From Left Behind to Front and Centre

Key messages from UHC focus group discussions amongst vulnerable and marginalised groups in Asia

APCASO
Strengthening community systems.
Advancing human rights.

csem
Civil Society Engagement Mechanism for UHC2030

uhc2030
International Health Partnership

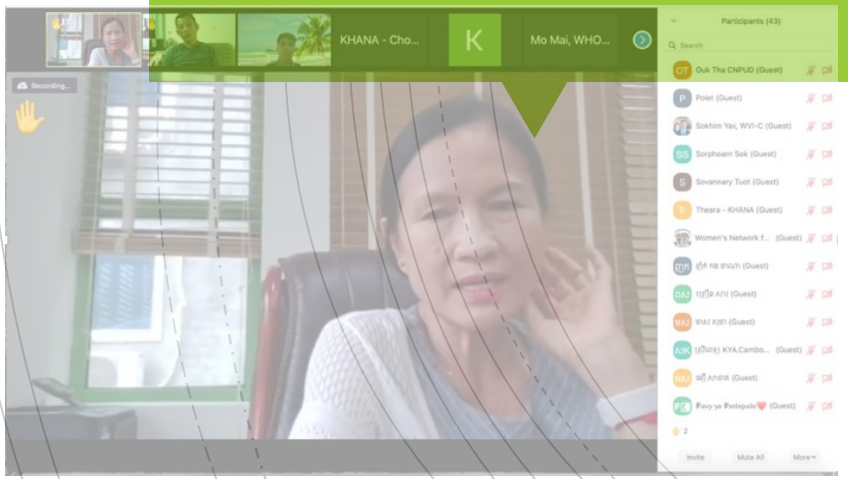
Universal Health Coverage (UHC)

- The World Health Organization and the 2030 Sustainable Development Goals defines UHC as having all people receive the quality health services they need without financial hardship.
  - It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.
- APCASO takes the approach that the true measure of UHC will be **to what extent a country's most vulnerable and marginalised populations** have access to, and are able to benefit from health care, without suffering financial hardship.
  - These are the very people who often have the greatest need for health care and financial or other assistance to access it – the people that UHC is designed to support, and the people who currently risk being left behind.

The Consultations

- The Civil Society Engagement Mechanism for UHC2030 (CSEM), 'State of the UHC Commitment Report – 2021'
- Part of the global series of UHC consultations with communities and civil society
  - At least 5 countries per region, across 5 regions
- Consultations aim to capture communities and civil society perspectives on their experiences with UHC

The Asia Consultations



- Focus group discussions in **eight (8) countries** in Asia, led by health and human rights civil society organisations:
  - **Bhutan**: Lhak-Sam, Bhutan Network of People Living with HIV
  - **Cambodia**: Khmer HIV/AIDS NGO Alliance (KHANA)
  - **India**: National Coalition of People Living with HIV India (NCPI+)
  - **Japan**: Global Health Program, Africa Japan Forum
  - **Lao PDR**: Community Health & Inclusion Association (CHIAs)
  - **Nepal**: Trisuli Plus
  - **Pakistan**: Association of People Living with HIV & AIDS (APLHIV)
  - **Vietnam**: Centre for Supporting Community Development Initiatives (SCDI)
- Total of **213 individuals**
- Representing **diverse communities**: men, women, youth, elderly, transgender people, LGBTQI+, people living with HIV, people who use drugs, sex workers, migrants, urban poor, people with disabilities, and ethnic minorities.
  - Some countries also social workers and public health facility staff
- Key community and civil society leaders interviews in Indonesia and the Philippines

"the greater the vulnerability of an individual, the greater the time, cost, labour, and patience required for that person to expend to access health and medical care." (Japan)

The Upshot

- Countries are at different stages in their journey towards UHC;
- UHC exists in some shape or form in ALL countries hosted consultations – have a policy, framework, or national insurance coverage as a mechanism;
- Each government has made at least some commitment to provide free or subsidised health care to its citizens;
- **HOWEVER,** many gaps, quality issues, and barriers to access remain – particularly for the most vulnerable and those most in need of support.

