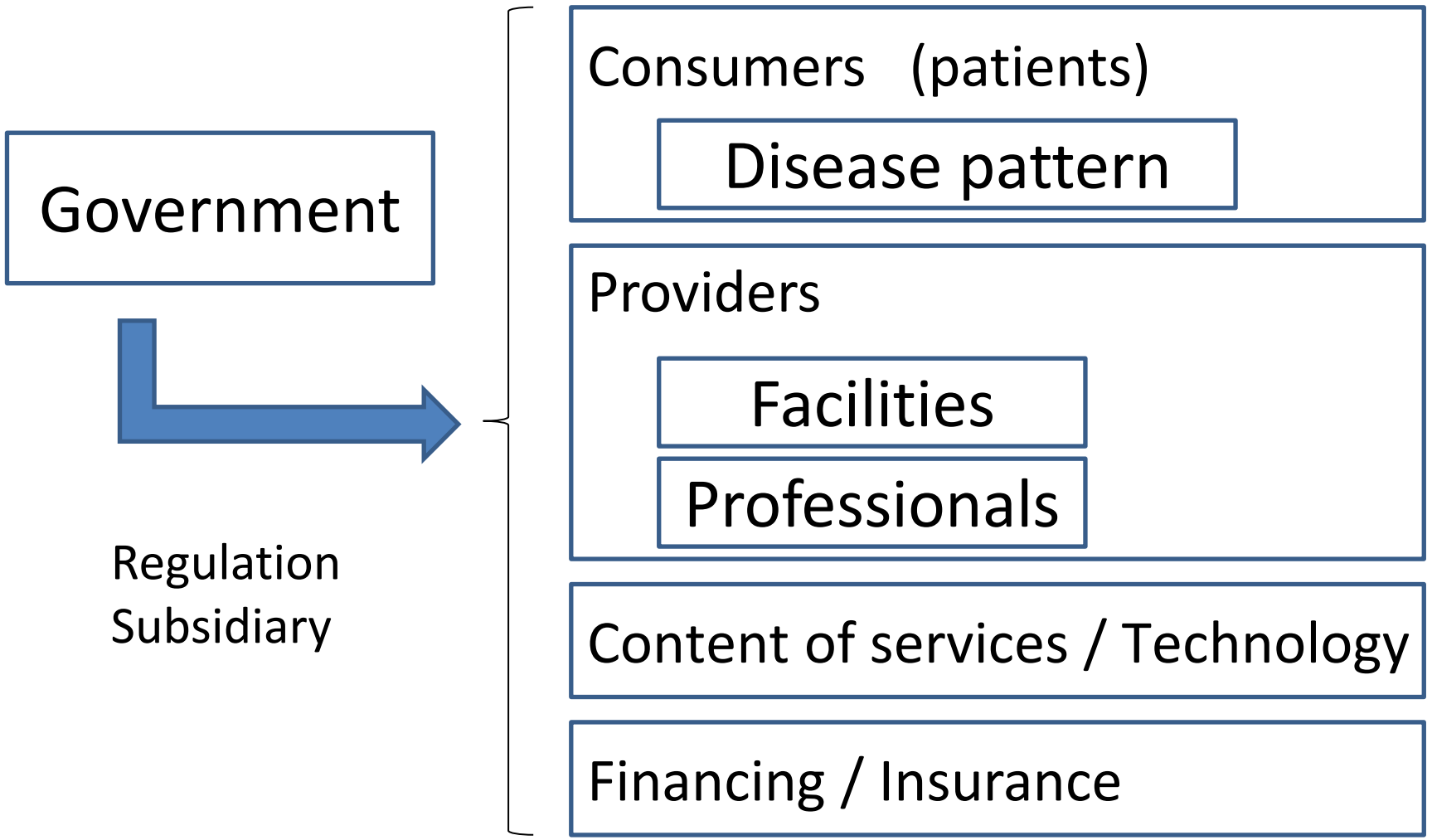
1年生　基礎セミナー　2019年10月28日

Universal Health Coverage
その実現

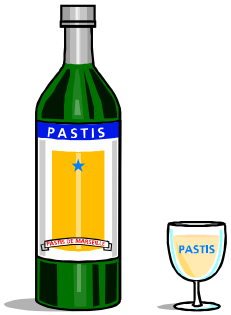
全ての人が
適切な予防、治療、リハビリ等の
保健医療サービスを、
必要な時に
支払い可能な費用で受けられる状態

Health Services



Consumers (patients)

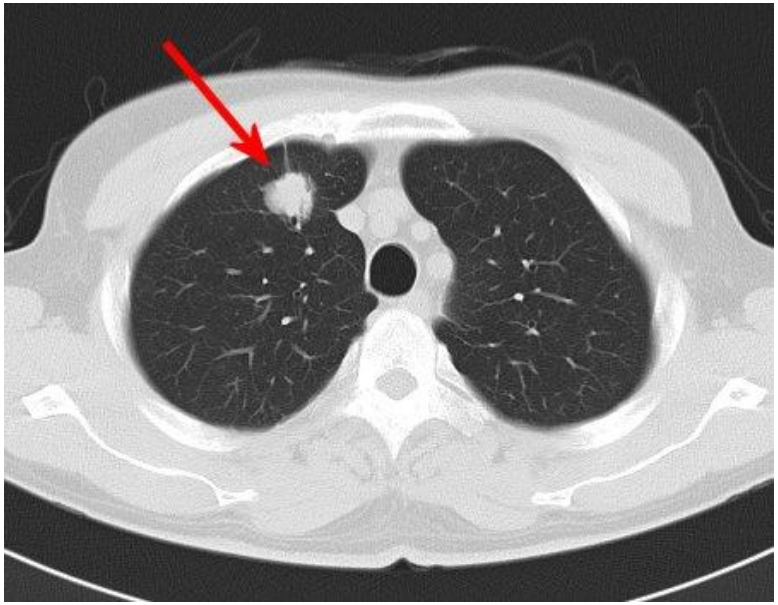
Disease patter



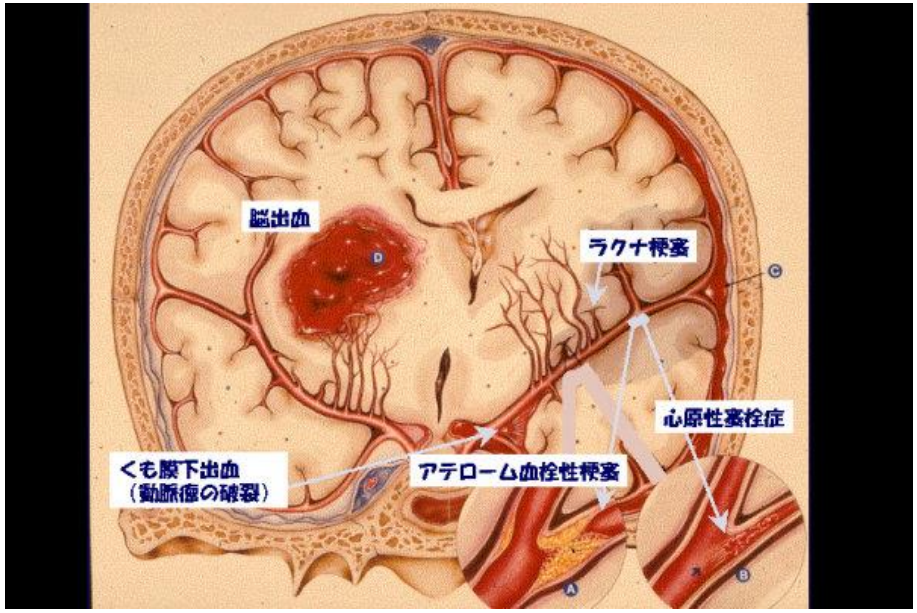
https://www.koukankai.or.jp/site_data/nihonkoukan/files/fureai39.pdf 2020/10/20

