
HTAi Abstract

Inequity in Healthcare Access in Asian Countries with Reportedly High Universal Health Coverage Levels

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Objectives

To investigate inequity in access to inpatient and outpatient healthcare under universal health coverage (UHC) schemes in countries across Asia with reportedly high levels of coverage.

Methods

A pragmatic literature review was conducted using PubMed and Google Scholar. The most frequently reported measure of inequity was the concentration index (CI). This index demonstrates the concentration of healthcare resource distribution; a score of 0 indicates equal distribution, while values >0 indicate resource is disproportionately concentrated on the rich and values <0 on the poor. Comparisons of CIs before and after implementation of UHC and between rural and urban areas were conducted along with analysis of the relationship between CIs, UHC levels and government expenditure on healthcare (GEH).

Results

Data were available for China, Korea, Thailand and Taiwan. Both before and after UHC implementation in Korea and Thailand, CIs for inpatient and outpatient care were marginally in favour of the poor. In China, healthcare was generally concentrated on the rich, although the CIs reduced after UHC. Data for urban versus rural areas were available for Thailand, where there was a pro-poor CI (CI=-0.14) for inpatient care in urban areas but almost equal healthcare distribution (CI=-0.04) in rural areas. Across all four countries, higher levels of UHC and GEH (2013 Purchasing Power Parity) corresponded to lower CIs for outpatient care, with strong negative correlations ($r=-0.7414$ and $r=-0.50721$, respectively). Negative correlations, albeit weaker, were also observed for inpatient care ($r=-0.2814$ and $r=-0.34833$, respectively).

Conclusions

Despite reportedly high levels of UHC in China, Korea, Thailand and Taiwan, inequities in access to inpatient and outpatient care were identified, and increasing UHC coverage and GEH were correlated with increasing distribution of healthcare resource towards the poor. Furthermore, the situation in Thailand highlighted the discrepancy in access to healthcare between urban and rural populations.

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