

Path to Universal Health Coverage

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Era of New Global Health Paradigm

Health For All by the year of 2000

Alma Ata Declaration in 1978

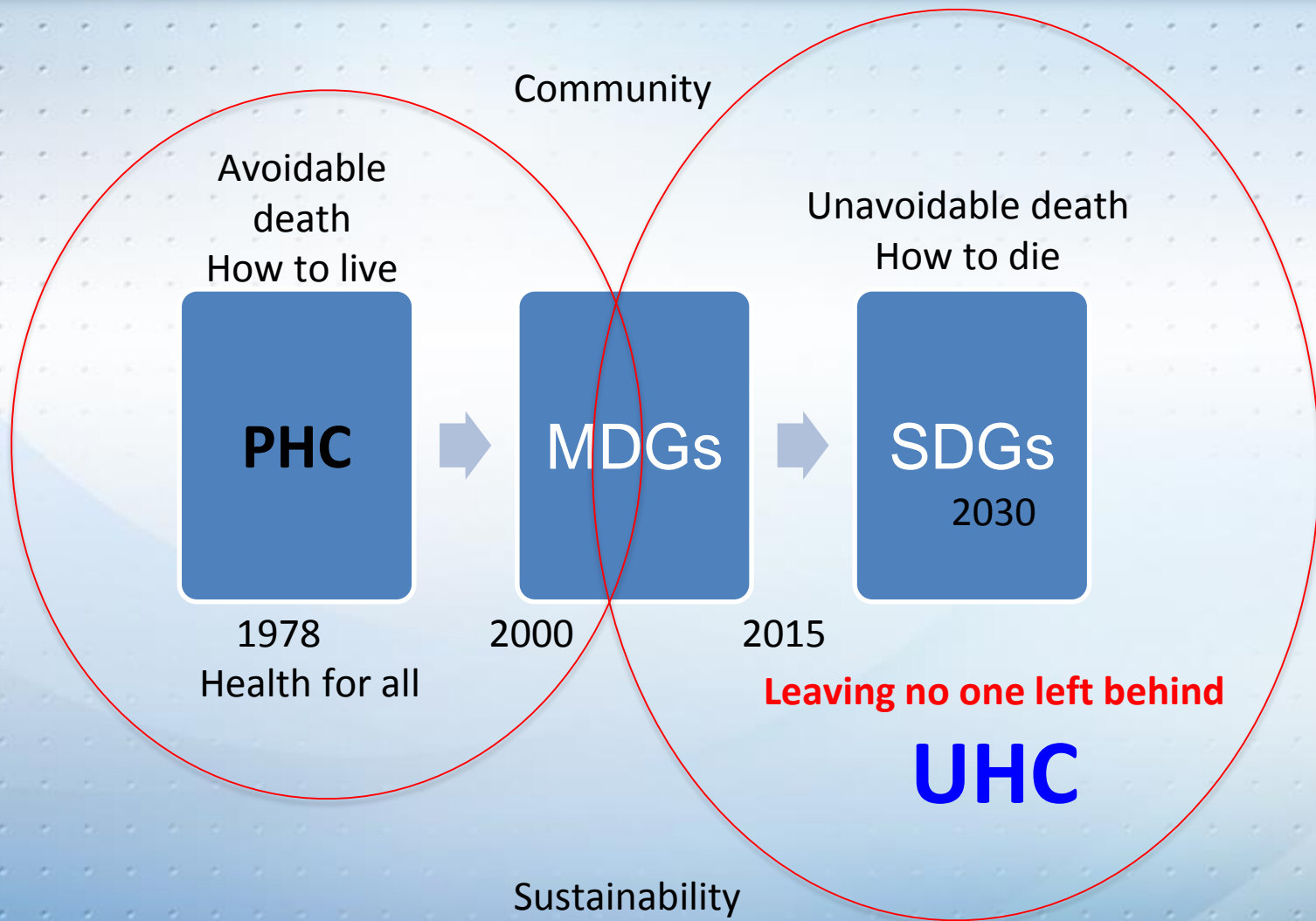
**Health System Strengthening,
MDGs**

WHO 2000, 2007

**Universal Health Coverage,
No one left behind, SDGs
Health For All by the year of 2000**

UN Convention 2015

From PHC to SDGs through UHC



Universal health coverage as a unifying platform



“To promote health for all, we must achieve universal health coverage and access to quality health care. No-one must be left behind.”

(SDG Declaration, para 26)

Universal health coverage (UHC) means that all people and communities have access to quality health services without suffering the financial hardship associated with paying for care.

UHC and SDGs:

- UHC improves or maintains health through needed services for individuals and populations – it centres attention on people and communities.
- UHC brings health and development efforts together - it contributes to poverty reduction as well as building solidarity and trust.

