Universal Health Coverage

Universal Health Coverage demands high-level commitment

Several countries in the Region have made substantial progress towards universal health coverage, but ensuring the Region’s 1.8 billion people have universal access to health care requires sustained multisectoral commitment. These were the findings of a side event at the Sixty-Third session of the WHO Regional Committee for the Western Pacific held in Hanoi, Viet Nam in September.

The side event was organized by the Government of Viet Nam, and brought together speakers from China, Japan, the Republic of Korea and Viet Nam. They shared experiences of progressing towards universal health coverage with participants from around the Region.

Different factors

The meeting highlighted the different factors associated with progress in each country. For China, high-level political commitment, massive investment in expanding rural insurance coverage and health-care infrastructure, and the creation of an essential medicines list have all contributed to improved access to health care. In Japan, setting insurance rates through the National Assembly to ensure maximum fairness and neutrality while keeping overall health expenditure moderate have helped to maintain universal health coverage.

The Republic of Korea’s single payer system, well-managed national health insurance and information systems were all showcased as models of good practice. In the Philippines, the expansion of insurance coverage, improving access to quality health facilities and the attainment of health-related Millennium Development Goals (MDGs) have all been recognized as essential steps towards universal health coverage.

In addition, Mongolia has recognized the need for provider payment reform and low out-of-pocket payments, and the Lao People’s Democratic Republic is embarking on health-care reform to achieve the health-related MDGs by 2015 and to further advance universal health coverage by 2020. Similarly in Cambodia, there have been significant improvements in service delivery and access to health care while maternal mortality has declined dramatically.

Ongoing challenges

In Viet Nam, out-of-pocket health expenditure has declined from 80% of total health spending in the 1990s to approximately 50% today, said (continued on page 7)
Health information for all

Too often health information is hidden in isolated pockets or stored in ways that make it difficult to use and impossible to share. The Health Information and Intelligence Platform (HIIP), just launched, answers the call for health information to be accessible and user-friendly.

HIIP provides access to the interactive database that contains all WHO regional and global collected health-related indicators. Using HIIP, national health officials, policy-makers, researchers, donors and the general public can compare, visualize and manipulate country- and regional-level data.

Collaborative initiative

HIIP is a cross-cutting, regional initiative spanning all health programmes. It is a collaborative public health platform that bridges the gap between the WHO Global Health Observatory and country-level health information systems.

The HIIP website is designed with users in mind, to enable easy charting, mapping and tabulation. HIIP encourages easy transfer of knowledge and promotes harmonization and standardization of health indicators used across the Region.

Country and regional data

HIIP enables users to look at historical change of health-related indicators in all countries and areas of the Western Pacific Region.

Surge in support for vital statistics

Despite the benefits, more than 100 developing countries do not yet have well-functioning civil registration and vital statistics (CRVS) systems. In the Western Pacific Region, support for strengthening of CRVS systems is growing, not just in health systems but across multiple sectors. A high-level meeting hosted by The Economic and Social Commission for Asia and the Pacific on the improvements of CRVS in Asia and the Pacific, to be held in Bangkok, Thailand, in December, is the latest example of increasing acknowledgement of the importance of CRVS to the Region’s development.

CRVS systems manage the process of information collection on the occurrence and characteristics of vital events pertaining to the population, primarily births, deaths, marriages and divorces. CRVS systems use this data to generate vital statistics.

Why does civil registration matter? For individual citizens, civil registration provides the documentary evidence needed to establish a legal identity that protects their rights and enables them to access services. For governments, it enables effective governance through data-driven planning, resource allocation, monitoring and evaluation. Civil registration and vital statistics are the only sources of universal and continuous demographic and health statistics.

CRVS is also cost-effective. A country’s investment in CRVS systems is offset by cost savings through improved planning, targeting and monitoring of public services as well as reduced dependence on interim data collection approaches, such as census and household surveys, that are less effective and sustainable in the long term.

The December meeting will examine the growing impetus for regional action on CRVS. It will also introduce the upcoming multi-agency CRVS Regional Strategic Plan, and will be an opportunity for participants to contribute to the recommendations of the Plan as well as the 2020 Promise to Make Every Life Count.
Access to essential medicines still a critical challenge

Harnessing national medicines policies to support the attainment of universal health coverage was a key issue at the Asia Pacific Conference of National Medicines Policy, held in May in Sydney, Australia. More than 250 participants from more than 50 countries in Asia and the Pacific shared their knowledge, skills and experiences as they have moved to implement national medicines policies.