"We often see more than one patient in one bed due to scarcity of resources…" (Pakistan)

The Gaps

1. **Coverage of conditions:** even if "basic" health care is covered, many health issues facing vulnerable and marginalised groups are excluded.
2. **Stigma and discrimination:** a key deterrent for many marinalised individuals from even seeking health care.
3. **Quality of care:** lack of quality in health care services, particularly in the public sector.
4. **Physical access:** particularly those living in rural and remote areas, including access to provincial-level referral hospitals.
5. **Information:** many citizens do not understand what services they have free access to, or how to access them; also reflect lack of trust in the government and/or inappropriate communication strategies.
6. **Bureaucracy:** particularly migrants or the poor without necessary documentations; those with literacy limitations; or do not have requisite identification forms

"People either have to pay, or die." (Nepal)

"…programme managers, bureaucrats, politicians, ..either reprimand management of hospitals or they suspend or transfer them but the issues remain unresolved." (Pakistan)

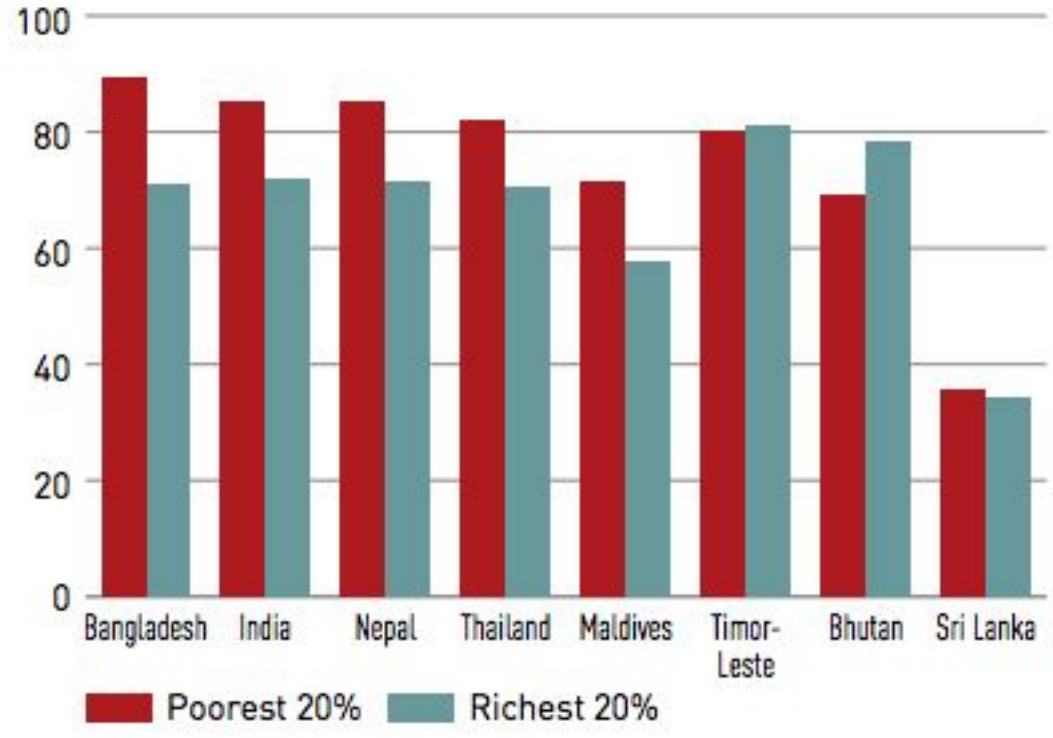
More Gaps

7. **Fragmentation:** when systems are not aligned and information is not shared across facilities or departments; ;lack of continuous care within the system, between different services and locations.
8. **Trust:** the most marginalised groups, often do not trust services provided by governments, including the quality of drugs provided to them.
9. **Civil society engagement:** many such mechanisms only coordinate across government line ministries, and few actively involve civil society and community.
10. **Accountability:** most countries lack an accountability mechanism.
11. **Privacy and confidentiality:** some health care providers could be indiscreet about personal details – intentionally or otherwise - or publicly announce someone's status.
12. **Integration of mental health service:** support for growing mental health issues is inadequate.

"in some localities, minority people still believe that they are poisoned if they get ill and they go to worship instead of going to hospital for treatment." (VietNam)

FIGURE 2.15 Poorer households usually spent disproportionally more on medicines than richer households in the WHO South-East Asia Region

