Access of the Very Poor to Health Services in Asia

Evidence on the role of health systems from Equitap

DFID HSRC Very Poorest Workshop
14-15 February 2005

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Equitap Project

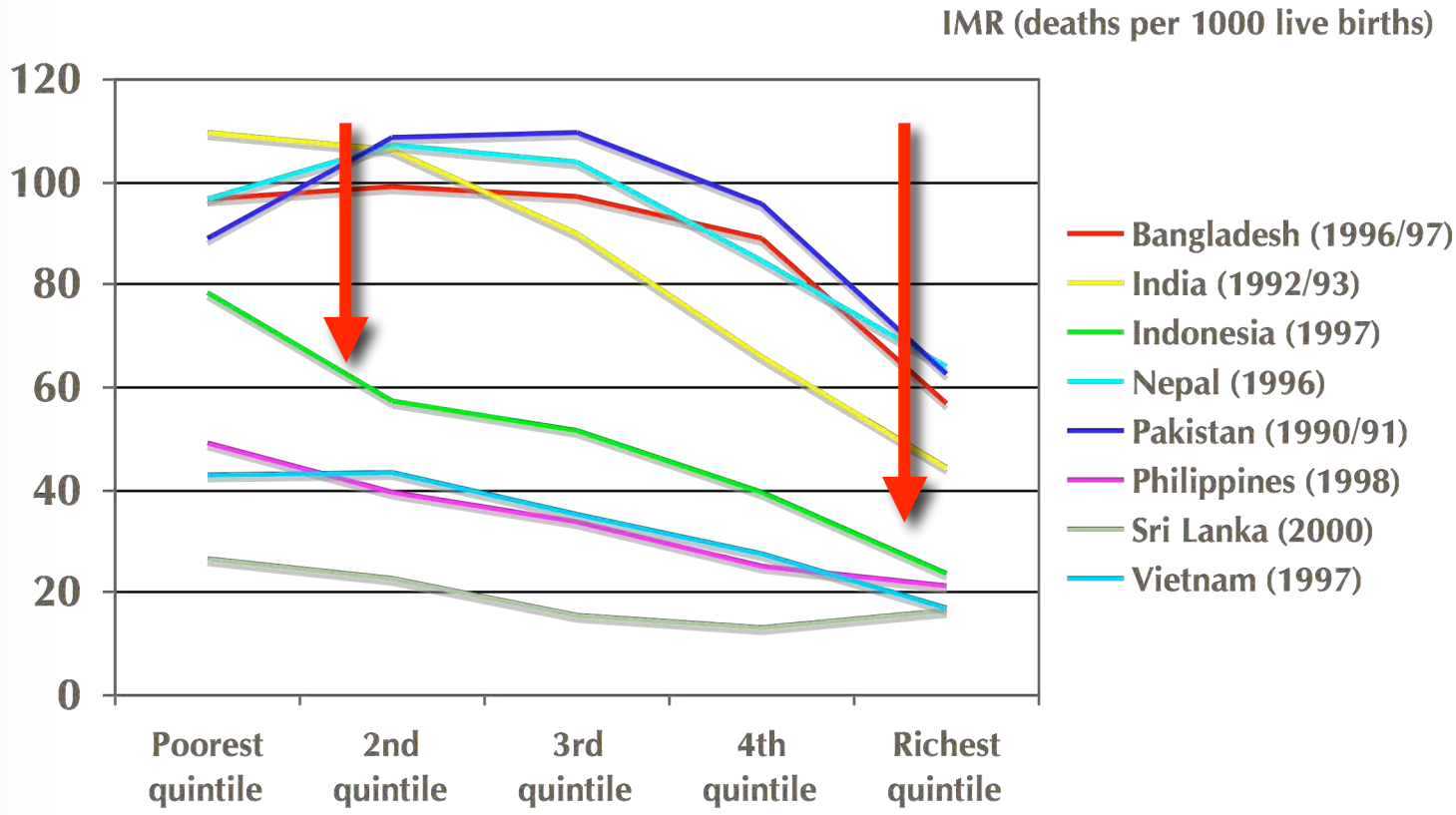
- Collaborative project of 17 UK, European and Asian institutions funded by EU, World Bank, DFID and others
- Systematic assessment of equity in national health systems & capacity building in Asia ranging from poor to rich nations
- Equitap Conference, 15-18 March 2005, Kandalama, Sri Lanka