What are the main killers in the regions ?
How large is the impact of the disease ?
Who are vulnerable ?

https://youtu.be/OweW7PChU1g 2020/10/2



https://www.hokusetsu-hp.jp/shinryo/06.html 2020/10/20



http://slideshowjp.com/doc/41863/slide-8 2020/10/20

https://www.premierdentalanesthesiology.net/ 2020/11/19

https://www.saludalia.com/psicologia/las-herramientas-del-psicologo 2020/11/19

https://www.town.bandai.fukushima.jp/soshiki/rurinosato/tayori_0908i.html 2020/11/19

https://nurse.dept.showa.gunma-u.ac.jp/blog/?m=201005 2020/11/19

Providers

Facilities

Professionals

Roles

Appropriate number

Distribution

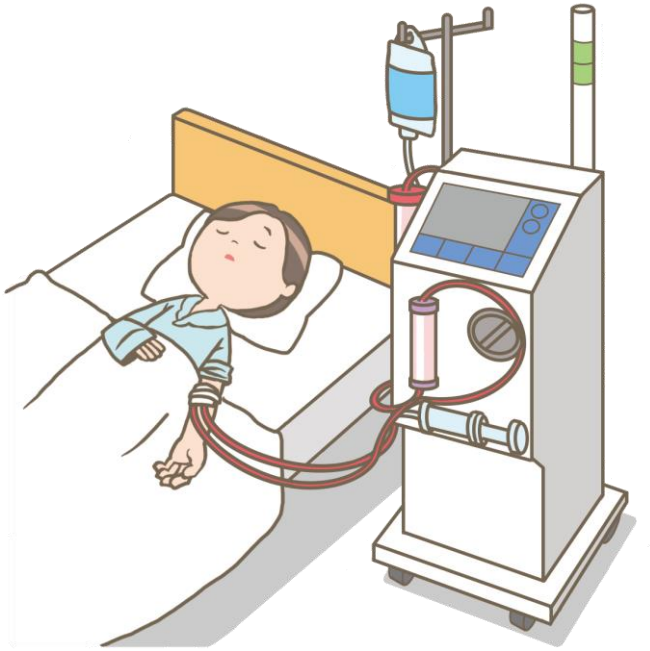
Education

Evaluation

http://www.yashima-hp.com/sp_10.html 2020/11/19

Content of services / Technology

Repo men（2010）Miguel Rosenberg-Sapochnik **Relativity Media**



https://www.kango-roo.com/ki/image_386/ 2021/1/20

http://hiyoshi-hp.com/wp-content/uploads/anataniattaojusuriwo.pdf 2021/1/13

©pixabay

Health Services

Government regulation

Consumers (patients)

Disease patter

Providers

Facilities

Professionals

Content of services / Technology

Financing / Insurance

https://www.photolibrary.jp/img3/343_4960.html 2020/12/16

Japan's strategy for global health diplomacy: why it matters

Lancet 2013; 382: 915-6. September 14.

https://japan.kantei.go.jp/96_abe/statement/201309/17lancet_e.html
2020/12/16

Strategy on Global Health Diplomacy

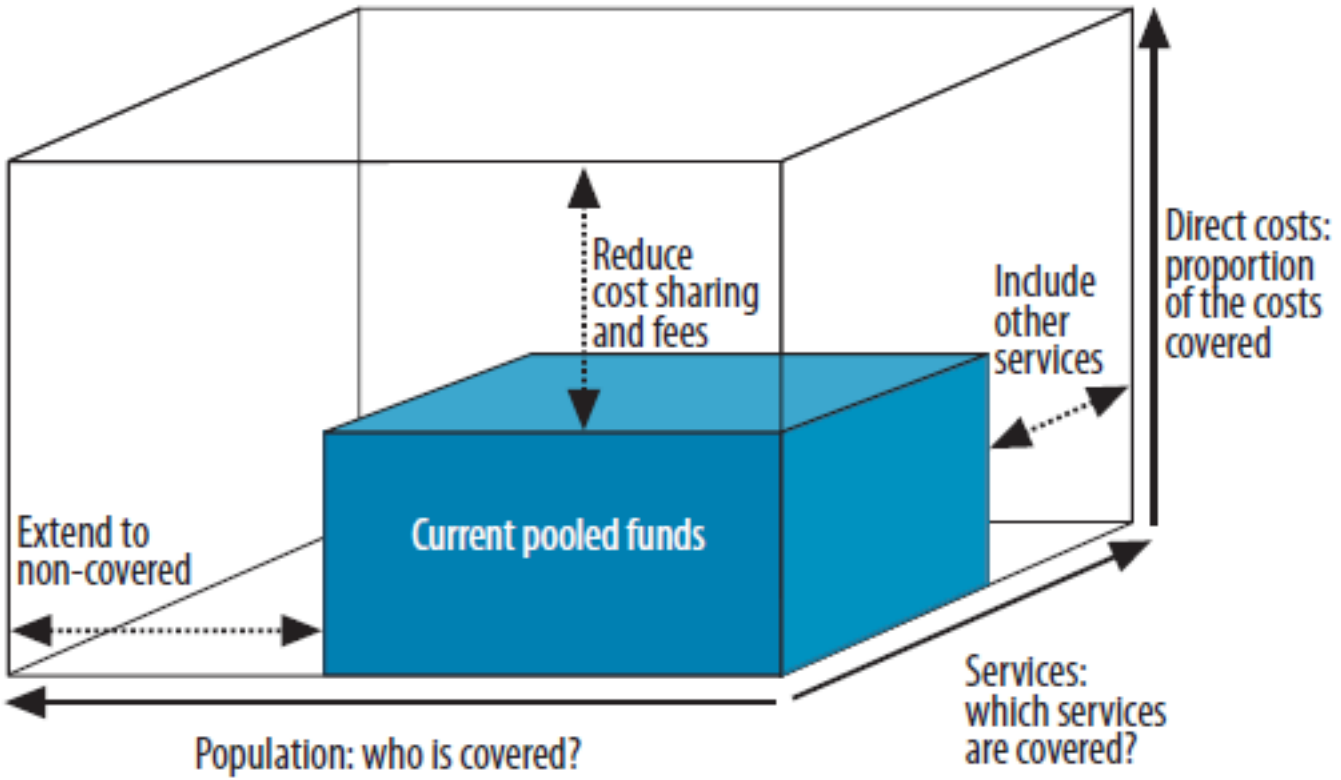
Universal health coverage with three goals

1. to improve the health of entire populations,
2. to ensure health service provision for all people, shifting from a disease-oriented to a people-oriented approach, and
3. to enable to implement health policies that fill diversified needs with a limited budget.

Global Health Innovative Technology Fund in April 2013.

