Sustainable Universal Health Coverage for Population Ageing in ASEAN Countries

A brief for the ASEAN-Japan Health Ministers Meeting on UHC and Ageing Populations, Tokyo, Japan, 14-15 July 2017
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WHAT ARE THE FOUNDATIONS OF SUSTAINABLE UNIVERSAL HEALTH COVERAGE?

Many countries are reforming their health care systems to achieve Universal Health Coverage (UHC), while also facing the challenges of population ageing. The renewed commitments to achieve UHC under the Sustainable Development Goals offer a unique opportunity to invest in the foundations of the health and social systems of the future, by:

- **Investing in and paying for health care** in a way that translates to better population health.
- **Implementing service delivery models** that ensure continuity of care and accessibility.
- **Ensuring that their health workforce** is trained and deployed based on population health needs.
- **Establishing information systems** that support real-time decision-making for policy adjustments.
- **Investing in technologies** to extend the reach of the system and ensure quality and efficiency.
- **Establishing governance** arrangements that support multi-sectoral actions to achieve UHC.

Home visits to older people in Manila, Philippines, WHO/WPRO/age00008

WHAT ARE THE CHALLENGES?

- The Asia-Pacific region is among the most rapidly ageing parts of the world. By 2050, the Asia-Pacific region will be home to 62% of all older people (60 years of age and older).

- All ASEAN countries will experience population ageing in the coming decades. Even where absolute numbers of older people may seem small, the relative share of the older population will be significant (Figure 1). This growth in the older population is occurring much more rapidly in urban areas than in rural areas.

- Reductions in noncommunicable disease (NCD) mortality contribute to improvements in life expectancy at older age (Figure 2). There is great variation across countries, with the probability of premature death from cancer, diabetes, cardiovascular disease and chronic respiratory disease varying from 30% in some ASEAN countries to below 10% in Japan, the Republic of Korea and Australia.

- Older persons tend to require more frequent and intense health care, often for multiple conditions, with accompanying social care needs to support their autonomy and daily functions.

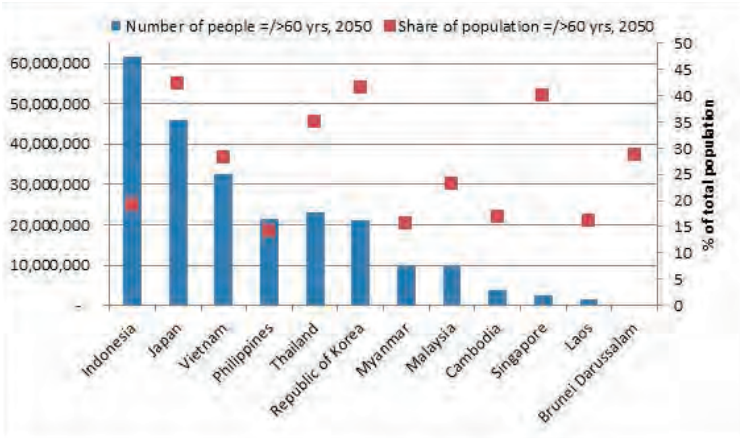

Figure 1: Projected number and proportion of people 60 years of age or older in 2050, by country (UNDESA World Population Ageing 2017)

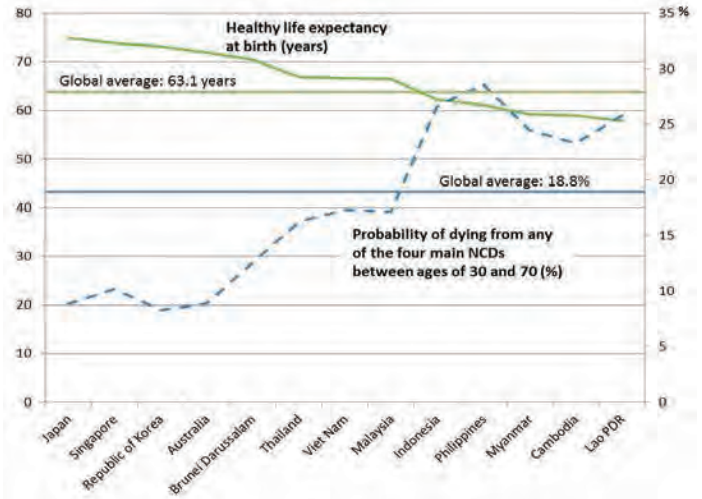

Figure 2. Healthy life expectancy at birth (years) and the probability of premature death from any of cardiovascular disease, cancer, diabetes or chronic respiratory disease between age 30 and 70, by country, 2015

