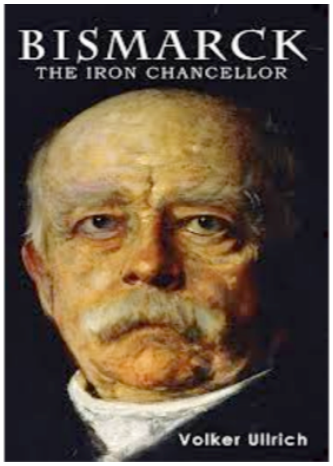
- The political economy plays a bigger part than ideals of health development
- 1. Bismarck model
- 2. Beveridge model
- 3. National health insurance
- 4. Private health insurance

There is no perfect system . Each one is suited to the country's values and situation eg. demographics, percentage of workers in the formal sector, taxes, cultural norms, solidarity etc.

Frogner B. et al, Comparative Health Systems

Health financing: the Bismarck model (Germany)

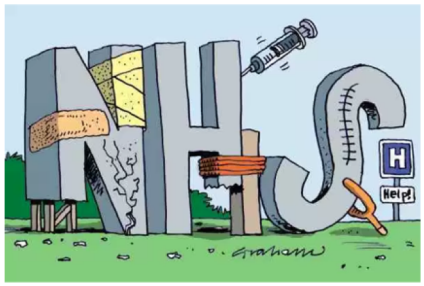
- Statutory health insurance for everyone, administered by competing not-for-profit non-governmental insurers
- Paid by employer/employee payroll tax and general tax
- **Private insurance**: ~11% buy substitutive coverage/complementary or supplementary coverage
- **Caps** on cost sharing: 2% of household income, 1% for chronically ill
- **Exemptions**: children and adolescents <18 year of age



Mossialos et al. International Profiles of Health Care Systems 2017

Health financing: the Beveridge model (England)

- Government run health insurance for everyone
- Paid by general tax and income related contribution
- **Private insurance**: ~11% buy supplementary coverage
- **Caps** on cost sharing: OOP only for prescription drugs and devices. Max GBP104 per year for those who need a lot.
- **Exemptions**: from drug cost sharing for those of low-income, the elderly, children, pregnant women, new mothers and the chronically ill



Mossialos et al. International Profiles of Health Care Systems 2017

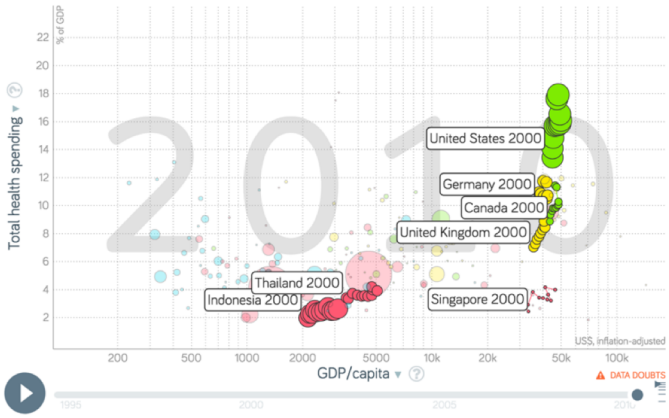
Health financing: national health insurance (Canada)

- Regionally administered private health for everyone
- Paid by provincial and federal tax
- **Private insurance**: ~11% buy supplementary coverage
- **Caps** on cost sharing: None
- **Exemptions**: no cost sharing for publicly covered services. Regions vary in protecting low-income individuals from drug cost

Mossialos et al. International Profiles of Health Care Systems 2017

Challenges in HIC

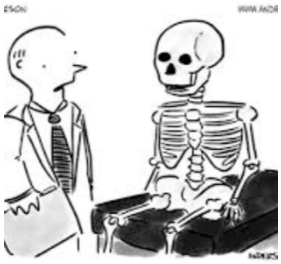
- Slowing economic growth



www.gapminder.org

Challenges in HIC

- Increasing cost
  - Drugs & devices; chronic care & aged care
  - Overutilisation and overcharging?
- Equity
  - Despite universal health coverage, low income and race is still a determinant of health access and health status
- *** Mechanisms
  - Price negotiation
  - Comparative effectiveness & cost effectiveness studies
  - Supply controls: # beds or specialists
  - Demand controls: # cost sharing
  - Advocacy or democratic process



"Still, let's do an x-ray just to be sure."