Mongolia
Kyrgyzstan
China
South Korea
Japan
Nepal
India
Taiwan
Hong Kong SAR
Bangladesh
Thailand
Philippines
Sri Lanka
Malaysia
Indonesia

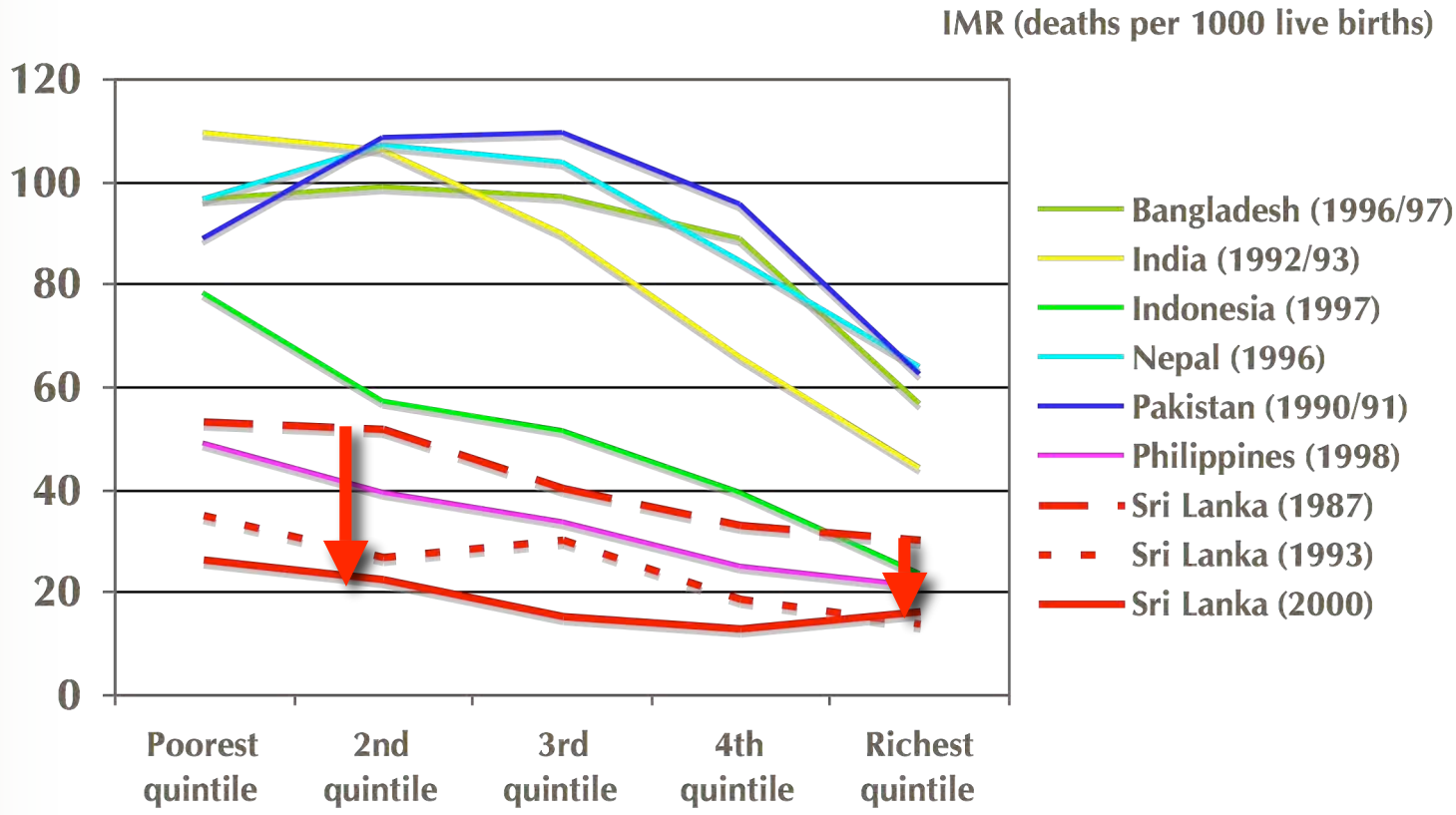
Dimensions of Equity

- Relevance to DFID/Social Protection Agenda
  - Health outcomes
  - Access/use of services
  - Benefit of government spending
  - Protection against catastrophic expenses
- Less relevant to DFID/Social Protection Agenda
  - Burden of financing