Country	Total Health Expenditure per capita, US$ Purchasing Power Parity	General gov't expenditure as % of total health expenditure	Out of pocket expenditure as % of total health expenditure
Brunei Darussalam	1,778	94	6
Cambodia	183	22	74
Indonesia	299	38	47
Japan	3,727	84	14
Laos	98	51	39
Malaysia	1,040	55	35
Myanmar	103	46	51
Philippines	329	34	54
Singapore	4,047	42	55
Thailand	600	78	12
Vietnam	390	54	37

Note: latest year available

- Older people may be at high risk of catastrophic health spending because of reduced disposable incomes and greater health needs. The share of government spending on health varies greatly among ASEAN countries. In many countries, over one-third of total health expenditure is paid out of pocket.

Table 1. Total health expenditure per capita, General Government health expenditures as % of total health expenditure and Out of pocket expenditure as % of total health expenditure. (WHO National Health Accounts Database, 2017)

GOOD PRACTICES

- Evaluating levels of public financing for health, increasing government spending, designing financial protection, and reducing high out-of-pocket payments. Paying health care providers in ways that provide stronger incentives to achieve better health such as through prepayment schemes.
- Aligning governance arrangements – the roles and relationships among the institutions involved in the management, financing and delivery of services – to integrate health and social care systems.
- Investing in public policies that promote healthy ageing through prevention of NCD risk factors – such as tobacco control, prevention of the harmful use of alcohol, and promotion of healthy diets and reduction in consumption of salt, sugar, fat and edible oils.
- Integrating the needs of older persons into UHC planning. Shifting resources towards primary care, integrating prevention of disease and disability into comprehensive disease management, rehabilitation, and end-of-life care.
- Recognizing the increasing numbers of older persons in urban areas and addressing their needs for both sparsely populated rural areas and densely populated urban areas.
- Investing in the generation and use of information systems which would enable analysis and advice on the impact of population ageing and health on wider government policies and public sector reform initiatives.

"ME-BYO" – A NOVEL JAPANESE CONCEPT OF HEALTH AND WELL-BEING

"ME-BYO" is the physical and/or mental condition between healthy or sick. It is drawn from Kampo or traditional Japanese medicine which stresses that many people exist in a continuum between the states of complete health or illness rather than inhabiting simple binary states of being healthy or ill.

Key concepts of "ME-BYO"

1) Active maintenance of health and well-being throughout life is important.
2) Beyond disease prevention, it aims to decrease risk of any disease.
3) It is never too late: improvements are always possible regardless of current health status.
4) Older people are especially encouraged to continually improve health.
5) Disease management and ME-BYO can be jointly integrated into good clinical practices.

PRACTICAL ACTIVITIES FOR IMPLEMENTING ME-BYO IN KANAGAWA PREFECTURE, JAPAN

Main policy target areas for ME-BYO for healthy ageing

- Healthy lifestyle classes for older people (e.g. cooking and exercise).
- Set up community spaces where older people can receive health screening or socialize.
- Support municipal governments to collect data to support and monitor healthy ageing.
- Certify companies and organisations that provide ME-BYO services;
- Couple life-style interventions with technology to support functioning (e.g. robotics)
- Personalised medicine tailored to the ME-BYO needs of an older person.

RESOURCES

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- World Health Organization, Regional Office for the Western Pacific Region. 2017. Country Fact Sheets on Ageing and Health http://www.wpro.who.int/topics/ageing/country_factsheet_ageing/en/
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