TOWARDS UNIVERSAL HEALTH COVERAGE

By Prof Paul Ananth Tambyah and Dr Tan Lip Hong

The World Health Organization (WHO) recently launched its 2013 World Health Report calling for research into universal health coverage,[1] which builds on their 2010 report.[2] When WHO's 2010 report was released back then, their Director-General Dr Margaret Chan made the call to move away from user fees, saying, "Direct out-of-pocket payments at the time of care are identified as the single biggest barrier to universal coverage. While user fees have been promoted as a way to reduce the overuse of services, this is not what happens. User fees punish the poor. They are inefficient. They encourage people to delay seeking care until a condition is far advanced, and far more difficult and expensive to treat. And when people do pay out of pocket for care, financial ruin can be the result."[3]

The 2013 report is very timely for Singapore, as universal health coverage is currently being discussed widely across the political spectrum. Our current healthcare financing system which depends heavily on out-of-pocket expenses and employer-funded benefits is not sustainable. In 2012, Medisave ($768 million),[4] MediShield ($315 million)[5] and Medifund ($98 million)[4] account for less than 10% of Singapore's estimated total health expenditure of $12 billion. We have a safety net – if you and your family have no more Medisave funds and you have exceeded your MediShield claimable limit, you can apply for Medifund and be covered under the scheme, provided you meet the stringent means tests. This is different from what the WHO report describes as universal health coverage, which "means that everyone has access to quality health services that they need without risking financial hardship from paying for them".[6]

Everyone should have access to essential preventive, curative and rehabilitative health services. "Hotel services" can be provided to the wealthy, but we believe

that evidence-based healthcare is a basic human right. As Dr Chan pointed out in her 2010 speech, it is "not just a bout of severe illness, emergency surgery, or an accident" which can send someone into poverty, but the "steady drain of paying medical bills for chronic diseases or disabilities" can be similarly devastating.[3]

The Government has proposed some positive tweaks to the MediShield system. These include extending coverage beyond the age of 90, covering those with pre-existing illnesses and increasing outpatient subsidies. There are, however, concerns that this version of universal health coverage which is premised on higher "front-loaded" premiums may reduce the government safety net, while keeping the burden on individuals and companies unsustainably high.

There are alternative proposals including the one that both of us were involved with – the Singapore Democratic Party's National Healthcare Plan.[7] This features a mandatory national health insurance fund that individuals pay into from their Central Provident Fund accounts, with the Government paying for the low income and the elderly. This would cover all outpatient chronic disease care as well as inpatient hospitalisation with a capped maximum copayment. It would be largely funded by the mandatory payments, as well as a level of government health expenditure closer to developed Asian countries such as Korea.

Singaporeans deserve true comprehensive universal health coverage. *We can make it happen.* **SMA**

References

1. World Health Organization (WHO). The World Health Report 2013: Research for Universal Health Coverage. Geneva: WHO Press, 2013. Available at: http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf. Accessed 1 September 2013.
2. World Health Organization (WHO). The World Health Report: Health Systems Financing. Geneva: WHO Press, 2010. Available at: http://whqlibdoc.who.int/whr/2010/9789241564021_eng.pdf. Accessed 1 September 2013.
3. Chan M. Keynote address at the International Ministerial Conference on Health Systems Financing. Available at: http://www.who.int/dg/speeches/2010/Keynote_health_financing_20101122/en/. Accessed 1 September 2013.
4. Ministry of Health. Expenditure by Ministry of Health. Available at: http://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Healthcare_Financing.html. Accessed 1 September 2013.
5. Central Provident Fund Board. Annual Report 2012. Available at: http://mycpf.cpf.gov.sg/cpf/pdf/AR2012.pdf. Accessed 1 September 2013.
6. World Health Organization. Main messages from World health report 2013: Research for universal health coverage. Available at: http://www.who.int/whr/2013/main_messages/en/index.html. Accessed 1 September 2013.
7. Singapore Democratic Party (SDP) Healthcare Advisory Panel. The SDP National Healthcare Plan. Available at: http://yoursdp.org/_ld/0/5_sdp-national-he.pdf. Accessed 1 September 2013.

Prof Tambyah is Professor of Medicine and consultant physician in Infectious Diseases at a major teaching hospital. In addition to his work, he is active in civil society. This contribution is not related to his day job but reflects his activities as one of the members of the SDP healthcare panel.

Dr Tan obtained his MB, ChB from Leicester University, UK, in 1988, and returned to Singapore for his clinical training. He subsequently obtained his MMed (Occupational Medicine) from National University of Singapore in 1994. Dr Tan has worked as a GP in the heartlands for the past 18 years.