Universal Health Coverage (UHC)

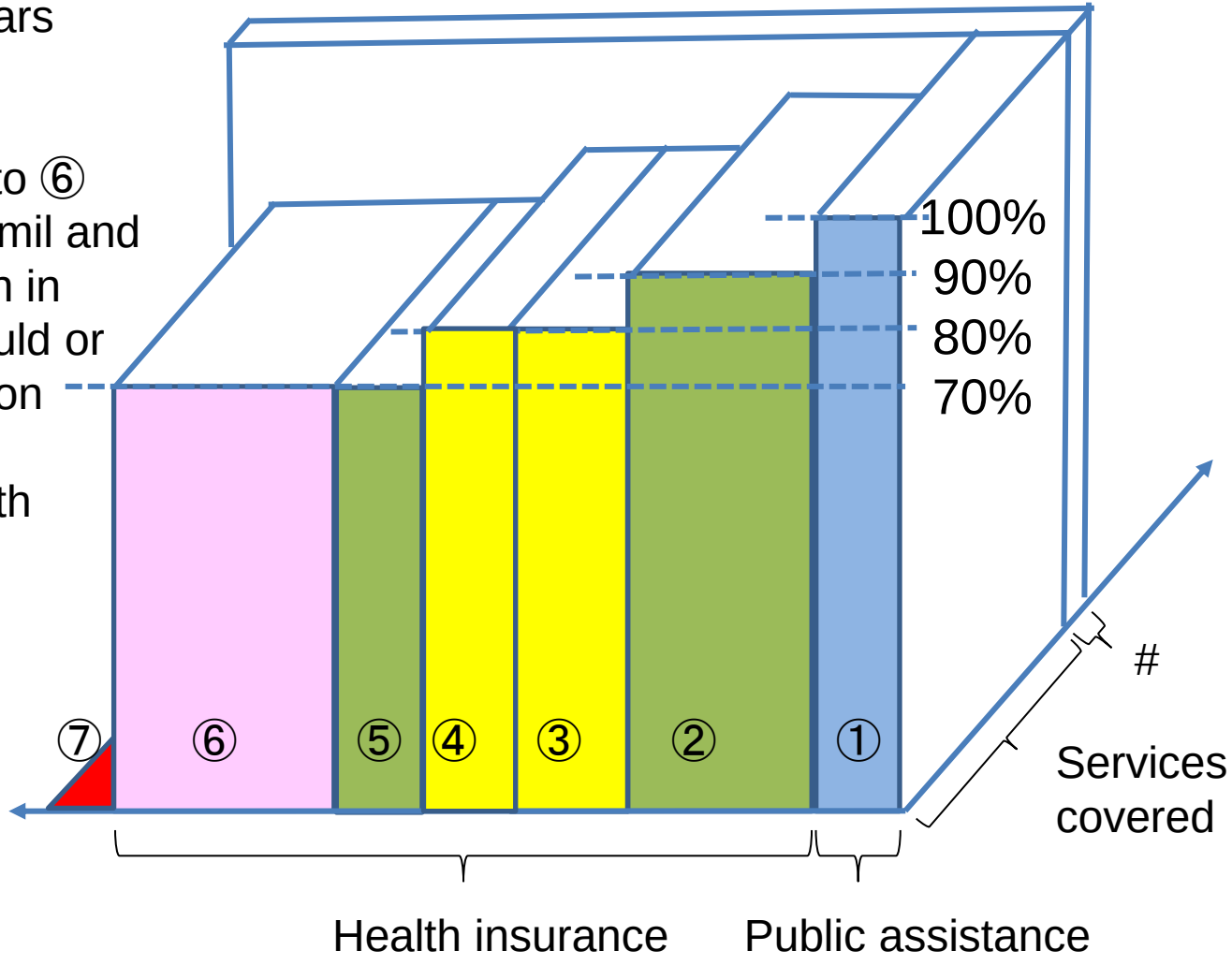
Fig. 1. **Three dimensions to consider when moving towards universal coverage**



UHC in Japan

①Those under public assistance (2.2 mil in 2015)
②Elderly aged ≥75 years with a limited income
③Children before elementary school
④Elderly aged 70-74 years with a limited income
⑤Elderly age ≥70 years with a similar income to ⑥ (taxable income >1.45 mil and total income >3.85 min in single family household or >5.2 min in 2 generation household
⑥The others under health insurance
⑦Those without support

Free services such as infection treatments



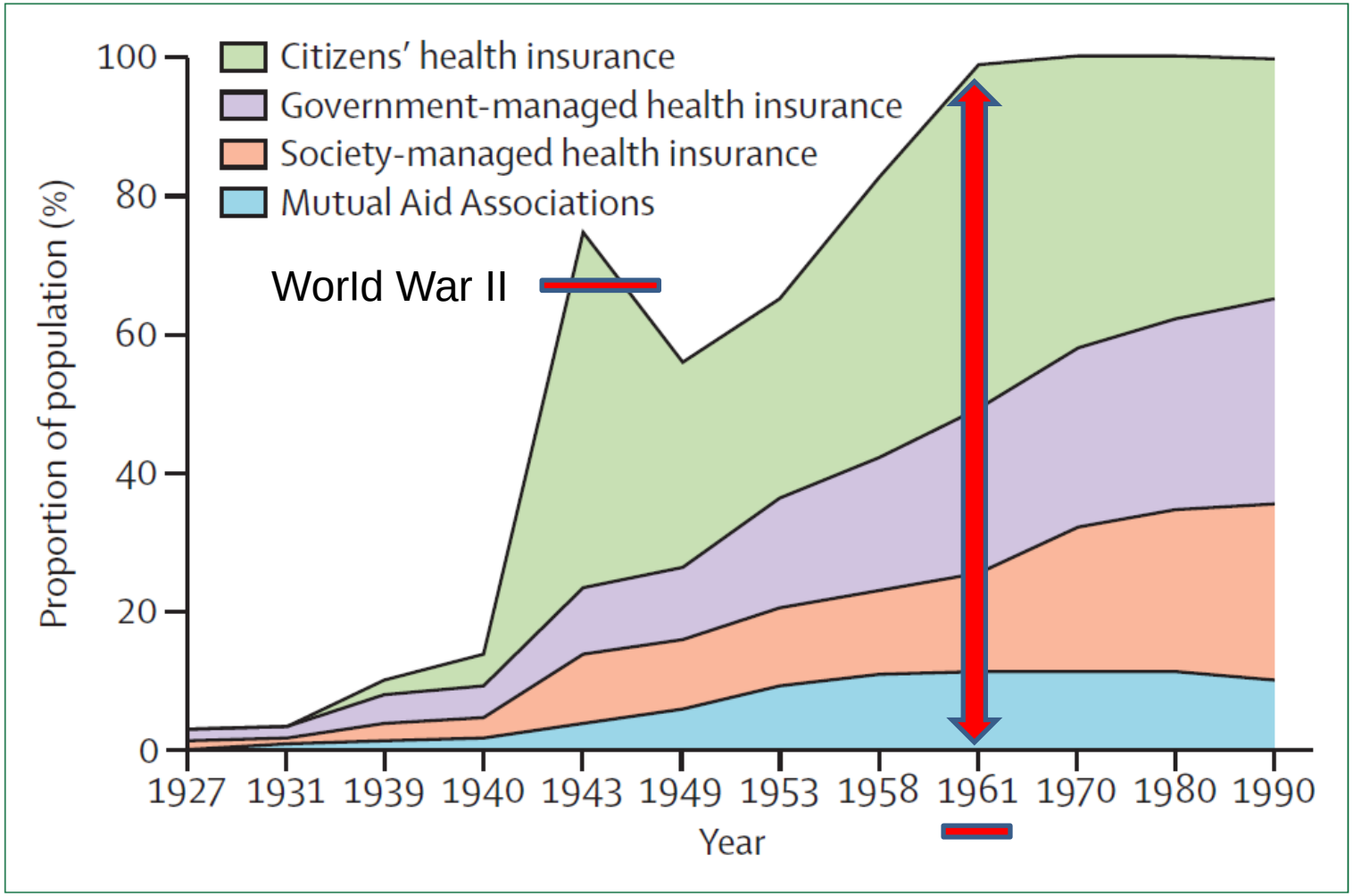


Figure 1: **Trends in health insurance coverage in Japan, 1927–90**
Values for years during World War 2 are estimates. Adapted from Takagi.[11]

