Country Case Study

Action Steps for Parliamentarians to Achieve Universal Health Coverage

The following 6 steps provide a framework to create an agenda, set milestones and take action for achieving UHC by 2030 through the following six steps.

- STEP 1: Lead - Japan
- STEP 2: Protect - Thailand
- STEP 3: Legislate - Mexico
- STEP 4: Advocate - Turkey
- STEP 5: Invest - Rwanda
- STEP 6: Collaborate - Zambia

STEP 1: LEAD

Ensure Political Leadership Beyond Health – Commit to achieving UHC for healthy lives and wellbeing for all at all stages, as a social contract.

- **Implement** policies through a health-in-all-policies approach that comprehensively address social, economic, environmental and other determinants of health.
- **Prioritise** health promotion and disease prevention through public health policies, good governance of health systems, education, health communication and health literacy, as well as healthy cities.
- **Provide** strategic leadership at the highest political level and promote greater policy coherence and coordinated actions through all levels of government.
- **Set** measurable national targets and strengthen national monitoring and evaluation platforms to support regular tracking of the progress and to evaluate the impact of policies and programmes.

Country Case Study: Japan

Japan is ranked among the top ten countries with the best health care system, and the government of Japan has made UHC a central pillar of its global health diplomacy. Having achieved UHC in 1961 after World War II, there are several factors that contributed to Japan's success, one being its strong government leadership.[1].

UHC was a milestone policy for Japanese parliamentarians as part of the post-war efforts to rebuild the health insurance system with the goal of providing coverage for all. Securing sufficient financial resources is critical for any country to achieve UHC, and Japan's rapid post-war economic growth made achieving universal health coverage a more realistic political goal.

[1] "The Path to UHC in Japan: – Experiences and Lessons from Japan for Policy Actions – (JICA)" (2013)

Initially, employers were responsible for insuring their employees and paying over half of the premiums through the Employees' Health Insurance Programme. In 1958, parliamentarians enacted The National Health Insurance Law that required anyone not covered by employee-based plans to enrol in a new social health insurance scheme, the Community-based Health Insurance Programme. Government officials at the time studied other countries' health systems and developed the Community-based Health Insurance Programme, tailoring it to the Japanese context.

Proven to be a significant first step, the 1958 National Health Insurance Law[2] paved the way for UHC in Japan. Not only were citizens required to comply, but it mandated all municipalities to establish health insurance and cover at least 50 per cent or more of health costs. Part of its success was the commitment of local governments and municipalities as the Community-based Health Insurance Programme's insurers. Their support led to the achievement of UHC whereby 1961, the majority of Japan's population was insured.

With Japan's economy slump over the years, and the ageing population is contributing to huge fiscal deficits. As these trends appear to be inevitable for any country, it is important that parliamentarians design UHC programs with this in mind for the future.

STEP 2: PROTECT

Leave No One Behind – Pursue equity in access to quality health services with financial protection.

- **Establish** resilient, responsive and inclusive health systems that are accessible to all, irrespective of socioeconomic or legal status, health condition or any other factors.
- **Pursue** efficient health financing policies that respond to unmet needs and eliminate financial barriers to access.
- **Establish** health systems that promote equity, reduce stigma and remove barriers based on multiple types of discrimination.
- **Ensure** to reach the furthest behind of populations, including vulnerable people, and empower them by addressing their physical and mental health needs.

Country Case Study: Thailand

The goal of UHC is to "Leave no one behind". However, migrants often face barriers to accessing health care, with undocumented migrants facing even greater barriers. It is essential that parliamentarians ensure health care for all their constituents, though many countries struggle with, if and how to provide health care for migrant populations. However, Thailand is one country that has shown how one can provide equitable health care for even the most vulnerable, its migrant and refugee populations, regardless of their legal status[3].

[2] "National Health Insurance Japan: Japan's Experiences in Public Health and Medical Systems (JICA)" (2005)
[3] "In Thailand, Noncitizen Health Matters - Think Global Health - (Council on Foreign Relations)" (2020)

Parliamentarians' passing of the National Health Security Act of 2002, was the basis of establishing a more equitable public health system, contributing to Thailand's achievement of UHC[45]. Three public insurance schemes were implemented with the aim of expanding coverage to the entire population: the Civil Servant Medical Benefit Scheme, the Social Security Scheme for private employees in the formal sector, and the Universal Coverage Scheme for the rest of the population.

Around 2005, a labour demand increase attracted migrant workers from Myanmar, Laos and Cambodia who settled in Thailand. With the influx of migrants into the country, the Ministry of Public Health grew concerned about the spread of communicable diseases due to the lack of proper care for this vulnerable population. This led to forming partnerships with government organisations and NGOs to provide health services to migrant communities, and in recognition of the migrants' contribution to the economy, the government adopted a progressive position on health care.

With the extension of the health care policy in 2013 to include both legal and undocumented migrants, it is estimated that as of today, 5 million migrants are able to access the country's universal health care, making Thailand one of the only countries in the world where migrants have the same health care rights as nationals.