The conference was successful in focusing attention on the importance of national medicines policies for universal access. It examined the barriers and enablers in the implementation and pointed the way forward in Asia and the Pacific.

International collaboration

“Collaborating to build strong national regulatory authorities and strong international regulatory networks will be key to ensure access to quality medicines and protect the public from growing dangers of poorly manufactured, illegally distributed and potentially harmful products,” he said.

WHO’s follow-up actions include country-specific technical support, and regional activities to foster policy development and implementation and national capacity strengthening. Priority areas were identified during the conference. They included: supporting the national medicines policy legislative and implementation process; strengthening national medicines regulatory systems; and development and implementation of adequate health care financing to achieve universal access to essential medicines.

The conference was held in collaboration with National Prescribing of Australia, the Australian Government Department of Health and Ageing, the University of Newcastle and with technical and financial support from the WHO Western Pacific and South East Asia regional offices.

Needless suffering

Despite the fact that many countries have made great progress in adopting the concept of essential medicines, the reality is that millions of people in Asia and the Pacific suffer from diseases and early death because they still do not have access to safe and effective medicines. Quality is also a pressing issue.

“Ensuring the quality and safety of medicines has become a complex task, and not even the richest countries can do this by themselves alone anymore,” said Dr Henk Bekedam, Director of WHO’s Division of Health Sector Development in the Western Pacific Region.

Adding life to years

The message that ‘good health adds life to years’, the theme of this year’s World Health Day on April 7, resonated around the Region. Many countries organized activities to mark the event, from symposiums and public forums to yoga and exercise demonstrations and free weight and blood pressure screening.

Regional events

At the event observed in the WHO Regional Office for the Western Pacific, Dr Shin Young-soo, said: “It’s important that we see old age not as a time of inevitable decline but as one of active, meaningful and productive living.” The Regional Office produced a news release, an op-ed and two video statements by Dr Shin and Dr ST Han, Regional Director Emeritus, posters and a video on what people around the Region are doing to ensure active and healthy ageing. New materials on ageing in the Region were disseminated region-wide and uploaded onto the Regional Office website.

What’s next

At the 2012 Regional Committee Meeting, almost all Member States spoke of ageing as an important public health priority for the Region. In anticipation of a likely agenda item on ageing and health in the 2013 Regional Committee Meeting, the Division has initiated two pieces of analytical work: a comparative study on the health of older persons in selected countries in the Region, based on secondary analysis of existing survey data; and a review and analysis of policies on ageing and health in selected countries in the Region, from a health systems perspective.

Old age can be a time of active, meaningful and productive living.
Country in focus: the Philippines

Health system under spotlight

The health of Filipinos has improved considerably in the past 60 years, thanks to improved social conditions and a strengthened health system with modern technologies. So finds the Philippines Health Systems in Transition (HiT) report, released by the Department of Health and the Asia Pacific Observatory on Health Systems and Policies (APO), a WHO special programme housed in the WHO Regional Office for the Western Pacific. The report was released at an October 2012 event in Manila that also commemorated the Philippine membership of the Observatory.

Dr Alberto G. Romualdez, former Philippine Secretary of Health and the report’s lead author said that this first comprehensive review of the country’s health system highlights both the strengths of the Philippine health system and the key challenges it faces. Public health interventions delivered by government health services are achieving universal coverage, and sophisticated curative interventions are available in major metropolitan areas, but there are significant care financing, physical and human resources, health services delivery, and directions in health sector reform. They bring relevant and timely information to policy makers and analysts, and by using a standardized template enable easy comparison between countries both within the Region and beyond.

Measuring health system inequities

A prerequisite in taking action to reduce health inequities is to be able to measure and understand them. With WHO headquarters, the Regional Office supported a national workshop in the Philippines in June 2012 to equip health professionals and policy-makers with the skills to undertake equity-focused analysis of national health datasets.

Participants included those from government departments and agencies as well as academia with basic knowledge of statistical analysis and software. They learned about challenges in health equity monitoring, methodological issues in measuring health inequalities, interpreting the results, and using them to support policy change. Participants conducted analysis of trends over time with respect to health inequalities by characteristics such as household wealth quintile, sex, region, occupation and education. They also developed a draft report on equity and the health of women and children in the Philippines, currently under finalization.