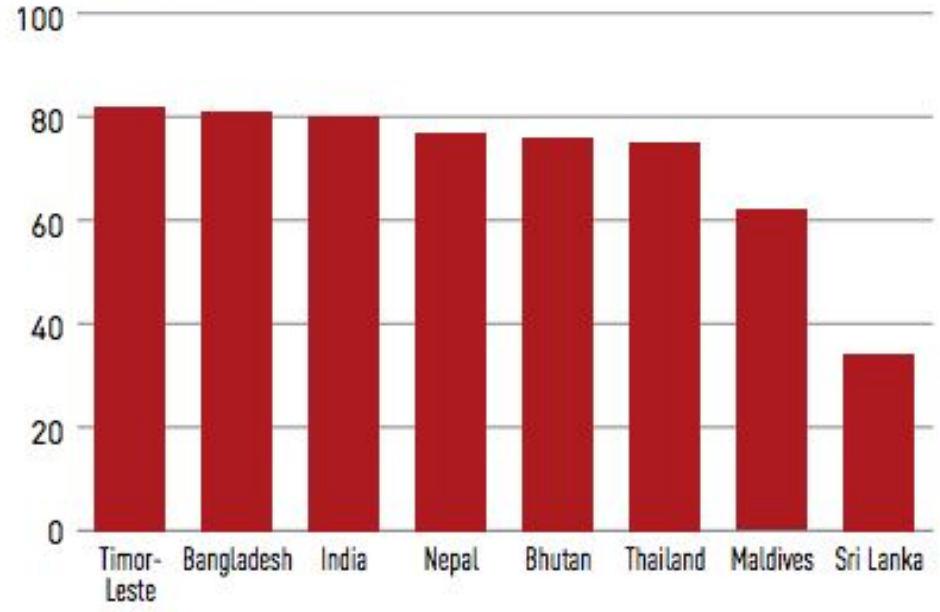
Average out-of-pocket spending on medicines as a share of household total out-of-pocket health spending, for the bottom and top consumption quintiles, latest year available



Source: The WHO, *Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report*

FIGURE 2.14 **In six of eight countries in the World Health Organization South-East Asia Region, spending on medicines accounted for more than 75% of total out-of-pocket health spending among households incurring any out-of-pocket health spending**

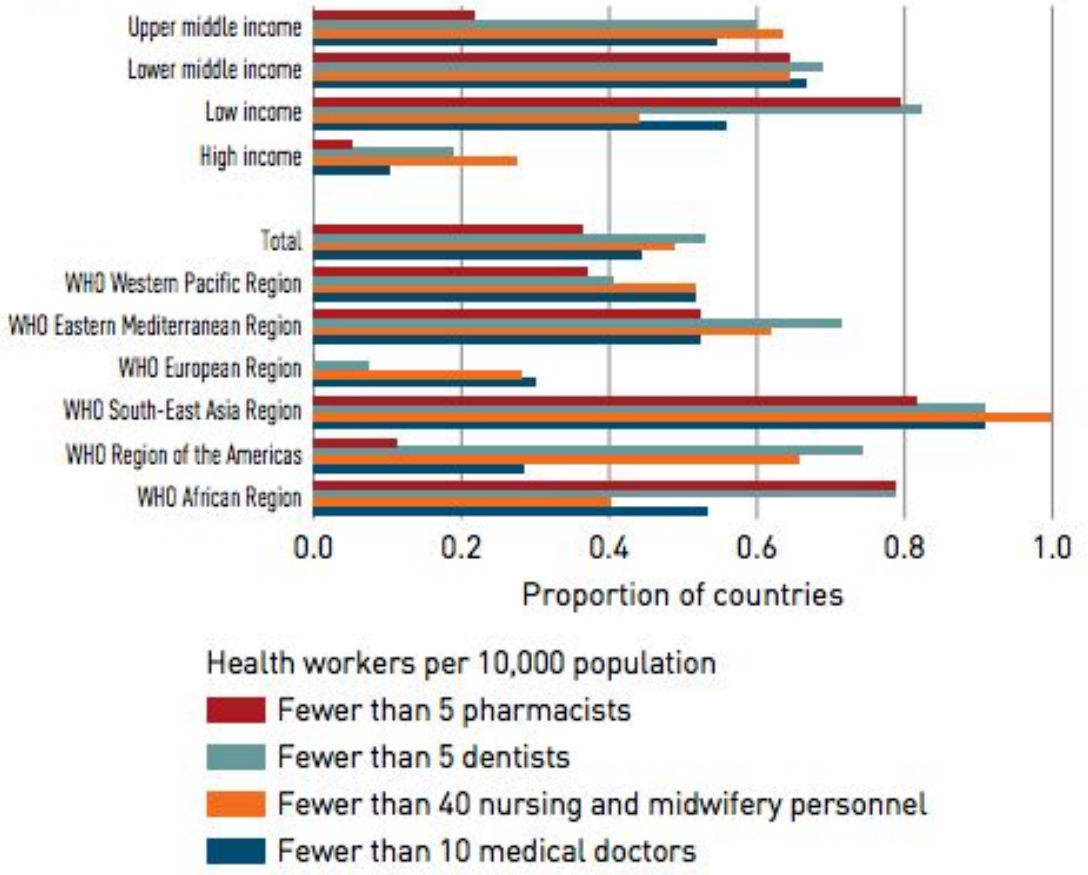
Average out-of-pocket spending on medicines as a share of household total out-of-pocket health spending, among households spending on health out of pocket, WHO South-East Asia region, latest year available