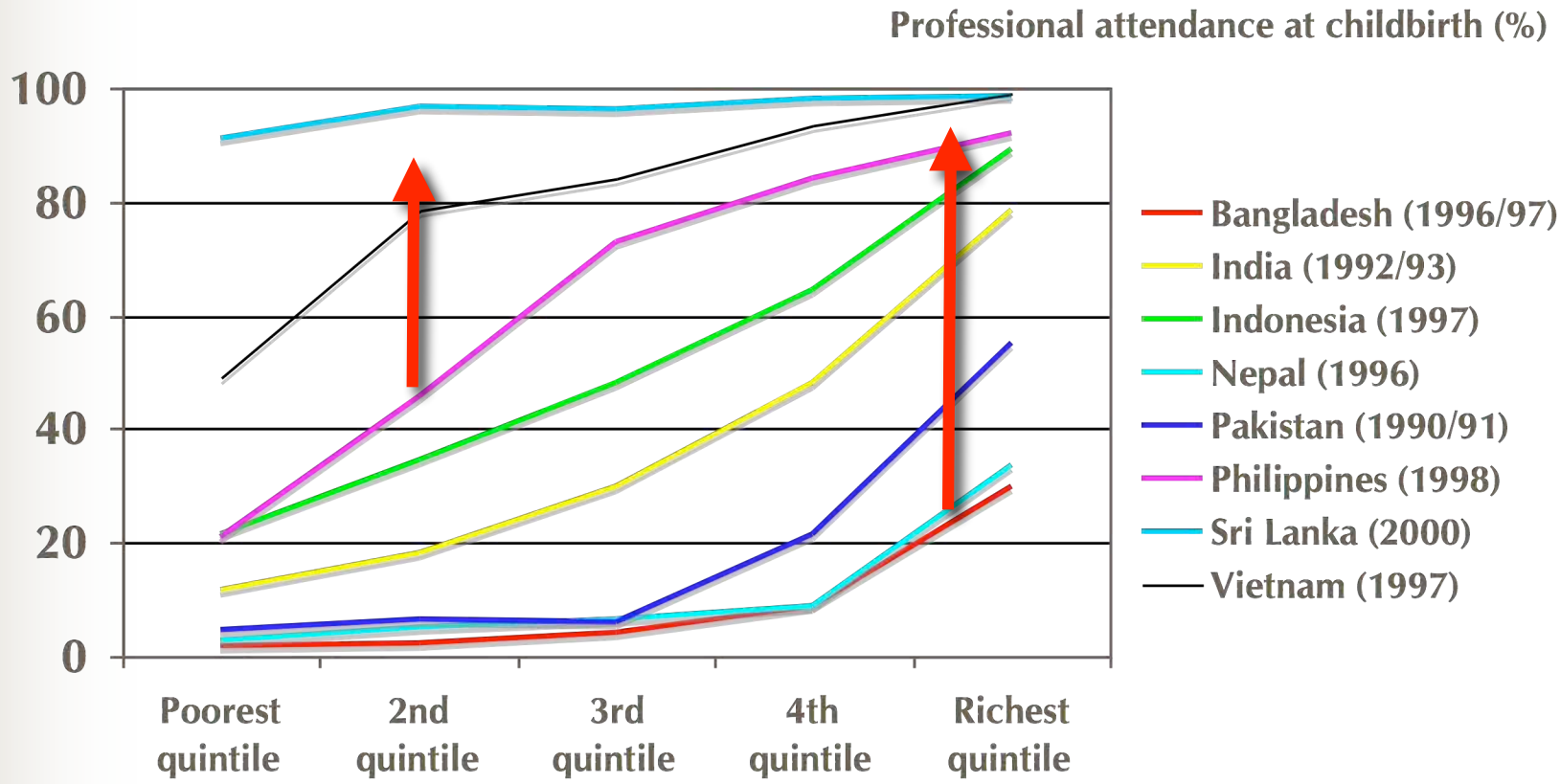
Health disparities



How fast is incremental?