National training workshops on equity analysis of national health surveys, such as of Demographic and Health Survey and the Multiple Indicator Cluster Surveys, are also planned in Cambodia and Viet Nam.
Harsh impact of health workforce inequalities

The Philippines, in common with many other countries in the Region, is grappling with imbalances in the human resources for health workforce. In June this year, the Regional Office hosted a workshop on health workforce inequalities, giving participants from around the Region the opportunity to share experiences and compare notes.

Knowledge is power

A key step towards addressing health workforce inequalities is to better understand its impact, and the Philippines has recently examined the association between distribution of nurses and midwives and the maternal mortality ratio. The findings were presented at the workshop by Dr Kenneth Ronquillo, Director IV of the Health Human Resources Development Bureau of the Philippines Department of Health.

The impetus to focus on nurses and midwives was both pressing and pragmatic: on one hand, the current rate of decline in maternal mortality varies widely among the country’s regions and provinces, and is insufficient for the Philippines to meet Millennium Development Goal 5 of reducing maternal mortality by three quarters. On the other, unemployment of nurses in urban areas is high, and unlike for other health-care workers, there is sufficient data on nurses and midwives to analyse the workforce down to the municipal level.

Impact on maternal mortality

“We found that only four of the country’s 17 regions have sufficient nurses and midwives and all four are in the north,” said Dr Ronquillo. Using statistical models, the researchers were able to examine the relationship between maternal mortality and the ratio and distribution of nurses and midwives, taking into account indices of economic inequality.

“We found we can relate the maternal death rate of a province to the number of health workers and their distribution. With this, we can seek to redefine our deployment policies and standards,” said Dr Ronquillo. “We are also able to identify unexpectedly high maternal mortality ratio in areas with good ratios and distribution of nurses and midwives, which points to reasons other than the physical presence of health workers.”

Following the workshop, further analyses of the impact of health workforce inequalities were undertaken in the Philippines, as well as in Cambodia and the Lao People’s Democratic Republic.
Mongolia a model for TB control in prisons

Thanks to the right policies, adequate funding and active collaboration between government ministries, Mongolia’s experience in tuberculosis control in prisons can be a model for other countries in the Region.

In Mongolia, entry screening for tuberculosis is standard for the country’s 6000 prison inmates, but this was not always so. Such a practical approach to tuberculosis control started a decade ago with a recognition by the country’s prison service that TB was a pressing issue that could not be handled by prisons alone.

In 2002, a joint order from the ministries of health, justice and defence led to the formulation of a prison TB policy that spelt out the roles and responsibilities for TB detection and treatment. In addition, a funding and human resources boost in 2005 enabled prison hospitals to upgrade equipment and introduce system-wide screening. It soon showed results: in 2009, the number of reported cases dropped by nearly two-thirds compared to 2001.

Public health scourge

Despite successes in TB control, the disease remains a global scourge. The Western Pacific Region is no exception, with 2 million new cases and 260,000 TB deaths a year. This situation is typically far worse in closed settings such as prisons, where TB treatment and control are usually suboptimal. Globally, TB rates are 10 to 50 times higher among prisoners than among the general population. In Mongolia, the TB infection rate among prisoners was 18 times higher than the general population rate in 2001, but by 2009, it was only five times higher.

Interministerial cooperation was key, says Dr Nobuyuki Nishikiori, medical officer in the Stop TB unit of the WHO Regional Office for the Western Pacific. “Typically health and prison services don’t work together, creating significant gaps in prison health care, and that’s a big bottleneck. In Mongolia, they did work together. The results speak for themselves.”

WHO assessment tool reveals progress

The improved TB figures emerged from a prison health services assessment using a tool developed by the WHO Regional Office. The assessment systematically examined health issues in prisons to identify ways to improve the situation.

“The assessment report is a very important document because it helped to define our strengths and weaknesses,” says Dr Batbayar Ochirbat, Mongolia’s National TB Programme manager. “We’ve had success in treating drug-susceptible TB, but we still need to improve on other issues such as drug-resistant TB and relapse.”