Lancet 2011; 378: 1106-15

Glob Health Action 2014, **7**: 25856 - http://dx.doi.org/10.3402/gha.v7.25856

ASEAN INTEGRATION AND ITS HEALTH IMPLICATIONS

Progress toward universal health coverage in ASEAN

Hoang Van Minh[1*†], Nicola Suyin Pocock[2*†], Nathorn Chaiyakunapruk[3,4,5], Chhea Chhorvann[6], Ha Anh Duc[7], Piya Hanvoravongchai[8], Jeremy Lim[9], Don Eliseo Lucero-Prisno III[10,11], Nawi Ng[12], Natalie Phaholyothin[13], Alay Phonvisay[14], Kyaw Min Soe[15] and Vanphanom Sychareun[16]

Background: The Association of Southeast Asian Nations (ASEAN) is characterized by much diversity in terms of geography, society, economic development, and health outcomes. The health systems as well as healthcare structure and provisions vary considerably. Consequently, the progress toward Universal Health Coverage (UHC) in these countries also varies. This paper aims to describe the progress toward UHC in the ASEAN countries and discuss how regional integration could influence UHC.

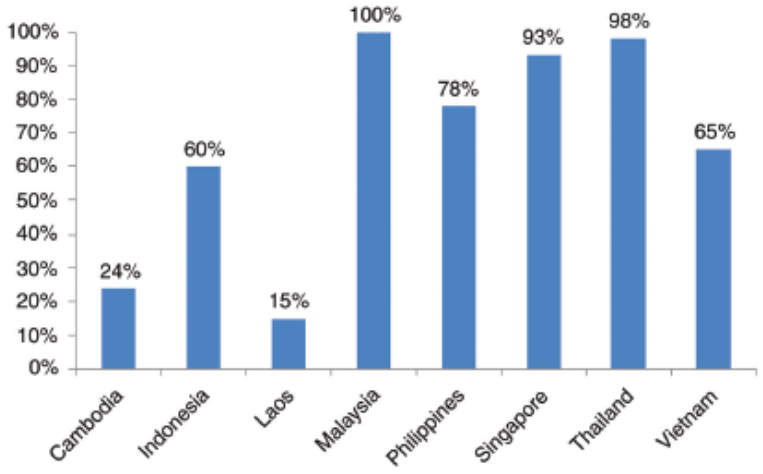


Fig. 1. Coverage of health insurance in ASEAN countries 2012.

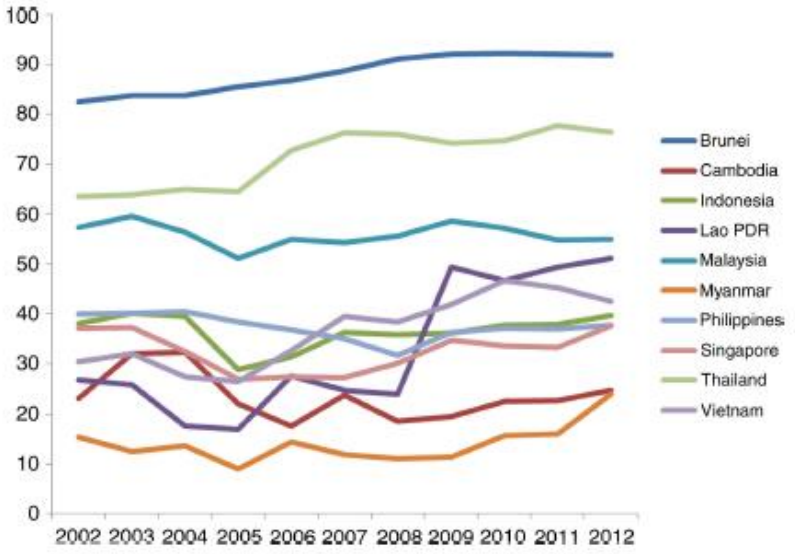


Fig. 2. Trends in general government expenditure on health as % of total expenditure on health, 2002–2012.

Table 1. Selected socio-demographic and health indicators in the ASEAN countries

	Total population (000s), 2012[a]	Median age of population (years), 2012[a]	Population aged >60 years (%), 2012[a]	Population living in urban areas (%), 2012[a]	Crude birth rate (per 1,000 population), 2012[a]	Crude death rate (per 1,000 population), 2012[a]
Brunei	412	30.1	7.0	76	15.9	3.5
Cambodia	14,865	24.1	7.7	20	25.9	5.7
Indonesia	246,864	27.5	7.9	51	19.2	5.3
Lao PDR	6,646	21.0	5.8	35	27.3	7.0
Malaysia	29,240	27.0	8.2	73	17.6	5.0
Myanmar	52,797	28.6	8.2	33	17.4	8.3
Philippines	96,707	22.7	6.2	49	24.6	5.9
Singapore	5,303	37.9	15.1	100	9.9	4.4
Thailand	66,785	36.4	14.0	34	10.5	7.5
Vietnam	90,796	29.4	9.3	32	15.9	5.7

[a]World Health Statistics 2014; [b]UNESCO Institute for Statistics 2014; [c]UIC estimation.

Table 3. Financial coverage of UHC in ASEAN countries

	Total expenditure on health as % of GDP, 2012	General government expenditure on health as % of total expenditure on health, 2012	General government expenditure on health as % of total government expenditure, 2012	OPP as % total expenditure on health, 2012	Incidence of catastrophic medical expenditures (>10% of household spending), 2011
Brunei	2.3	91.8	6.0	8.1	No data
Cambodia	5.4	24.7	6.7	61.7	17.0
Indonesia	3.0	39.6	6.9	45.3	5.0
Lao PDR	2.9	51.2	6.1	38.2	9.0
Malaysia	4.0	55.0	5.8	35.6	2.0
Myanmar	1.8	23.9	1.5	71.3	No data
Philippines	4.6	37.7	10.3	52.0	5.0
Singapore	4.7	37.6	11.4	58.6	No data
Thailand	3.9	76.4	14.2	13.1	3.5
Vietnam	6.6	42.6	9.5	48.8	15.1

Japan 8.3% (2012)

Table 4. Health workforce in ASEAN countries

	Doctors per 1,000 population, latest year	Nurses and midwives per 1,000 population, latest year	Pharmacists per 1,000 population, latest year
Brunei	1.4 (2010)	7.0 (2010)	0.1 (2010)
Cambodia	0.2 (2008)	0.8 (2008)	0.04 (2008)
Indonesia	0.2 (2012)	1.4 (2012)	0.1 (2012)
Lao PDR	0.2 (2009)	0.8 (2009)	No data
Malaysia	1.2 (2010)	3.3 (2010)	0.4 (2010)
Myanmar	0.5 (2010)	0.9 (2010)	No data
Philippines	1.2 (2004)	6.0 (2004)	0.9 (2011)
Singapore	1.9 (2010)	6.4 (2010)	0.4 (2011)
Thailand	0.3 (2004)	1.5 (2004)	0.1 (2004)
Vietnam	1.2 (2008)	1.0 (2008)	0.3 (2008)

World Health Statistics 2014.