Source: The WHO, *Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report*

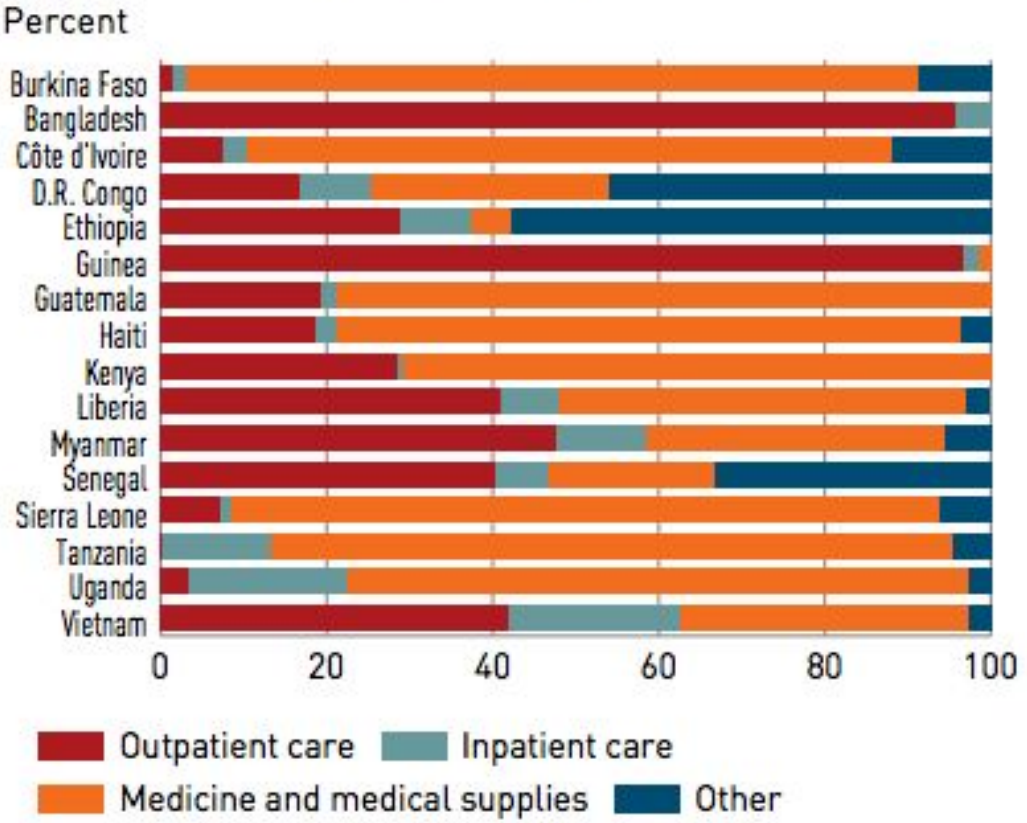
FIGURE 4.4 Regions with the highest disease burden have the lowest density of health workers

Proportion of countries with low density of health workers, latest available data



Source: The WHO, *Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report*

FIGURE 2.16 Drivers of out-of-pocket expenditures in selected countries, mostly in Africa



Source: HEFPI dataset: https://datacatalog.worldbank.org/dataset/hefpi. and (31)

* Asian countries: Bangladesh, Myanmar, and Vietnam

Source: The WHO, *Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report*

"What is the use of having the services if people don't want to use them?" (Bhutan)

The Asks

- *Role of governments*
- *Role of donors*
- *Role of communities*

1. Ensure UHC covers the specific health and well-being needs of marginalised and vulnerable populations, making them available when, where and how they are most accessible;
2. Include representatives of marginalised and vulnerable communities as equal and permanent partners in UHC oversight, decision-making, and evaluation mechanism;
3. Invest in improving communication and access to information, and integration and user-friendliness of UHC systems to reduce non-financial barriers to access;
4. Enable improved access to health care and better well-being outcomes by decreasing stigma and discrimination in the health sector; and
5. Strengthen the health system's capacity to provide mental health support to all, particularly the most marginalised and vulnerable communities.

Acknowledgements - THANK YOU

- All of our partners who organised, facilitated, and documented the focus group discussions;
- Each and every participant in the focus group discussions;
- Our partners in Indonesia and the Philippines for their contribution to the country case studies;
- CSEM and WACI Health; and
- Aishling Thurow, Carthi Mannikarottu and Lorina McAdam

Bhutan
KHANA UNITED FOR A STRONGER COMMUNITY
Cambodia
India
Japan
CHIAs
Lao PDR
Nepal
Pakistan
SCDI Develop Together
Vietnam