

Paving the Road to Universal Health Coverage



R4-Health and Labour Science Research Grants - Chikyukibo

Research on progress and challenges in Asian
countries toward achieving Universal Health Coverage by 2030



What is Universal Health Coverage (UHC)?

Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

Since 2000, “UHC” has attracted global attention due to development progress made by countries aiming to achieve UHC by strengthening health systems and building a universal health insurance system.



People-centered Healthcare Approaches for Ageing and Non-communicable diseases: Renewed Primary Health Care (PHC)

Primary Health Care (PHC) is an integrated care approach that focuses on people's needs through health promotion, disease prevention, treatment, rehabilitation, and palliative care to maximize health and well-being. This approach places importance on continuous community-based integrated care as close as possible to people's living with community autonomy, use of community resources, and approach to both individual and community. The necessity of this approach will become more essential than ever to further address ageing population and non-communicable diseases (NCDs) in coming year. For example, in Japan, “the Community-based Integrated Care System” as a community-based care system for the elderly has been created and promoted through the cooperation of various stakeholders and related organizations. In Thailand, community health volunteers, actively play a role in national health policies in response to COVID-19-related care needs. Such community based PHC approaches can flexibly accommodate such needs, when emerging health challenges arise, and contribute to the development of sustainable Universal Health Coverage.

Coordination between Health Services and Social Protection, including Social Assistance for Vulnerable Populations

The COVID-19 pandemic has highlighted the existence of various vulnerable groups that may be passed over in emergency health responses. Vulnerable groups are often represented by those who live with challenging social/economic or physical/mental conditions. How these people are perceived varies greatly depending on the country, living situations, and contexts of their lives. The WHO Western Pacific Regional Office recognizes people experiencing homelessness, residents of slums and overcrowded housing, refugees, migrant workers, the disabled, people residing in closed facilities, people living in remote areas, people in poverty or extreme poverty, people facing intersecting and compounding vulnerability, and people affected by the digital divide. In addition to the above, the affected populations also include at-risk populations experiencing socio-economic marginalization and requiring specific attention under COVID-19 pandemic recognized by the United Nations to include women, the elderly, children and young people, indigenous peoples, minorities, people with underlying conditions (such as HIV), people living in areas subject to protracted conflicts, as well as LGBTI populations and other groups that face discrimination and exclusion. To achieve UHC, these people must not be left behind, not only with regard to providing health services, but also in response to the socioeconomic challenges that make them vulnerable. Coordination with social protection that include social assistance is key.



Today, UHC is recognized as a key indicator of the Sustainable Development Goals (SDGs). The experience of the global COVID-19 pandemic has shown the world the importance of UHC. Based on the experience of COVID-19, this research group now considers the means for development of UHC by 2030, the target year of the SDGs, and makes the proposals following.

Public Health Insurance and Diverse Stakeholders: Cooperation with Private Healthcare Services

To achieve UHC, collaboration among various players as private organizations and civil society organizations is necessary, as is creation of a mechanism by which the whole of society may aim toward the development of UHC. In the medical field, collaborations are now promoted in the various aspects of service provisions. Contracting with the private sector to provide primary health care has been reported to have positive effects, such as improved care access, by stimulating competition among providers. In Japan, all citizens are covered by public health insurance, under the same medical fee system, and with no distinction made between public and private facilities.

When the COVID-19 pandemic appeared on the world scene, health care sectors in many developing countries reported crises in private sectors providing healthcare services, which also resulted in worsening the situations of the countries. This illustrates the necessity of close monitoring for fairness, quality, efficiency in health care services as well as its systemwide impact. Every country must pool its collective wisdom regarding what form sustainable public-private partnerships should take to achieve desirable outcome, which is UHC.

No Achievement of UHC without Patient Safety: the System Must Ensure the Safety

Safety is the minimum requirement for effective, quality health care services. However, it has been reported that providing health services can cause adverse events in patients. It has been noted that about 10% of hospitalized patients in developed countries and about 40% of outpatients globally experience adverse events. In a certain Asian country, for example, several residents in a village became infected with HIV due to an improper use of syringes. In Japan, there have also been reports of inoculations administered that were the wrong type, wrong concentrations, or wrong number of doses. There is no 100% safe medical treatment. Safety does not exist as a matter of course, but there are always risks and the question remains as to how levels of risk can be reduced the point where a service is considered safe. To achieve UHC, there is a global demand for the provision of health services that includes creation of a system that ensures their safety.

A Solid Foundation for Universal Health Coverage

To achieve UHC, an institution composed of laws, ordinances, plans and programs that are specific to the context of each country is needed. On top of that, a health system securing financing, health workforce, infrastructure, medicines, and technology would serve as a foundation for providing safe, fair, effective, and efficient health care services. The creation of this foundation cannot happen overnight. Countries that have developed UHC took many years to create, reform and develop it. Without the national commitment to build this foundation, it will be impossible to achieve UHC.

Proposal for the development of Universal Health Coverage

- 1 Continue to seek and promote flexible and sustainable primary health care approaches that are people- and community – centered to adapt to emerging population dynamics and epidemiological transitions such as ageing, noncommunicable diseases etc.
- 2 Not leave behind socially, economically, physically and mentally vulnerable people – not only regarding health care services but also with social protections including social assistance
- 3 Continue to explore and discuss cooperation between private medical services and public systems that maximize the fairness, quality, efficiency, and effectiveness of health care services
- 4 Promote the creation of a system that guarantees safety so that people are not harmed by health care services
- 5 Build and continuously improve the foundation for health systems based on national laws, ordinances, plans and programs to ensure the development of UHC

Research on progress and challenges in Asian countries toward achieving Universal Health Coverage by 2030

R4-Health and Labour Science Research Grants - Chikyukibo

Principal investigator

Eri Osawa

Chief Senior Researcher, National Institute of Public Health, Department of International Health and Collaboration

Research Members

Reiko Hayashi

Deputy Director-General, National Institute of Population and Social Security Research

Etsuji Okamoto

Professor, The University of Fukuchiyama

Masami Fujita

Director, National Center for Global Health and Medicine, Division of Global Health Programs,
Bureau of International Health Cooperation

Marika Nomura

Researcher, National Institute of Health and Nutrition, International Center for Nutrition and Information

Kenichiro Taneda

Chief Senior Researcher National Institute of Public Health, Department of International Health and Collaboration

Tomoko Kodama

Chief Senior Researcher, National Institute of Public Health, Department of International Health and Collaboration

Research Collaborator

Yuta Yokobori

National Center for Global Health and Medicine, Division of Global Health Programs,
Bureau of International Health Cooperation