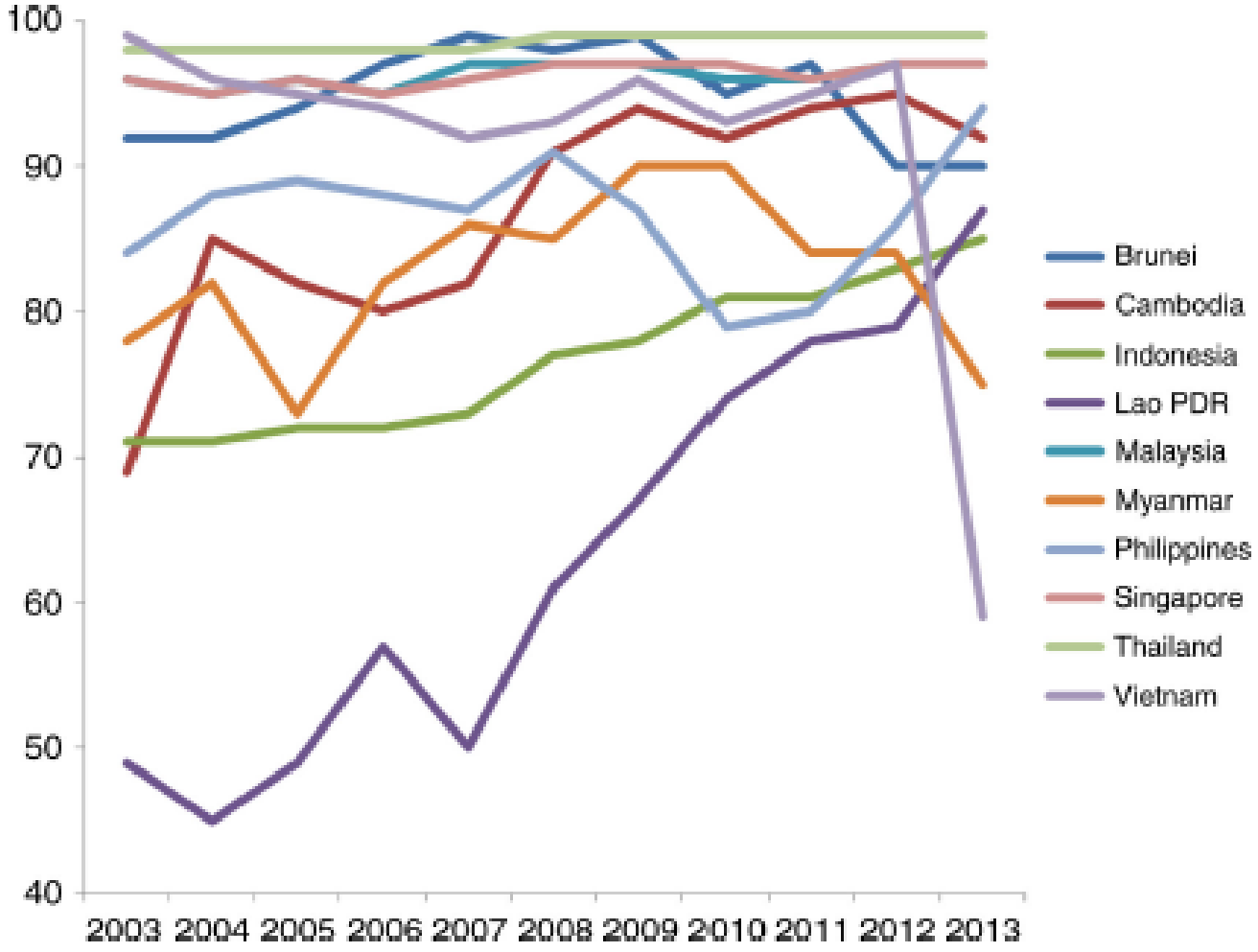


Fig. 3. Trends in Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%), 2003–2013.

Health Reform Monitor

Universal health insurance coverage for 1.3 billion people: What accounts for China's success?☆

Hao Yu*

RAND Corporation, USA

Health Policy 119 (2015) 1145–1152

ABSTRACT

China successfully achieved universal health insurance coverage in 2011, representing the largest expansion of insurance coverage in human history. While the achievement is widely recognized, it is still largely unexplored why China was able to attain it within a short period. This study aims to fill the gap. Through a systematic political and socio-economic analysis, it identifies seven major drivers for China's success, including (1) the SARS outbreak as a wake-up call, (2) strong public support for government intervention in health care, (3) renewed political commitment from top leaders, (4) heavy government subsidies, (5) fiscal capacity backed by China's economic power, (6) financial and political responsibilities delegated to local governments and (7) programmatic implementation strategy. Three of the factors seem to be unique to China (i.e., the SARS outbreak, the delegation, and the programmatic strategy.) while the other factors are commonly found in other countries' insurance expansion experiences. This study also discusses challenges and recommendations for China's health financing, such as reducing financial risk as an immediate task, equalizing benefit across insurance programs as a long-term goal, improving quality by tying provider payment to performance, and controlling costs through coordinated reform initiatives. Finally, it draws lessons for other developing countries.

Drivers of UHC in China

(1) The SARS outbreak as a wake-up call
(2) Strong public support for governmental intervention in health care
(3) Renewed political commitment from top leaders
(4) Heavy government subsidies
(5) Fiscal capacity backed by China's economic power
(6) Financial and political responsibilities deligated to local governments: Not achieving the targets would lead to poor scores for the performance evaluation of local officials
(7) Programmatic implementation strategy: wide but shallow coverage