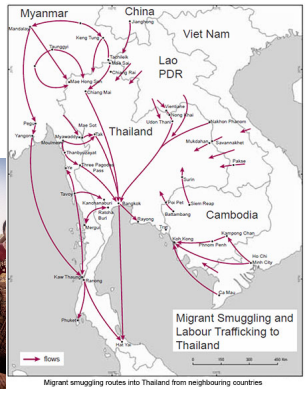
Challenges in LMIC

- Limited resources
- Reliance on OOP
- Inefficient and inequitable use of resources
- Demographic transition

Gottret et al. Health Financing Revisited, A Practitioner's Guide 2006
Victora et al. Achieving UHC with health interventions, Lancet 2004

Global health financing challenges (HIC/LMIC)

- Financing refugees
- Financing migrant workers
- Undocumented refugees and migrant workers
- *** Solutions:
  - Health development nexus: inclusion of refugees in workforce and health financing system
  - Allowing migrants to pay premiums in enter existing health financing
  - Advocacy and law enforcement



Migrant smuggling routes into Thailand from neighbouring countries

Onarheim et al. Towards UHC: including undocumented migrants 2018
Suphanchaimat et al. Extreme exploitation in SEA waters: challenges in progressing towards UHC for migrant workers 2017
https://www.theguardian.com/global-development/gallery/2017/jul/30/traffickers-take-all-makes-you-human-faces-modern-slavery-in-pictures#img-15

Case Studies

Singapore

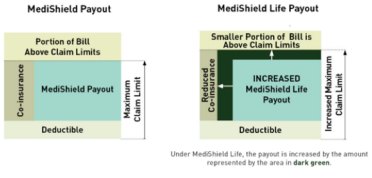
Thailand

Singapore's health financing system

- **VALUES**
- Self sufficiency
- Economic security
- Secular
- Autocratic
- Fear of moral hazard

Singapore's health financing system

- **MODEL**
- Public health expenditure (PHE) was 2.1% of GDP in 2015. In 2014, PHE was 41% of THE
- OOP was 94.1% of of private health expenditure
- Medisave: compulsory savings scheme (8-10.5% of salary)
- Medishield (Life)
- Medifund
- The fourth 'M'?: Medication Assistance Fund

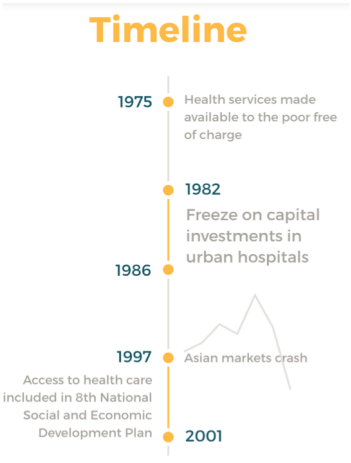


https://www.moh.gov.sg/content/moh_web/medishield-life/about-medishield-life/medishield-life-benefits/hospitalisation-examples.html
https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/drug_subsidies/FAQs_on_MAF.html

Singapore's health financing system

- **IN A NUTSHELL…**
- Government subsidies for healthcare at all public institutions and endowment fund for low-income individuals
- National catastrophic health insurance with premiums paid from compulsory medical savings scheme
- Subsidies paid for by general taxes
- **Private insurers:** regulated by the government and provide 'approved' supplementary and complementary plans
- Caps: no caps on cost sharing
- Exemptions: means-testing based subsidies for low-income population

Thailand's health financing system

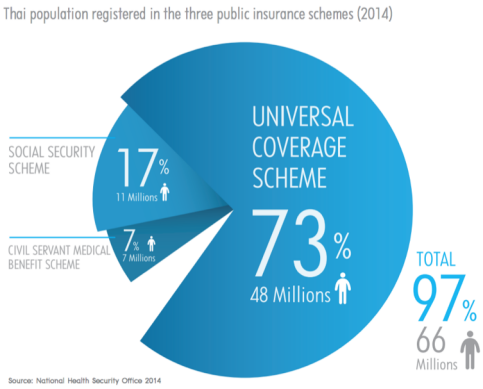


- **VALUES**
- Solidarity
- Inclusion
- Evidence-based

http://millionssaved.cgdev.org/case-studies/thailands-universal-coverage-scheme
A Star in the East: a short history of HITAP, A Culyer et al.

Thailand's health financing system

- **MODEL**
- Parallel systems:
  - Civil servant medical benefit scheme,
  - Social security scheme
  - Universal coverage scheme or '30 baht scheme'
- Price controls:
  - Use and production of generics
  - National List of Essential Medicine and Pricing
  - HITAP



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A Star in the East: a short history of HITAP, A Culyer et al.

Thailand's health financing system

- **Migrant workers**
  - Compulsory migrant health insurance
  - M-FUND

Figure 1.