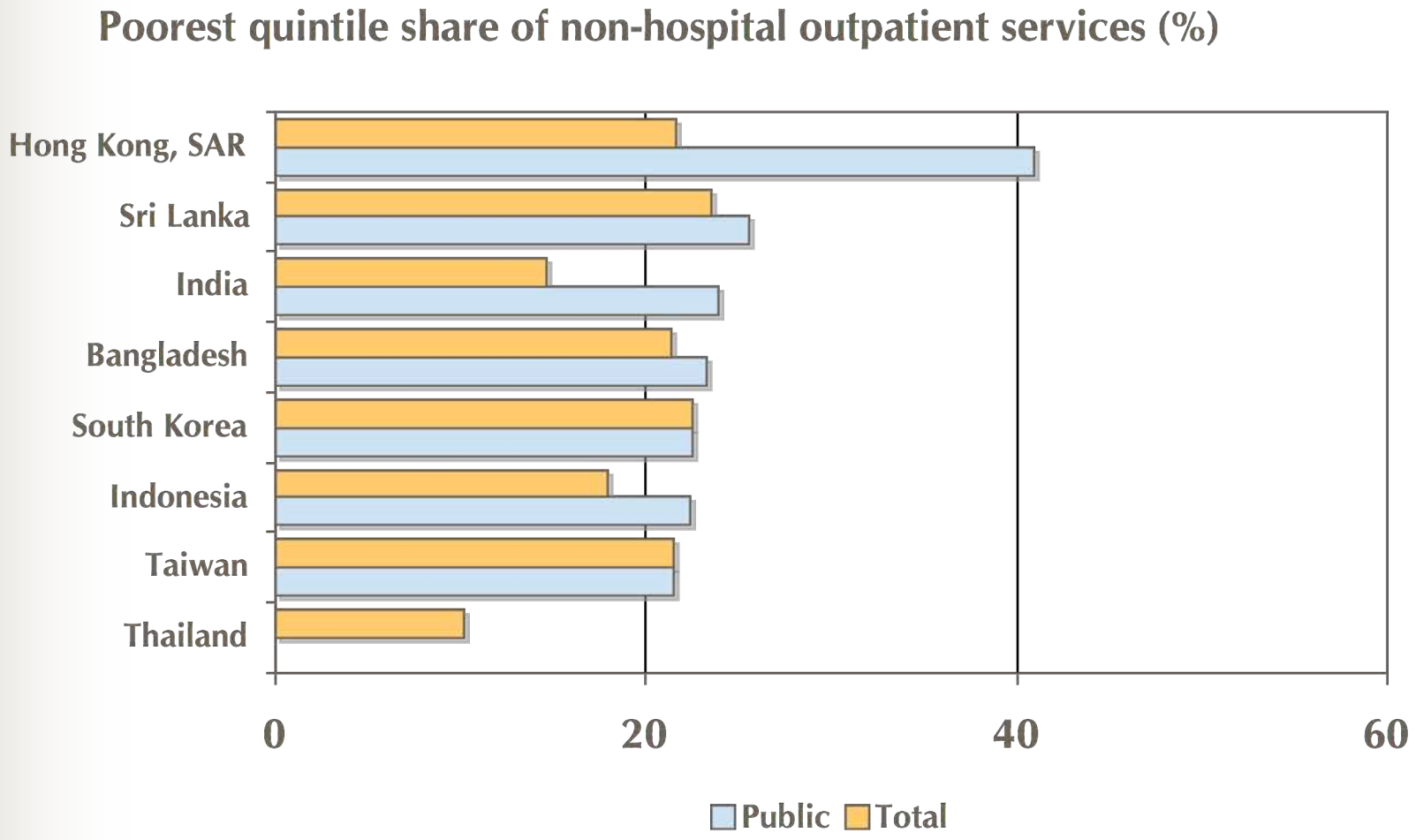
Use disparities



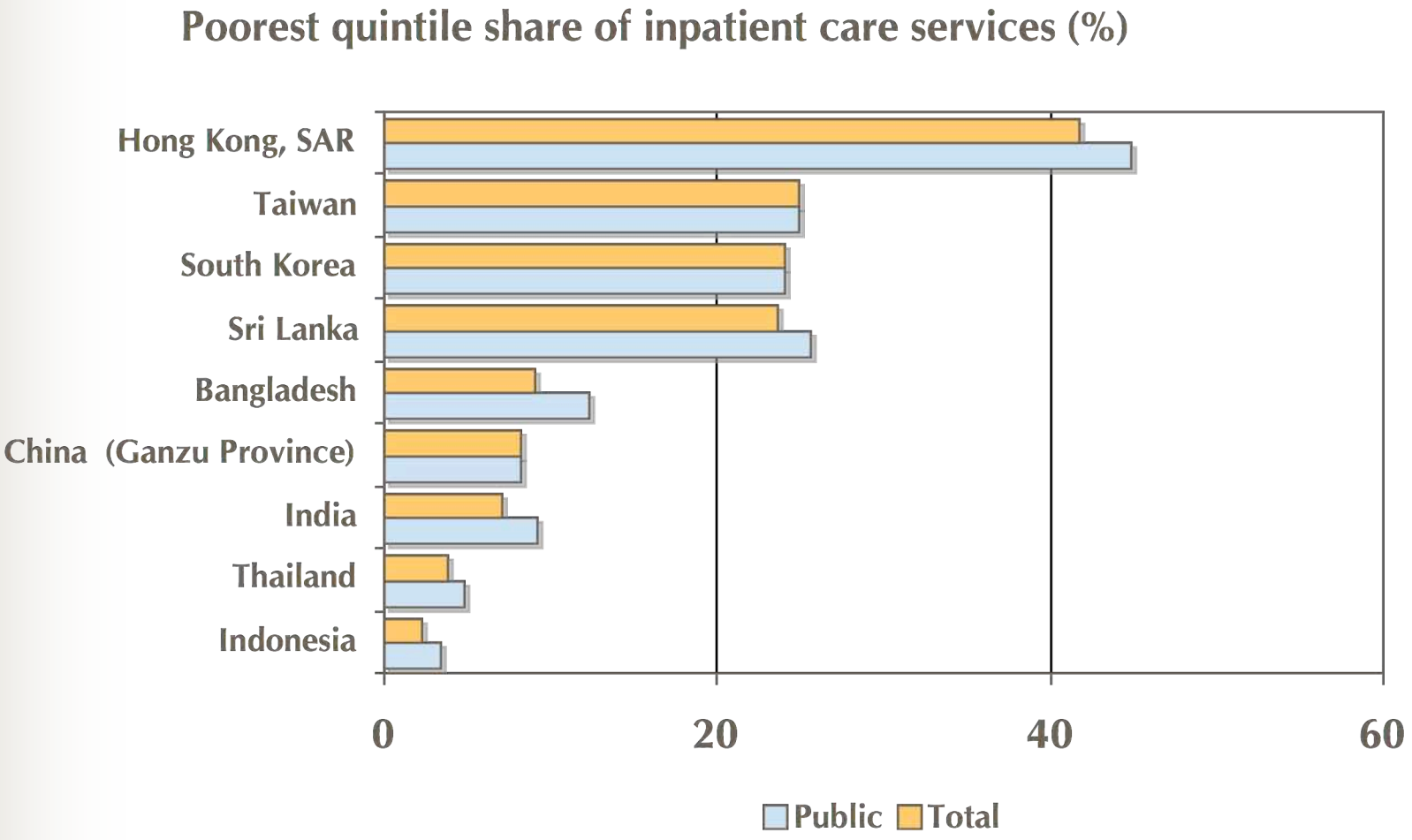
Health Outcomes & Access

- Outcome disparities matter
  - Important in themselves
  - Contribute to economic disadvantage
- Access matters to the poor
  - Contribute to disadvantage in health outcomes
  - Clear evidence for maternal health, but also exists for other outcomes
- But access not sufficient
  - Use disparities influenced by health seeking behaviour
  - Behaviour influenced by wider social norms -> Targeting may be ineffective in isolation