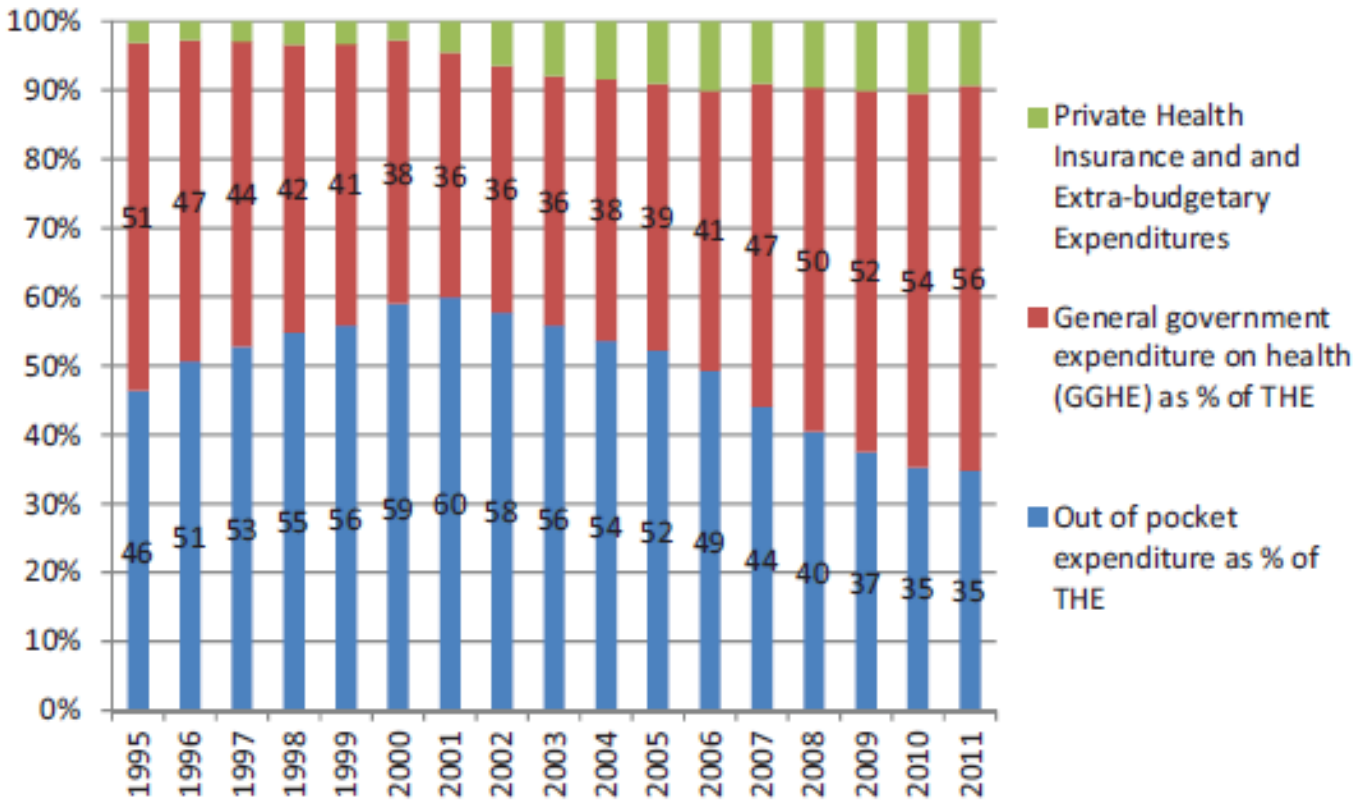


Fig. 1. Health expenditures by sources, 1995–2011.
Source: World Health Organization (see http://apps.who.int/nha/database).

China in 2011

OOP	35%
GGHE	56%
The others	9%

Table 2
Summary of China's Three Public Insurance Programs, 2011.

	UEBMI	URBMI	NCMS
Target population	Urban employees	Urban children, students, unemployed, disabled	Rural residents
Enrollment rate (%)	92	93	97
Number of enrollees (million)	252	221	832
As % of China's 1.3 billion population	19	16	62
Unit of enrollment	Individuals	Individuals	Households
Risk-pooling unit	City	City	County
Premium per person per year (US$)	240	21	24
Including government subsidy (US$)	0	18	18
Benefit coverage			
Inpatient reimbursement rate (%)	68	48	44
% of counties or cities covering general outpatient care	100	58	79
% of counties or cities covering outpatient care for major and chronic diseases	100	83	89
Annual Reimbursement Ceiling	Six-times average wage of employee in the city	Six-times disposable income of local residents	Six-times income of local farmers
Overseeing government department	MOHRSS	MOHRSS	NHFP

Note: MOHRSS—Ministry of Human Resource and Social Security; NHFP—National Health and Family Planning Commission.
Source: Adapted from Yip et al. (2012) [2] and Liang and Langenbrunner (2013) [1].

1. New Rural Cooperative Medical Scheme (NRCMS), launched in 2003 in rural areas. Its enrollment rose to 97% of rural population in 2011 [4].
2. Urban Resident Basic Medical Insurance (URBMI), launched in 2007 to target the unemployed, children, students, and the disabled in urban areas. It covered 93% of the target population in 2010 [2].
3. Urban Employee Basic Medical Insurance (UEBMI), launched in 1998 as an employment-based insurance program. Its coverage reached 92% in 2010 [2].

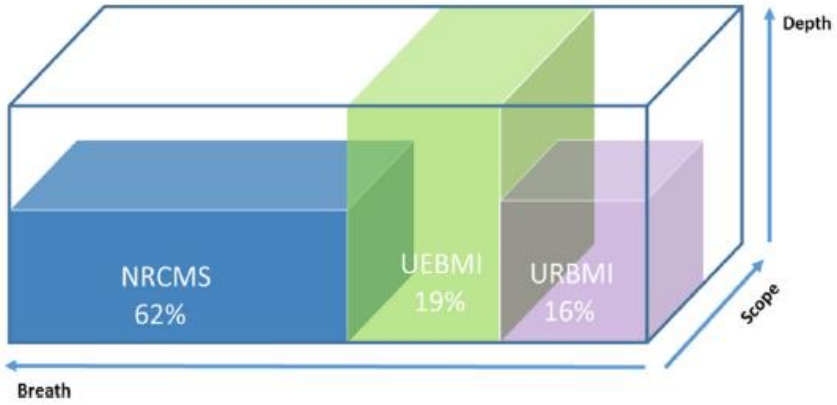
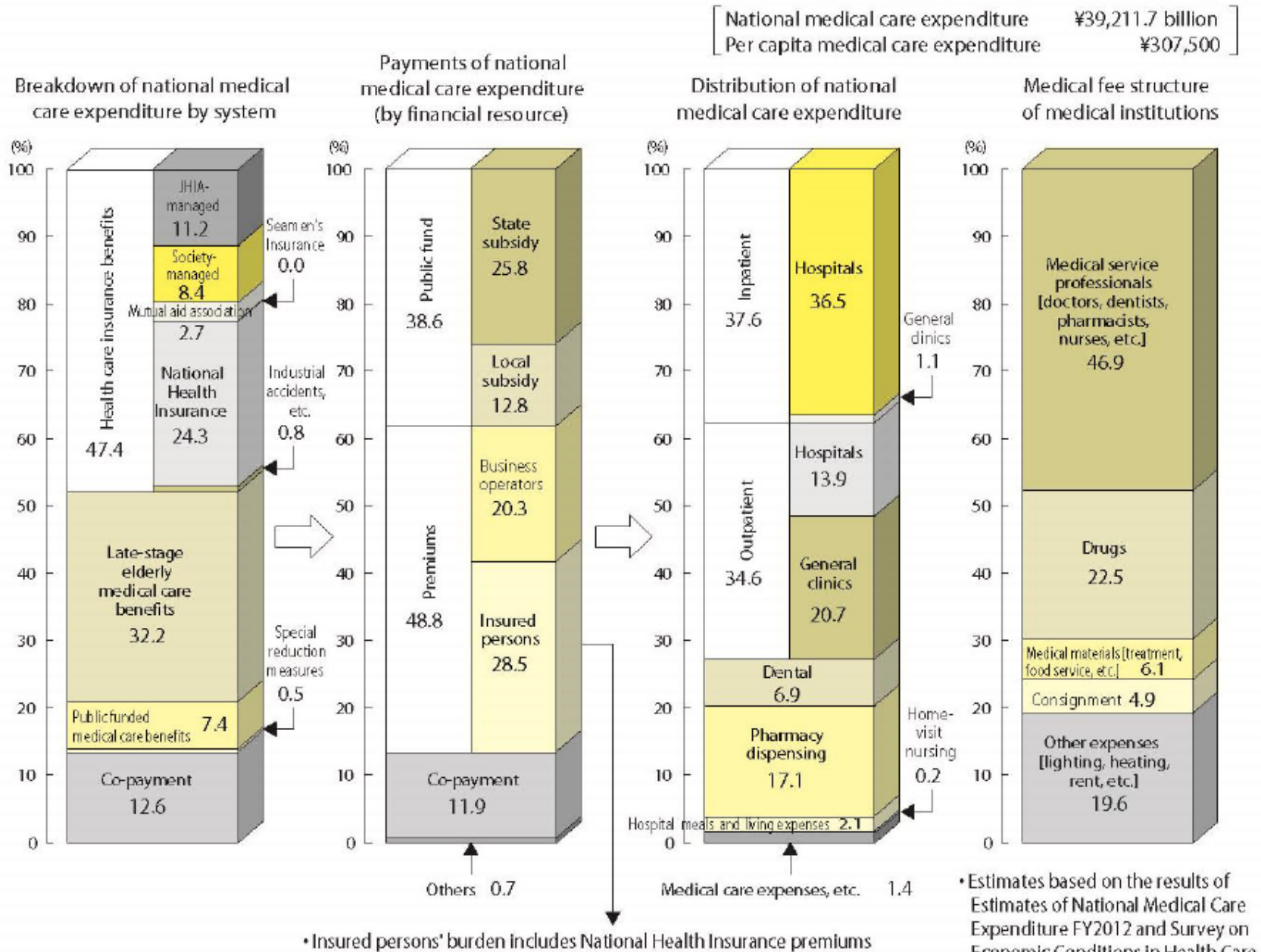


Fig. 2. Variation in coverage dimensions across the three insurance programs.