STEP 3: LEGISLATE

Regulate and Legislate – Create a strong, enabling regulatory and legal environment responsive to people's needs.

- **Strengthen** legislative and regulatory frameworks that promote responsiveness and inclusiveness of all stakeholders.
- **Implement** national quality control mechanisms or minimum national quality health service standards.
- **Build** effective, accountable, transparent and inclusive institutions at all levels to end corruption and ensure good governance.
- **Improve** the availability, affordability and efficiency of health products by increasing transparency of prices across the value chain.

Country Case Study: Mexico

Legislation alone is not enough; parliamentarians play an essential role to ensure effective implementation as well as follow through on their responsibilities for improvement. In the case of Mexico, while the 1983 Constitution of Mexico guaranteed the universal right to the protection of health, it was not until after a major reform of the national health system that Mexico successfully achieved UHC in 2012[6].

[4] "Political and Policy Lessons from Thailand's UHC Experience: (Observer Research Foundation)" (2017)
[5] "Legal Access Rights to Health Care: (WHO)" (2019)
[6] "The Road to UHC in Mexico: (Health Law and Policy Commons)" (2013)

While the Mexican Social Security Institute (IMSS) systematically recognised the universal right to health care, in practice, not everyone had been able to access it. Since the IMSS linked coverage to employment, providing social security to formal sector workers employed in the private sector and their families, non-salaried workers (self-employed, informal workers, those unemployed and or out of the labour market), had been left out. In addition, the system was characterised in general by low health spending, a majority of private/out-of-pocket spending, inequitable allocation of resources and financing, and underinvestment in health infrastructure.

It was in 2003 when parliamentarians legislated the General Health Law and established the System of Social Protection in Health (SSPH). The SSPH created a regulatory framework and the financial conditions to guarantee health insurance to millions of Mexicans who were not covered by IMSS. Seguro Popular, is the main health component of the SSPH[7], adopted in 2004 and guaranteed legislated access to a comprehensive package including essential services, as well as specialised interventions, and medicines and treatments for long-term conditions such as HIV and cancer.

Seguro Popular is financed with federal and state funds based on how many people are enrolled in each state. It is the responsibility of the state governments to spend the money properly so that patients get the promised care. In some cases, individuals or families will contribute a small amount based on their level of income. The costs are waived for those in the lowest income brackets or who receive no income. Since its establishment, Seguro Popular was able to increase Mexico's health expenditure to allow for a major extension of coverage and utilisation, which, improved equity for nearly 43.5% of Mexico's population who previously lacked social security and had to finance their health care mostly out of pocket.

Despite these great achievements, there were a number of challenges such as inconsistencies in the allocation of healthcare resources that varied from state to state, a lack of efficiency and quality in the health services, and a lack of transparency with the use of financial resources. Important efforts were made during the 2012-2018 administration to address the problems and improve Seguro Popular. The most important changes were those regarding the reforms to the law in 2014, which promoted a more transparent administration of the federal resources allocated to the states. This resulted in improved administrative adherence to a legal framework, which promoted better management of resources that have been used more efficiently.

STEP 4: ADVOCATE

Uphold Quality of Care – Build quality health systems that people and communities trust.

- **Implement** effective, quality-assured, people-centred interventions with measures built in for quality assurance and optimisation.

[7] "Seguro Popular: Health Coverage for All in Mexico: (World Bank)" (2015)

- **Strengthen** the capacity for health interventions through assessment, data collection and analysis to achieve evidence-based decisions at all levels.
- **Invest** in health technology innovation, including the promotion of digital health tools and AI to provide new opportunities to respond to the unique needs of each person.
- **Scale-up** efforts to promote the recruitment, training and retention of health workers, especially in rural, hard-to-reach and underserved areas

Country Case Study: Turkey

Advocating for equitable quality of care for all is essential to achieving UHC. Turkey implemented a series of changes over the past eight decades aimed at UHC[8]. In 2003, Turkish parliamentarians took a collaborative, patient-centred approach to accelerate health system changes that addressed challenges in financing, access, and health outcomes.

First introduced in 2003, the Health Transformation Program (HTP[9]) consolidated pre-existing health insurance schemes under a General Health Insurance scheme to provide greater coverage and access. The program expanded coverage of government-funded non-contributory health insurance for the uninsured, namely the poor and unemployed, who were not covered by any of the country's social security institutions. The changes were made possible by an increase in total health expenditure fuelled by the country's sustained economic growth. The HTP successfully expanded insurance coverage for the country's poorest from 2.4 million people in 2003 to 10.2 million in 2011. Improvements in fair financing and expanded access resulted in better health outcomes, most notably in the area of maternal and child health. The benefits of the new system have also been reflected in a significant increase in user satisfaction.

Moreover, Turkey committed to continuous monitoring in partnership with the OECD, World Bank, WHO, and academic institutions. This enabled objective assessments of the program and facilitated the development of strategies to address remaining and emerging challenges. Turkey's ongoing commitment to UHC resulted in an increase in the number of health professionals in both urban and rural areas, increased targeted spending, and improved financial protection.

