

Chapter 4

Recommendations

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We have reviewed the progress of universal health coverage (UHC) in ERIA member states. Since ERIA member states differ greatly in terms of their economic conditions and medical standards, it is difficult to draw any common view on the progress of UHC. However, there are some commonalities that are key to achieving UHC. The first is the very core concept of UHC, which is to cover the entire population. Basically, when considering the coverage of healthcare services in any country, it starts with civil servants, and then the formal sector, such as companies, is covered. On the other hand, coverage of the informal sector, racial minorities, people living in remote areas, and other socially vulnerable groups comes last. Therefore, it is important for each country to identify where in the country the social groups most likely to be left behind are located when considering coverage for all.

In addition, as public services expand, population coverage by private actors will expand, especially at a faster rate than the expansion of public services. This in itself is an inevitable situation, and collaboration with the private sector is essential to achieving UHC. On the other hand, compared to public services, the private sector often offers higher quality but also higher prices. Therefore, there is concern about the widening gap between those who have access to such high-priced services, such as the wealthy, and those who can only access public services. Whilst some countries are developing regulations regarding the entry of the private sector into the healthcare industry, others do not have such regulations and leave the gap between public and private healthcare providers untouched.

The next commonality is the way to provide a financial risk protection scheme. As explained in Chapter 2, it is common practice for countries to introduce either tax revenues or a public insurance system to reduce the co-payment ratio (there are many ERIA member states that rely on donor assistance to finance their health care, and there is a need for a gradual shift away from such donor assistance and the introduction of a system that does not rely on donor assistance). Some countries, such as Malaysia rely on taxation, whilst others, such as Viet Nam rely mainly on an insurance system. There is no one way better than the other, and it is important to find a method that suits the country and build a system. What is crucial is to take into account the impact of the underlying economic growth and demographics. When economic growth is high, tax revenues are naturally high, and social insurance premiums, which form the basis of the insurance system, can be paid from economic growth and salary growth at the individual level. On the other hand, when economic growth is not so high, it will be difficult to convince the public whether to raise taxes or social insurance premiums. It is also important to keep in mind the ageing of the population. Population ageing is often discussed in terms of the increase in the need of medical services, but it is also an important factor to consider when constructing financial risk protection. In other words, an ageing population means a decrease in tax revenues and a decrease in the number of payers of social insurance premiums. Since demographic trends

can be predicted to some extent over the medium to long term, it is important to consider system design based on such future projections.

The third commonality is the service provision package. The necessary service coverage is different from the basic services. Whilst it is of important to establish a system so that primary care as envisioned in so-called primary clinics can be provided appropriately, the service provision that UHC aims for goes beyond the framework of primary care. As stated in the definition, the goal is to be able to provide a series of medical services, starting with prevention, examination, treatment, rehabilitation, and palliative care. The definition of what constitutes necessary medical services varies from country to country. It is important to take into account all indicators such as the burden of disease and cost-effectiveness in a country when determining the necessary services to be covered by the public system, whether through taxes or insurance.

Finally, we would like to discuss the impact of the novel coronavirus disease (COVID-19), which has been prevalent since the end of 2019. So far, the majority of ERIA member states had made good progress towards achieving UHC by 2030 before COVID-19. However, the COVID-19 pandemic has changed that situation, and in fact, several health services in several countries have been noted to be regressing in service coverage indicators. This is due to the fact that limited medical resources and donor funds were allocated entirely to COVID-19 during the pandemic. Because all resources were devoted to the COVID-19 response, even in high-income countries, appropriate responses to other diseases were not available, resulting in a situation where excess deaths are seen in many countries. The urgent task is to return to normalcy the provision of health services other than the many infectious disease control measures that were interrupted by COVID-19. In addition, since a global pandemic like COVID-19 will eventually occur again, it is necessary for countries to establish a system that enables the provision of a minimum level of medical services even in the midst of a health crisis. The goal is to create a system that can protect people's lives by flexibly changing its system, rather than responding to a contingency within a rigid healthcare delivery system during an emergency.