Detailed Data 2 **Structure of National Medical Care Expenditure (FY 2012)**



• Insured persons' burden includes National Health Insurance premiums

• Estimates based on the results of Estimates of National Medical Care Expenditure FY2012 and Survey on Economic Conditions in Health Care (2013), etc.

Table 1. Attributes and action domains to move towards UHC

Health System Attributes	Action domains for UHC
QUALITY	1.1 Regulations and regulatory environment
	1.2 Effective, responsive individual and population-based services
	1.3 Individual, family and community engagement
EFFICIENCY	2.1 System design to meet population needs
	2.2 Incentives for appropriate provision and use of services
	2.3 Managerial efficiency and effectiveness
EQUITY	3.1 Financial protection
	3.2 Service coverage and access
	3.3 Non-discrimination
ACCOUNTABILITY	4.1 Government leadership and rule of law for health
	4.2 Partnerships for public policy
	4.3 Transparency, monitoring and evaluation (M&E)
SUSTAINABILITY AND RESILIENCE	5.1 Public health preparedness
	5.2 Community capacity
	5.3 Health system adaptability and sustainability

World Health Organization

Regional Office for the Western Pacific. Regional Committee. Universal Health Coverage. WPR/RC66/6, 7 September 2015

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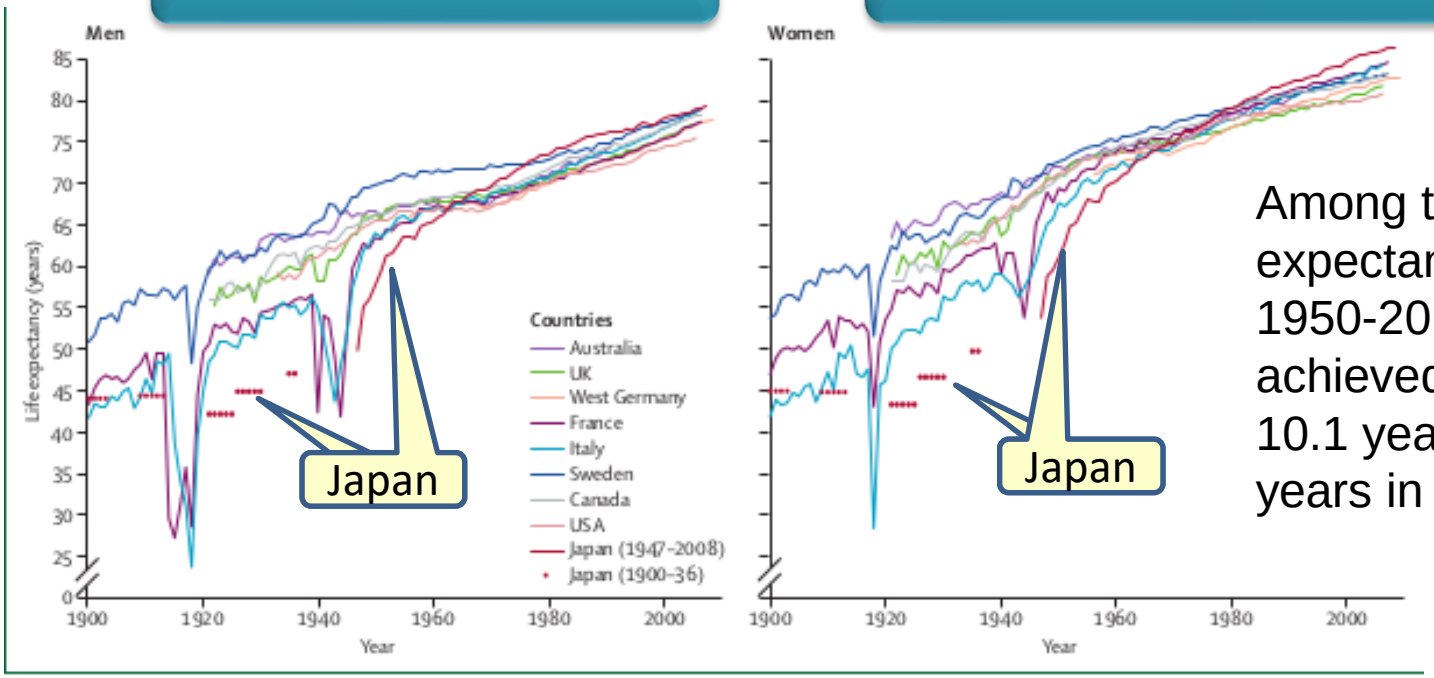
Trends in life expectancy at birth, 1900-2008

Male

Female



Among the elevation of life expectancy in the 60 years 1950-2010, 40% was achieved during 1950-1965: 10.1 years in men and 11.9 years in women

Figure 1: **Trends in life expectancy at birth, 1900–2008**
Data from University of California at Berkeley and Max Planck Institute for Demographic Research[7] and Ministry of Health, Labour and Welfare.[8]

The reasons:

1. Hygiene 2. Health consciousness 3. Balanced food

Education, Economic growth, and health services

Lancet 2011; 378: 1094-105

http://www.phk.jp/author/i-pocket13/ 2020/12/16

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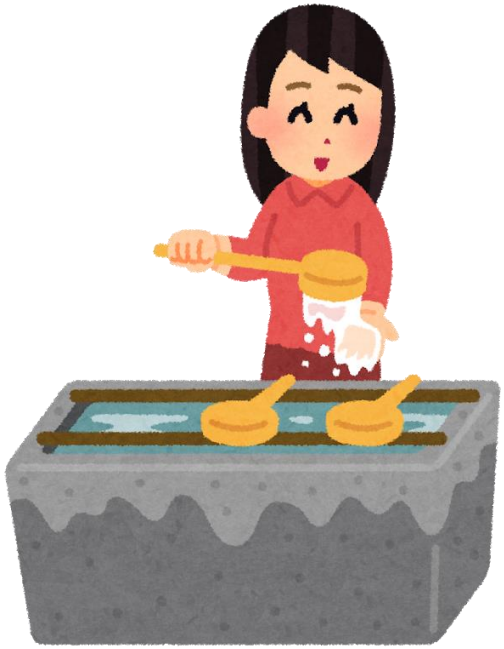