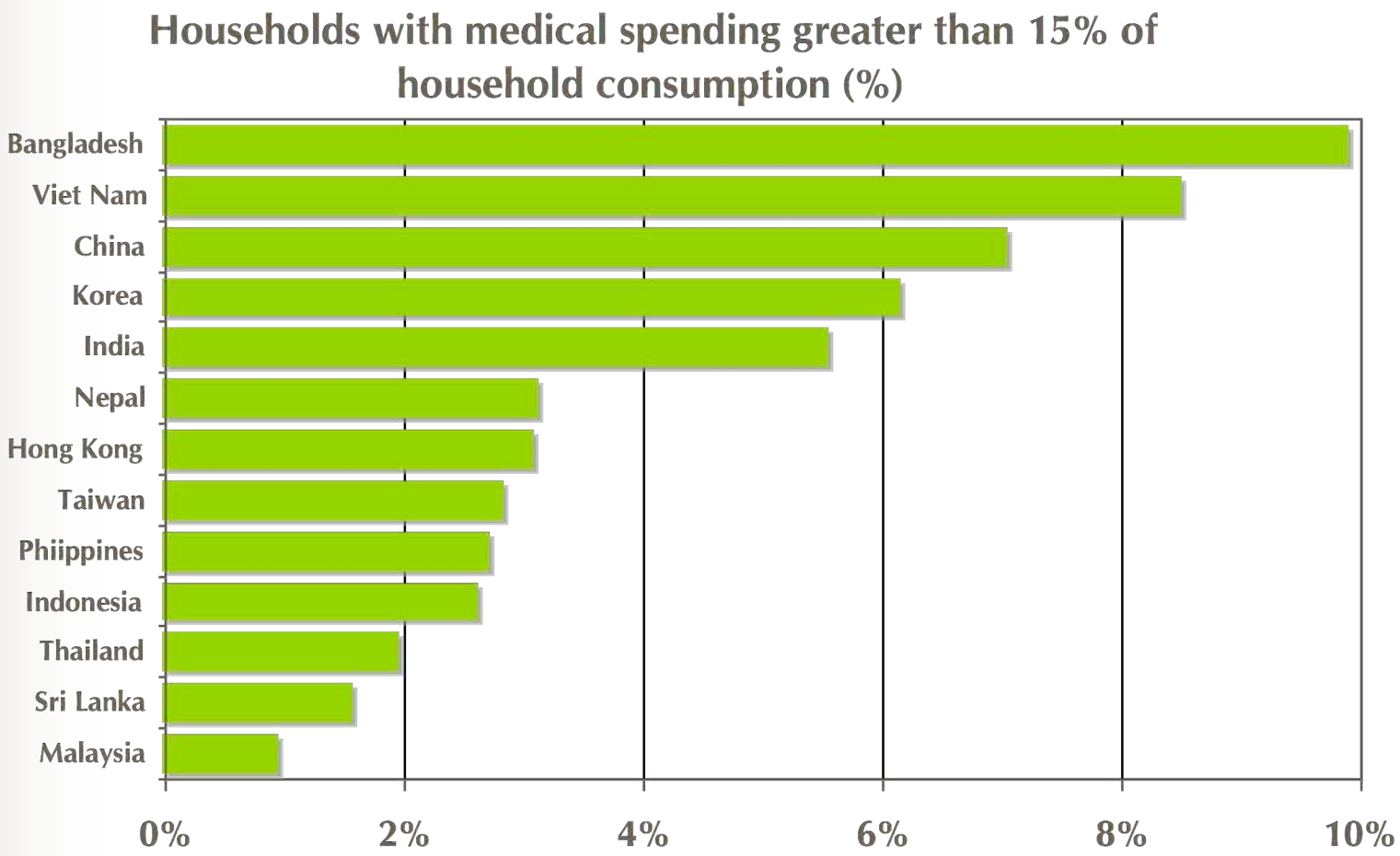
Targeting & use disparities



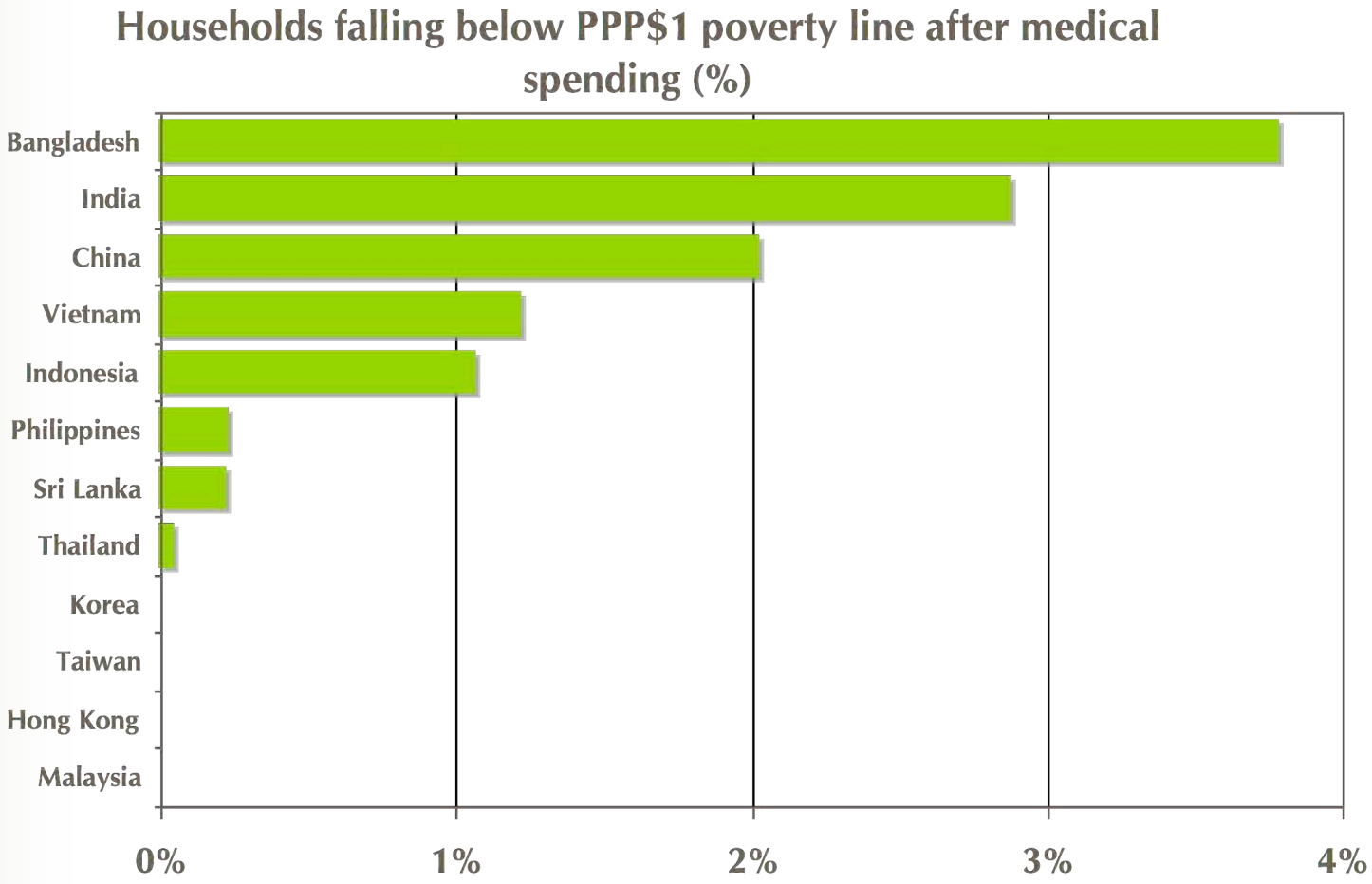
Targeting & use disparities



Catastrophic impacts



Poverty impacts



Typology of health systems

Universalistic, tax-funded systems: No/minimal user fees, no explicit targeting/voluntary self-selection by rich of private sector, emphasis in spending towards hospitals/inpatient care, high density of supply.	Sri Lanka Malaysia Hong Kong
Non-universalistic, tax-funded systems: User fees, means testing, emphasis in spending towards non-hospital care, low density of supply.	Bangladesh Indonesia India Nepal
National health insurance systems: Universal social health insurance, large tax-subsidy for insurance, emphasis in spending towards hospitals/inpatient care	Japan Korea Taiwan (Mongolia/Thailand)
Transition systems: Restricted social health insurance, minimal tax-subsidy for insurance, user charges major mechanism of financing	China Viet Nam