Path to Universal Health Coverage

- Leaving no-one behind requires innovative approaches for working:
 - across sectors (a whole-of-government approach)
 - across a range of stakeholders (whole-of-society approach):
- **What does a whole-of-government and whole-of-society approach look like?**
- **What is the policy and program mix that ensures no one is left behind?**
- **Where we going ? What are challenging issues in implementing UHC in KMA ?**

- **Acceleration of low birth rate and population aging**
- **Increase in healthcare cost especially in elderly**
- **Aggravating skewness in use of medical institutions and healthcare delivery system / Emerging of Mega Hospital**
- **Very low health insurance doctor's fee, less than 80-90 % of medical service cost in average**
- **Low compensation for professional decision and service of doctors**

Mega Hospitals Dominance in Medical Care, Korea

Year	Total	Higher-level General Hospital	General Hospital	Hospital	Long-term Care Hospital	Clinic
2016	33,575	43	298	1,514	1,428	30,292

Annual Medical Care Cost		2015	2016	2017	US Dollar
BIG 5 Hospital	Total	25,106	30,838	31,608	2.6 billion
	Inpatient	16,557	20,342	20,342	1.7 billion
	Outpatient	8,550	10,496	10,496	0.9 billion
Occupancy rate(%)	Percentage in total annual national health insurance reimbursement fee	7.4	8.1	7.8	
	Percentage in higher-level hospitals	34.7	35.4	35.5	-

- **Growing gap between Big 5 and other medical institutions**
- **Intensifying monopoly/oligopoly by mega hospitals**
- **Percentage of Big 5 hospitals growing continuously in medical bills among medical care expenditure of NHI**
- **Serious imbalance in supply of medical staff**
 - **As most of graduates from health-related school go to mega hospitals, other training hospitals in non metropolitan regions having difficulties in recruiting residents, medical staffs and nurses as well**
- **Acceleration of patients' skewedness to big hospitals in usage of medical service**

New Government Announcement on Policy to Strengthen Medical Benefits (Aug. 9, 2017) – Strengthen Health Insurance Coverage

■ New policy under the umbrella of UHC

- Cover all uninsured medical benefits into reimbursement health insurance benefits

- Reviewing about 3,800 list of uninsured benefits**

- Targets : 3 major uninsured benefits

- Abolishment of selective treatment charge**
- Expanding benefit coverage to use of 2 bed room at higher-level hospitals**
- Expanding comprehensive nursing inpatient care**

- Strong Regulation of new uninsured medical benefit item

- Designated as benefit or preliminary benefit items after evaluation of new medical technology**

Impact of the government's policy on medical community

- Threaten autonomy of medical profession in medical practice
 - Issues arise as doctor have no price setting power on cost of medical services
- If uninsured benefits are included in insured benefit category, while leaving the unreasonable payment system as it is, it will lead to the issue of financial threat to management of hospitals and clinics
- Uninsured medical benefit items as a mean of controlling medical bills by Government
- Threat to financial soundness of health insurance

Impact of the government's policy on medical community

- No policy road map for compensation of low doctors fee, including appropriate financing system, eq, increase the health insurance premiums or tax ?
- Disruption of healthcare delivery system
- Weakening medical technology development

- Impact of the government's policy on the public
 - Restriction on the people's choice over medical services
 - Possibility of financial risk in national health insurance
 - Spring-up of low-quality/low-cost medical service
 - Reduction in industry such as private medical indemnity insurance

KMA's Response to the Government's Policy



KMA's Response to the Government's Policy

1. Gradual inclusion into reimbursement benefits, focusing on essential/disaster medical service expenses
 2. Improvement of methods for compensation, including normalization of medical fee level
 3. Establishment of specific measures to secure financing and handle potential financial crisis
1. Announce 3 'Low's Campaign: Low Fee - Low Payment - Low Benefit(Low Quality)

Challenges on Implementation of UHC

1. Members states have asked for assistance in operationalising SDGs and UHC
2. Sustainable and equitable health gain will require strong health systems – UHC is the key
3. UHC can be a platform for an integrated approach within the context of SDGs and beyond.
Programmes can no longer work separately (in silos) and succeed
4. Engagement and learning strategies are needed – and UHC need the support of medical professionals such as medical association, medical researchers and educators

Consider monitoring indicators of UHC

- Proposed by the WHO
 - **Are all people accessing needed services without suffering financial hardship?**
 - Key issues is what are the 'needed services' ?
1. Financial protection
 - Fraction of the population protected against catastrophic/impoverishing out-of-pocket expenditure
 - % of population covered by social protection floor/system
 2. Health services coverage & accessibility
 - Coverage of essential health services
 - Access to affordable medicines & vaccines on sustainable basis

Implication from Korean Experience

- **In achieving UHC, financing and medical service delivery are closely related, and careful policy road map is required, such as medical service quality and performance management, sound financial management, regulation of profit maximization, and transparency in medical purchasing.**
- **Since the redistribution of resources and finances alone is likely to face limitations, it is necessary to consider additional financial resources, such as increased insurance premiums and general tax.**

Ref : Post-2015 UN Development Agenda & NCD. J W Choi. Kor Soc Global Health, 2015.5

Implementation of SDGs in Korea. J W Choi, Japan Asso Int Health, 2017.12

UHC : Key Issues and Challenge. S M Kwon. Kor Soc Global Health, 2015.5

SDGs and Policy Implications in Korea. E M Kim, UN SDGs Forum. 2015.10

Implication from Korean Experience

- As shown in the case of Korea, the government-led new policy under the umbrella of the UHC failed to establish a partnership between the medical service provider(KMA) and the government at the moment. Specifically, it is due to the lack of social consensus on securing additional financing necessary for the provision of high-quality medical services and distribution of resources.
- **No Free Lunch in UHC**

Conclusions

- UHC is not just about all diseases.
- UHC also does not mean NHI. NHI can be an effective means of implementing UHC.
- UHC issues are inherently social and political, and not just technical. We need to recognize, balance and negotiate these dimensions. The public health workforce needs to be ready to advance the agenda – with appropriate technical skills as well as an understanding of politics and society.

Thank you!