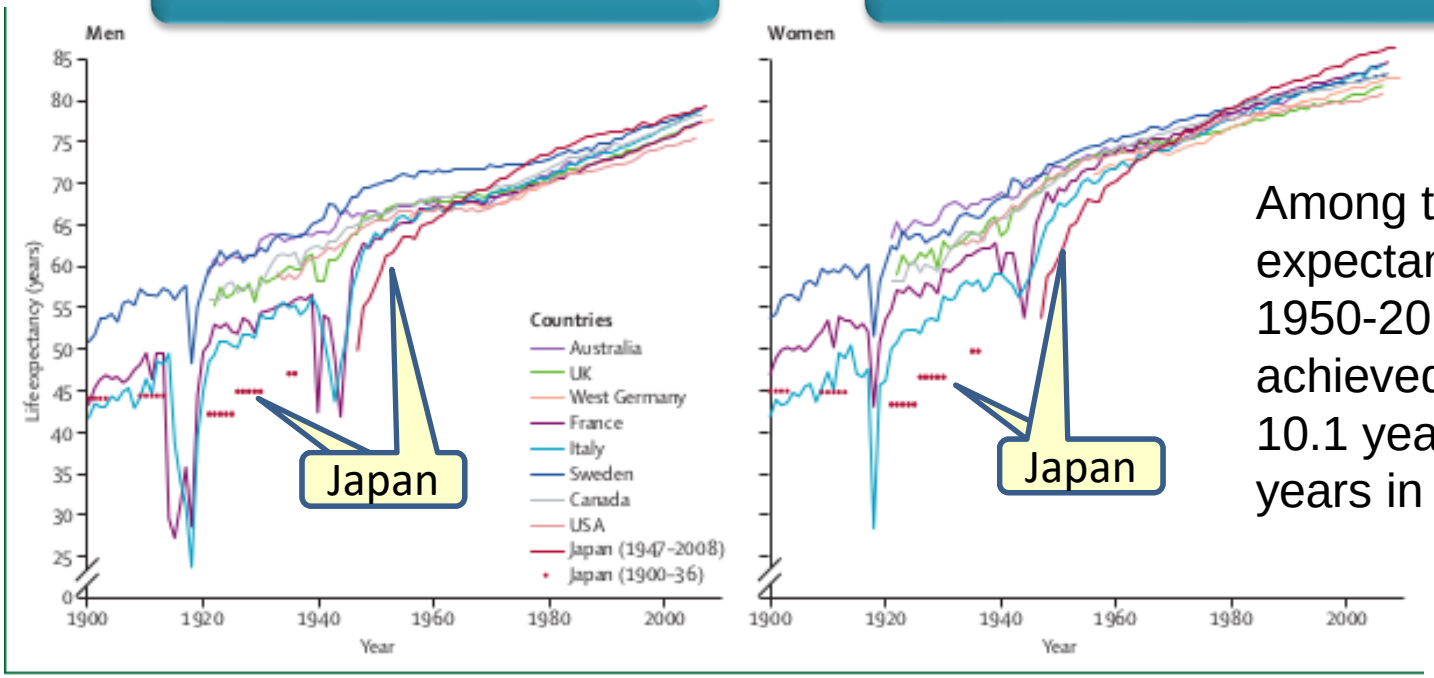
http://takigyou.jp/ 2021/1/18

Huge amount of clean water

Trends in life expectancy at birth, 1900-2008

Male

Female



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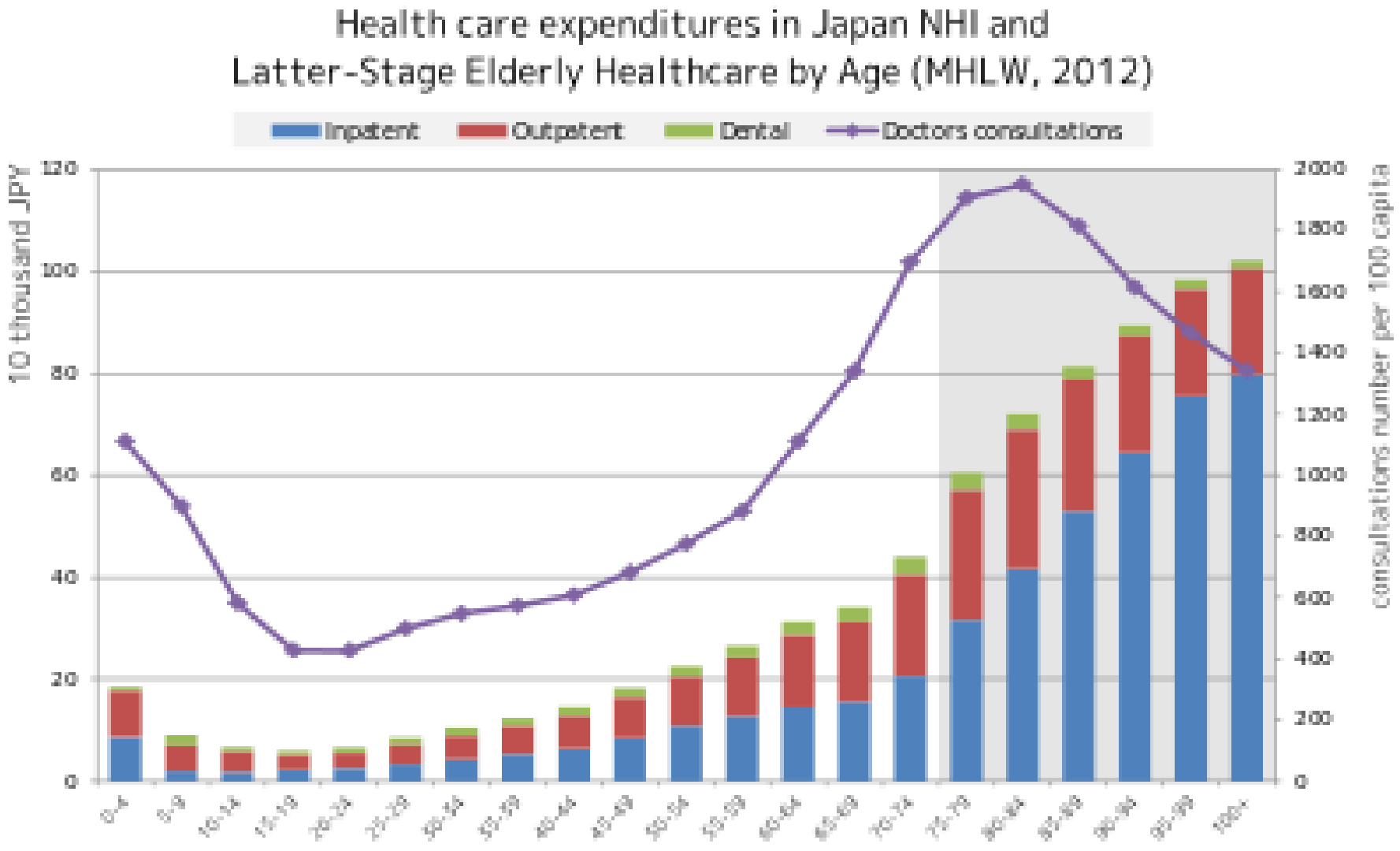
Health care expenditures in Japan NHI and
Latter-Stage Elderly Healthcare by Age (MHLW, 2012)
Inpatient
Outpatient
Dental
Doctors consultations
10 thousand JPY
consultations number per 100 capita
120
100
80
60
40
20
0
2000
1800
1600
1400
1200
1000
800
600
400
200
0
0-4
5-9
10-14
15-19
20-24
25-29
30-34
35-39
40-44
45-49
50-54
55-59
60-64
65-69
70-74
75-79
80-84
85-89
90-94
95-99
100+