Plans Summary

	Number of Persons	Cost per month (THB)	Add Per Person	Average Per Person	Coverage /Person/Year
Individual Base	1	100		100	50,000
Family Base Package	2	190	90	95	60,000
	3	270	80	90	
	4	340	70	85	
	5	400	60	80	
	6	450	50	75	
	7	490	40	70	
	8	520	30	65	
	9	540	20	60	
	10	550	10	55	
Large Group Plan	Minimum 10	75/person		75	60,000

Senior (S): + 50 THB/month, Coverage = 70,000/y (need 1 other member, or 2 other members waive additional fee)
Pregnancy (P): + 100 THB/month, Coverage = 80,000/y (P2 entry fee: 400 THB + 1 member) (P3 entry fee: 800 THB + 2 members)
Existing Chronic (EC): + 200 THB/month, Coverage = 90,000 (need 2 other members, or 4 other members waive additional fee)

Figure 1. Summary of medical plans offered in the M-Fund Policy 2.0 (Source: M-Fund Policy 2.0, Dreamlopments).

Patchanee C, et al. Health protection for non-Thai citizens in Thailand: policy dilemma and reform choices. 2013;
Tangcharoensathien V, et al. Implementing health insurance for migrants, Thailand. Bull World Health Organ 2017;95(2):146–51.
https://www.dreamlopments.com/

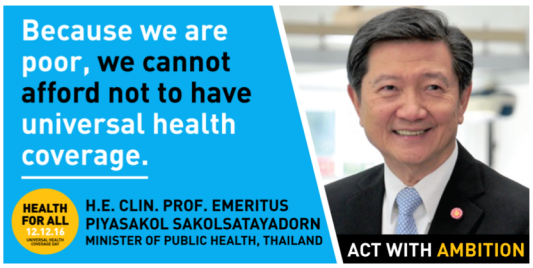
Thailand's health financing system

- **IN A NUTSHELL**
- Debunks myths
- Produces outcomes
  - Infant mortality
  - Productivity

Table 1 Population covered by various health insurance schemes during 1991 - 2001

Health insurance schemes	1991	1996	2001
Social Welfare for the poor, elderly and social disadvantaged groups (The Low Income Scheme)	12.7	12.6	32.4
Civil Servants Medical Benefit Scheme (CSMBS)	15.3	10.2	8.5
Social Security Scheme (SSS)	-	5.6	7.2
Voluntary Health Card	1.4	15.3	20.8
Private health insurance	4.0	1.8	2.1
Total insured %	**33.4**	**45.5**	**71.0**
Total uninsured %	**66.6**	**54.5**	**29.0**

Sources: Thailand Health Profile 2001-2004 (Wibulpolprasert 2005) and the Health and Welfare Surveys in 1991, 1996, and 2001 (National Statistical Office, several years)



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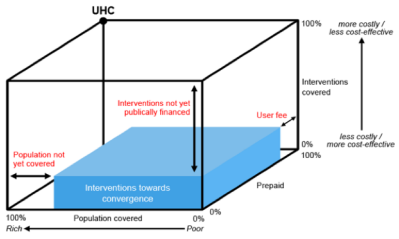
Monitoring & Evaluation

Monitoring and evaluation of health financing systems

- **Parameters**
- Revenue collection: premiums (individual/employer), taxes (flat/income-based), OOP (deductible, co-insurance, co-payment)
  - How progressive or regressive is this?
- What services are covered? What is the order of coverage?
  - Who decides? Who should decide?
- How is reimbursement done? (global, capitation, FFS, case-based)



Frogner B. et al, Comparative Health Systems

Barnum et al. Incentives and Provider Payment Methods

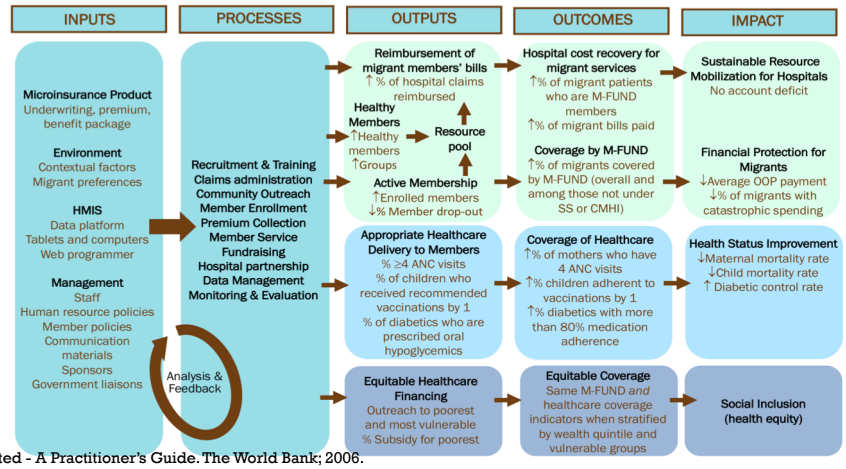
Monitoring and evaluation of health financing systems

- **Evaluation**
- Are health care resources allocated and spent efficiently?
- Is the population protected financially?
- Is everyone protected?
- Is there access to prevention and treatment?
  - Immunisation and childhood nutrition and antenatal care
  - Emergency services
  - Ambulatory services
  - Chronic diseases
  - Chronic disability and aged care
- Is there quality?