Impact of health systems

Universalistic, tax-funded systems: Government spending favours poor, high rates of utilisation, health inequality low, catastrophic impacts insignificant, impoverishment minimal.	Sri Lanka Malaysia Hong Kong
Non-universalistic, tax-funded systems: Government spending favours rich, low rates of utilisation, health inequality high, catastrophic impacts can be large, impoverishment can be large	Bangladesh Indonesia India Nepal
National health insurance systems: Government spending favours poor, high rates of utilisation, health inequality low, catastrophic impacts insignificant, impoverishment minimal.	Japan Korea Taiwan (Mongolia/Thailand)
Transition systems: Government spending favours rich, low rates of utilisation, health inequality maybe high, catastrophic impacts large, impoverishment large.	China Viet Nam

Some thoughts

- Universalism does not equal expensive
  - Examples are all low spenders (Sri Lanka, Malaysia, Japan), versus high spenders (India, China, Bangladesh)
  - Household out-of-pocket burdens lower
- Universalism is not a slow strategy
  - Incremental progress (5-10% per year) still rapid in contrast to small-scale projects, and more likely to sustain learning-by-doing productivity improvement
- No evidence base for explicit targeting working at national scale
  - Less costly, politically more acceptable

Some thoughts

- Correlation is between effective public and private sector supply/clinical standards
  - Sri Lanka/Thailand/Malaysia vs. India/Bangladesh/China
- No evidence base for privately-funded supply filling gaps in market supply
  - Market failure requires public intervention
  - Where state capacity is weak, no evidence of public funding of private provision working better than public provision

Equitap Conference

Kandalama,
Sri Lanka
15-18 March
2005