Moving forward, as Turkey continues to experience an increase in chronic diseases, it must adapt its health system and invest in improving the quality of care for all.

STEP 5: INVEST

Invest More, Invest Better – Sustain public financing and harmonise health investments.

[8] "Politics of success stories in the path towards Universal Health Coverage: The case of Turkey:(Development Policy Review)" (2020)
[9] "Turkish Health Transformation Program and Beyond: (World Bank)" (2018)

- **Set** nationally appropriate spending targets for investments in health consistent with sustainable national development strategies that ensure the efficient and equitable allocation of resources.
- **Prioritise** debt restructuring to address the debt sustainability challenges faced by many countries.
- **Ensure** sufficient domestic public spending on health and pool health financing to maximise efficiency and ensure that everyone can access the health services they need without financial hardship.
- **Foster** strong alignment among global health stakeholders and development partners to support financing mechanisms.

Country Case Study: Rwanda

Many countries in Africa have made impressive strides towards UHC in an effort to uphold the commitments under the Sustainable Development Goals. Rwanda has proved to be a leader in the region, with more than 90 per cent of the population covered by health insurance.

The health system in Rwanda has undergone several transformations after the 1994 Genocide, but what was a key component of the national health strategy and what set Rwanda on the path to UHC was the national roll-out of the Community-based Health Insurance (CBHI)[10] also known as its French name, Mutuelle de Santé (Mutual Health) in 2006. Parliamentarians also passed legislation making it compulsory to enrol in at least the minimum plan. Through CBHI, people pay premiums based on their income level into health insurance funds. The wealthiest pay the highest premiums in addition to some fees for services, while those at the lowest income levels at around 25 per cent are exempt from paying premiums and can still use the services.

Parliamentarians have made great strides towards increasing resources for health that is accessible to all Rwandans and, over the last few years, came up with the Health Financing Strategic Plan 2018-2024[11] to address efficiency, appropriate benefits packages and maximise household financial protection. Health financing in Rwanda has three major functions: 1) raising revenue; 2) pooling resources; and 3) allocating and using resources efficiently. About 17 percent of resources to finance health services are allocated by the government, with external funds that account for about 60 per cent of total health expenditure. The two largest sources of external funds were from the US Government and the Global Fund.

The result of the government's investments in health infrastructure includes hundreds of health care facilities with basic equipment and essential medicines. Each of Rwanda's 30 districts has a hospital with at minimum 15 doctors who can perform basic surgical procedures. In addition, 45,000 community health workers have been trained, extending the network and access to health services in more rural areas.

[10] "The Development of CBHI in Rwanda: (Management Sciences for Health)" (2016)
[11] "Health Financing Strategic Plan 2018-2024: (Government of Rwanda)"

In the last 10 years life expectancy at birth in Rwanda has increased from 48 to 58 and deaths of children under five have dropped by half. Through key functions of legislation, accountability, budget allocation and advocacy, parliamentarians have the role in contributing to the achievement of UHC and health equity, ensuring that health laws and policies are continuously advancing positive health outcomes.

STEP 6: COLLABORATE

Move Together – Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.

- **Enable** and **introduce** processes for the structured and meaningful engagement of diverse stakeholders, including government, civil society, the private sector, youth and academia.
- **Empower** individuals, families, communities, local providers and civil society organisations by strengthening and enhancing community capacity to get involved in decision-making and accountability processes.
- **Improve** health literacy, legal and systems literacy and capacity for health decision-making through a multi-sectoral approach at the local level.
- **Revitalise** and **promote** strong global partnerships with relevant stakeholders to collaboratively support the efforts of Member States.

Country Case Study: Zambia

In order to achieve UHC, it takes strong multi-sectoral collaboration with levels of commitment and support from government, cooperating partners, health workers and other key stakeholders who are significantly contributing to the health system.

In 2017, Zambian parliamentarians implemented The National Health Strategic Plan (NHSP)[12], which is an agenda to support building a robust and resilient health system where all Zambians have access to quality healthcare services. The plan focuses on strengthening the nation's Primary Health Care (PHC) to deliver quality health services across the continuum of care with an integrated community approach to bring health care to all Zambians without suffering financial hardship, putting Zambia on the right path toward achieving UHC.

Additionally, the plan acknowledges that good health is not only attained from health care services and addresses the need to focus also on other factors that are social determinants of health. Therefore, parliamentarians emphasised the need for commitment and support from key stakeholders outside of health care, including education, agriculture, housing, water, and sanitation, in order to significantly improve the health of all Zambians. To ensure that all Zambians have equitable access to health care, in 2018, parliamentarians passed the National

[12] "Zambia National Health Strategic Plan 2017-2021: (Government of Zambia)"

Health Insurance Act, which established the National Health Insurance Scheme (NHI) and the management authority for its functions and power, including funding.

Zambia has a long-term goal of becoming a "prosperous middle-income country by 2030" as stated in its Vision 2030[13]. The Zambian health minister said, "achieving Vision 2030 was only possible by first transforming the country into a nation of healthy and productive people".

[13] "Republic of Zambia - Vision 2030: (Government of Zambia)" (2006)