The assessment recommended expanding the coordination between the prison and health services to the provincial level so that prisoners in more remote prisons can have the same standard of care as those in or near the capital, Ulaanbaatar.

Beyond TB control, there were also recommendations for provision of services to treat sexually transmitted infections, including HIV, as well as management of noncommunicable diseases, such as diabetes, and mental health services for both prisoners and staff.

Benefits beyond prison

Strong links between public and prison health systems can ensure that prisoners receive health services that are at least equivalent to those available in the wider community.

Ultimately, protecting prisoners’ health has wider benefits. Healthy prisoners are less likely to carry communicable diseases to the community when they are released.

As well as being a good entry point for WHO to work with Mongolia on other aspects of health in prisons, documenting the success of the country’s TB control measures in prisons has additional benefits for society at large.

“Next, we’ll extend active TB case-finding to the homeless population and alcoholics, so prison hospital experience is helping other parts of society,” Dr Ochirbat says.
Researching nursing in disaster settings

The Asia Pacific Emergency and Disaster Nursing and Partners Network (APEDNN) expanded the research capacities of its members at its 2012 meeting in Kuala Lumpur, Malaysia, in October. The aim of the event was to build research capacities of network members and to facilitate evaluation of the outcomes of disaster-related nursing and midwifery interventions. Coinciding with the Third International Conference on Nursing and Disasters, the meeting attracted 70 participants from 30 countries in the WHO Western Pacific and South-East Asia regions. Members presented updates on network course deployment, reviewed the APEDNN’s monitoring and evaluation framework and its proposed survey to assess its work and outcomes. There were also plenary sessions, and group workshops on research capacity-building, facilitated by expert researchers. Participants took part in exercises focused on content analysis of qualitative research data and the use of practical methods and tools to compile quantitative data on hand hygiene surveys. By the end of the meeting, participants had reviewed and agreed upon methods to support the evaluation of the work of APEDNN, including disaster-related work at country level. They also demonstrated new knowledge and skills in research and disasters, reviewed the proposed collaborative APEDNN research action framework and developed action plans for country-level work in 2013. The international conference and APEDNN meeting were co-sponsored by the Malaysian Ministry of Health, the WHO regional offices for the Western Pacific and South-East Asia and the James Cook University WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building.

Upcoming events

South Pacific Chief Nursing and Midwifery Officers Alliance Meeting
Melbourne, Australia
19–22 November 2012

Launch of ‘Health at a Glance—Asia Pacific 2012’ and technical conference on quality assurance
Manila, Philippines
27 November 2012

Health Economics Conference—Sustainable Health Financing Towards Universal Coverage
HaNoi, Viet Nam
27–28 November 2012

Pacific Action Alliance on Human Resources for Health Meeting
Nadi, Fiji
28–30 November 2012

High-level Meeting on the Improvement of Civil Registration and Vital Statistics in Asia and the Pacific
Bangkok, Thailand
10–11 December 2012

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Associate Professor Nguyen Thi Kim Tien, Viet Nam’s Health Minister. “Despite strong political commitment and efforts of all stakeholders, there are still a lot of challenges in achieving universal health coverage for Vietnam, a lower middle income country,” she added. One challenge is expanding coverage to the 36% of the population currently not covered, which requires reaching those employed in the informal sector and enforcing the compliance in the formal sector. “A further challenge is to improve access to affordable quality health care services, through a package of services that has to be developed on cost effectiveness based evidence,” said Minister Nguyen. “Viet Nam is also currently revising the Health Insurance Law and related regulations in order to reduce out-of-pocket payments for health services and to prevent catastrophic health expenditures,” she added.

Multi-sectoral approach

Whatever their individual circumstances, all countries share a need for both high-level government commitment and a multi-sectoral response. “Universal health coverage is a top priority for WHO and for its Member States but health ministries alone cannot achieve universal health coverage,” said Dr Shin Young-soo, WHO Regional Director for the Western Pacific. “Government investment in health is fundamental, especially to ensure that disadvantaged persons gain access to health services.”

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**Website upgraded**

The Division website is undergoing an upgrade, with programme and topics pages being revamped to provide easy access to the latest information, initiatives and publications.

Visit us at [http://www.wpro.who.int/about/administration_structure/dhs/en/index.html](http://www.wpro.who.int/about/administration_structure/dhs/en/index.html)

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