Frogner B. et al, Comparative Health Systems

Monitoring and evaluation of health financing systems

- **M & E**
  - A framework



Gottret P, Schieber G. Health Financing Revisited - A Practitioner's Guide. The World Bank; 2006.
Jakab M, Krishnan C. Community Involvement in Health Care Financing: Impact, Strengths and Weaknesses - A Synthesis of the LIterature. 2001;
Victora CG, Walker D, Johns B, Bryce J. Evaluations of Large-Scale Health Programs. In: Global Health - Diseases, Programs, Systems, and Policies. Jones & Bartlett Learning; 2012.

Monitoring and evaluation of health financing systems

- **UCH in Thailand**

Table 2 Health insurance schemes when universal coverage was achieved, early 2002

Scheme	Target Population	Coverage	Source of fund	Payment method
Civil Servant Medical Benefit Scheme Since 1963	Government employee, retiree and dependants	6 million, 10%	General tax, non contributory	Fee for service reimbursement model
Social Health Insurance Since 1990	Private sector employee	8 million, 13%	Payroll tax tripartite contribution	Capitation inclusive OP, IP
UC Scheme Since 2002	Rest of population	47 million, 74%	General tax, non contributory	Capitation OP and P&P. global budget and DRG for IP

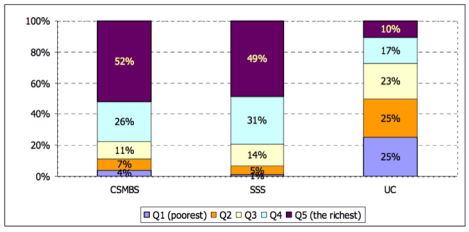
V Tangcharoensathien et al. Achieving UHC in Thailand: what lessons do we learn?

Table 5 Utilization by UC members

Level of care	OP million visits			IP million admission		
	2001	2003	2004	2001	2003	2004
Primary Care Unit	29.7	43.7	63.8			
District hosp.	19	36.7	46.2	1.1	2.1	2.2
Provincial Hosp.	24.5	14.8	20.1	2.1	1.4	1.8
Annual changes						
Primary Care Unit		47%	46%			
District hosp.		93%	26%		91%	5%
Provincial Hosp.		-40%	36%		-33%	29%

Source: NSO HWS2001, 2003 and 2004

Figure 3 Scheme beneficiaries by income quintiles, 2004



Source: NSO Health and Welfare Survey 2004

Monitoring and evaluation of health financing systems

- **M-FUND in Thailand**
  - Existing user-friendly HMIS facilitates monitoring & evaluation
  - Resource mobilization & financial protection → access to care
  - Good reputation

Table 4. Perspectives of stakeholders on degrees of positive impact of the M-Fund.

Key Partners	Increased Access to Care for Migrants	Reduced Financial Burden for Health Providers	Improved Referral Systems for Migrants	Protected Health for School Children	Increased Knowledge and Awareness of Migrant Health
MOPH	+++	+++	++	n/a	++
Public hospitals	+++	+++	++	n/a	++
SMRU	+++	++	+++	n/a	++
MTC	+++	++	+++	n/a	++
HWF	+++	++	+++	+++	++
Migrant patients	+++	n/a	n/a	++	+
Migrant families	+++	n/a	n/a	++	+

Note: +++ = Very positive, ++ = Positive, + Somewhat positive, n/a = Not applicable.

N Pugpong et al. Assessment of a Voluntary Non-Profit Health Insurance Scheme for Migrants along the Thai–Myanmar Border: A Case Study of the Migrant Fund in Thailand 2019

Photo credits clockwise from top-left: Reuters, CNN, Xyza Bacani (ex-foreign domestic worker in Hong Kong/Pulitzer Center, Jforce Employment Service

Conclusions

- UHC is something that all healthcare professionals should understand and can advocate for
- The path to UHC may be varied in different countries and is influenced heavily by the local and historical context
- Awareness of complexities of challenges to health financing for the world today is important
- There is a need for evolving health financing systems to maximise effectiveness, efficiency and equity and for continued monitoring and evaluation

Questions?

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