Opinions on Sustainable Healthcare Financing Options for Funding New Medical Technologies in ASEAN-6

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Background & Objectives

The UN's Sustainable Development Goals (SDGs): SDG 3.8 has a target for Universal Health Coverage (UHC) - by 2030, at least 80% of people having the services they need, when they need them, without financial hardship

Health financing challenges: As agreed at the UN General Assembly (2023), achieving UHC requires overcoming serious health financing challenges, establishing sufficient and sustainable funds, protection from financial risks, and improving efficiencies within the system.

ASEAN Region challenges: Countries within the region face insufficient government funding, significant debt, high out of pocket spending and challenges worsened by the pandemic.

Objectives

• To identify **healthcare challenges** related to achieving **UHC** and gauge willingness for financing methods to **build healthcare-related fiscal space** in Indonesia, Malaysia, the Philippines, Singapore, Thailand and Viet Nam.

Methods

A mixed methods approach was utilised:

- 1. Scoping review to identify key challenges to achieving UHC and potential financing mechanisms in ASEAN-6 countries (the Philippines, Indonesia, Viet Nam, Thailand, Malaysia and Singapore)
- 2. 3 Round web-based **Delphi exercise** assessing key challenges to UHC and potential financing mechanisms to create fiscal space in the ASEAN6
 - Participants were from ASEAN6 countries and a range of stakeholder groups: decision-makers (payers, regulators, government), research and policy (academics, NGO's and independent consultants), health care professionals, patients and industry experts
- 3. Data analysis: **assessment of Likert scale data** on UHC challenges and financing mechanisms. **Stability of participant responses** and **percentage agreement** was analysed. **Consensus** was measured within and across countries with consensus = >70% rating 'agree' or 'strongly agree'

Delphi participants per country

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Country	Participants
Indonesia	9 (17%)
Malaysia	10 (19%)
Philippines	6 (12%)
Singapore	5 (10%)
Thailand	12 (23%)
Viet Nam	10 (19%)

Definitions

Fiscal gap: the difference between the actual domestic general health expenditure and the 'ideal' government healthcare spend of 5% GDP¹.

Fiscal space: room in a government's budget that allows it to provide resources for a desired purpose without jeopardizing the sustainability of its financial position or the stability of the economy.

Results

Key challenges to achieving UHC with consensus across ASEAN6 participants

- Increases in non-communicable disease (NCD) prevalence leading to higher utilisation of healthcare resources
- Lack of prioritisation within the health system can lead to inefficient resource allocation
- The proportion of the population aged over 65 is increasing
- Limited health literacy and poor awareness of health system offerings
- Institutional rigidity within the health system results in an inability to adapt to changing priorities
- Lack of consistent IT and patient information systems within the healthcare system

Key takeaways

- □ Critical concerns for UHC: challenges include an aging population, increasing prevalence of NCD's, high out-of-pocket payments, and governance and healthcare workforce shortages.
- ☐ Holistic approach for SDG3: Overcoming challenges to meet SDG3 goals requires whole government approach and 'Health in All Policies'.
- □ **Fiscal responsibility**: Health investment is not the sole responsibility of the Ministry of Health. The Ministry of Finance should focus on generating additional sources of financing to widen the fiscal space.
- □ Private sector engagement: Innovative financing mechanisms should utilise the private sector to fund health interventions across multiple sectors.
- ☐ Tailored priorities: Each country should prioritise according to its unique healthcare challenges and readiness for reform.
- □ Practical steps: Pilot projects and regional initiatives offer practical starting points for governments seeking to address these complex issues.

Financing mechanisms with consensus across ASEAN6 participants

Traditional financing mechanisms

Introduce sin taxes for various products earmarked for healthcare

Introduce (or increase pre-existing) environmental tax, the revenue of which allocated to health services

Increase VAT/consumption tax with gains allocated to healthcare

Innovative financing mechanisms

89% Introduce risk sharing agreements

Earmark gains in GDP growth to healthcare

Introduce (or increase pre-existing) windfall corporation tax on private healthcare insurance profits, ring-fenced for healthcare services

Efficiency mechanisms

100% Improve health system digitalisation and effective regulation

Invest in citizen and patient awareness programmes

96% Increase funding in primary prevention

96% Improve health workforce knowledge

Implement tools for efficient resource allocation based on the clinical and cost effectiveness of a medical technology

Introduce or expand essential medicines list

93% Establish independent monitoring agencies

ASEAN-6 Recommendations

HEALTH SYSTEM IMPROVEMENT OPTIONS

Improve health system capacity by building primary care infrastructure and addressing human resource gaps

gaps

Achieve full population coverage with an affordable package of services delivered via effective primary health care with an increased focus on primary and secondary prevention

Ensure the focus on UHC is cross-government & that political will translates into actionable, measurable outcome

Enhance investment in and utilization of effective digitalisation in the healthcare system

Develop processes to objectively determine the value of innovation

OPTIONS TO BUILD FISCAL SPACE FOR HEALTHCARE

Pursue innovative financing models and effectively engage the private sector

Enhance efficiencies in the health system to ensure effective utilisation of resources

Develop processes to ensure that premiums or contributions are collected effectively from those

working in the informal sector

Reduce the burden of OOP to prevent catastrophic health expenditure

Use of taxation with automatic earmarking for the health sector