Funding of key services for HIV, viral hepatitis and sexually transmitted infections for selected countries in the Western Pacific Region

World Health Organization
Western Pacific Region

Funding of key services for HIV, viral hepatitis and sexually transmitted infections for selected countries in the Western Pacific Region

World Health Organization
Western Pacific Region

© World Health Organization 2019

ISBN 978 92 9061 871 3

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules).

Suggested citation. Funding of key services for HIV, viral hepatitis and sexually transmitted infections for selected countries in the Western Pacific Region. Manila, Philippines. World Health Organization Regional Office for the Western Pacific. 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. 1. Hepatitis, Viral, Human. 2. HIV infections. 3. Sexually transmitted diseases. I. World Health Organization Regional Office for the Western Pacific. (NLM Classification: WC142)

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

For WHO Western Pacific Regional Publications, request for permission to reproduce should be addressed to Publications Office, World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, 1000, Manila, Philippines, Fax. No. (632) 521-1036, email: wpropuballstaff@who.int

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

CONTENTS

ABBREVIATIONS

ANC	antenatal care
ART	antiretroviral therapy
DAA	direct-acting antiviral
FSW	female sex workers
HBV	hepatitis B virus
HCV	hepatitis C virus
MSM	men who have sex with men
NSP	needle and syringe programme
OOP	out of pocket
OST	opioid substitution therapy and other drug dependence treatment
PEP	post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
STI	sexually transmitted infection

Overview

This publication provides an overview of the health benefits package for HIV, viral hepatitis (hepatitis B and C) and sexually transmitted infections (STIs) in selected countries of the Western Pacific Region. Included in this review are 12 countries: Australia, Cambodia, China, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Mongolia, Papua New Guinea, the Philippines, Singapore and Viet Nam. These countries represent a variety of economic strengths, population sizes, health financing and delivery systems, and severity of the specific disease response across the Region. Several countries, such as Australia, Japan, New Zealand and Singapore, have mature health systems in place that put them in the forefront of the Region's aspiration of achieving universal health coverage (UHC), while other countries are currently transitioning towards attainment of UHC through the expansion of population coverage, as well as provision of safe and quality health-care services.

Countries in the Western Pacific Region have made considerable progress in preventing and controlling HIV, viral hepatitis and STIs. For HIV, Member States have made substantial progress in scaling up access to HIV prevention, diagnosis, treatment and care services. In 2017, out of the 1.5 million people living with HIV (PLHIV) in the Region, 62% are currently on antiretroviral therapy (ART) – a 7% increase from the previous year. New HIV infections have dropped from 120 000 in 2000 to 97 000 in 2016 and, despite the surge of new infections in some countries, the overall prevalence in the Region among adults has remained at 0.1% *(1)*. For viral hepatitis, progress made is evidenced by the achievement of several targets, from reaching the goal of 1% prevalence of hepatitis B surface antigen (HBsAg) among 5-year-olds to averting 7 million hepatitis B-related deaths since 1990 through childhood immunization *(2)*. For STIs, regional prevalence estimates for chlamydia, gonorrhoea, syphilis and trichomoniasis have all decreased between 2005 and 2012 *(3)*.

Despite this progress, a number of challenges remain on the path to ending the HIV epidemic and the high burden of viral hepatitis and STIs in the Region. For HIV, despite the continuous increase of access to treatment for PLHIV to 2017 compared with the previous years *(1)*, it is still far from the 90-90-90 target[1] towards ending the AIDS epidemic by 2030. For viral hepatitis, up to one third of individuals infected with hepatitis B and C virus end up with cirrhosis of the liver or other complications of chronic infection. The aim of the *Regional Action Plan for Viral Hepatitis in the Western Pacific 2016–2020* is to diagnose 28 million and treat 5 million hepatitis B patients and diagnose 5 million and treat 1 million hepatitis C patients. For STIs, the Region bears the highest burden among all six WHO regions with 142 million cases of the four curable STIs – chlamydia, gonorrhoea, syphilis and trichomoniasis. Several countries are reporting an increase of syphilis cases among key populations, apart from the continuous increase in gonococcal antimicrobial resistance seen in the Region *(4)*.

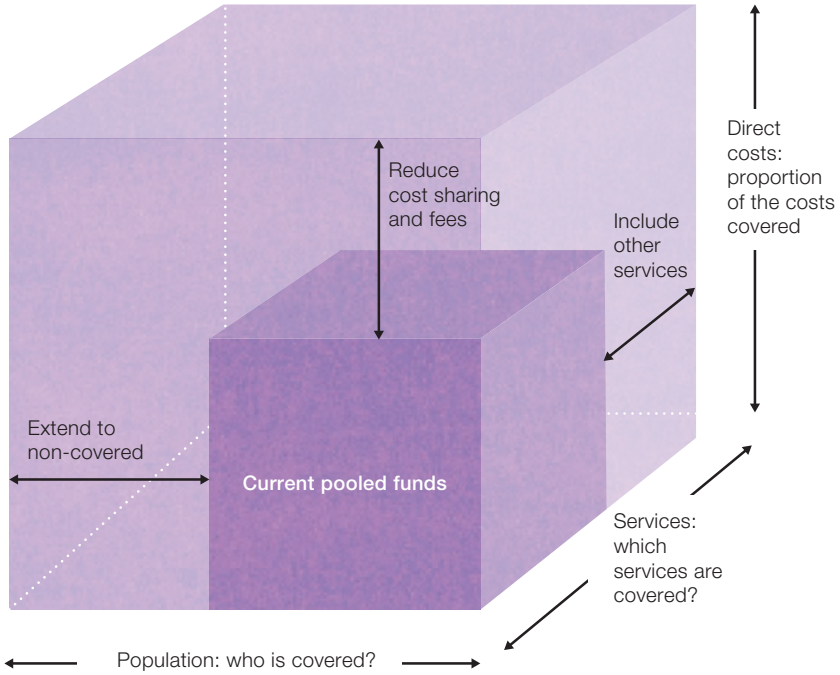
Furthermore, several countries in the Region are experiencing reductions in available external funding from global health initiatives due to rapid economic development, the result of country-specific graduation from low-income to lower-middle-income status. Further, as socioeconomic conditions improve, citizens demand more and better quality of services and financial protection. These challenges have resulted in a need for transition to domestic financing for health, where publicly funded health insurance, together with tax-based financing systems and leveraging sources from non-state actors for health, is expected to play a more significant role.

Countries such as China, Malaysia and the Philippines have been able to successfully decrease their reliance on external funding and now mainly fund their HIV-related activities through domestic funding. However, several lower-middle-income countries in the Region, such as Cambodia and the Lao People's Democratic Republic, still depend heavily on international support in financing their activities, despite the increase in domestic spending in recent years.

UHC is defined as all people receiving quality health services that meet their needs without being exposed to financial hardship in paying for services. To achieve UHC, countries must advance in expanding priority services to include more people and reduce out-of-pocket payments through cost sharing and fees (Fig. 1). A country's health benefits package is a key instrument for steering the health system towards achieving UHC. Decisions about priority services to be included for a defined target population must take into account information on cost-effectiveness, impact on financial protection and equity in access across a population. Ensuring effective delivery of benefits also requires coordination with policies on revenue raising, pooling, purchasing and service delivery.

[1] 90% of people living with HIV diagnosed, 90% of those diagnosed receive treatment, and 90% of those on treatment are virally suppressed

Fig. 1 Towards universal health coverage



Source: World Health Organization *(6)*

How revenues are raised and pooled as well as how services are purchased and in the Region, tax-based financing mechanisms still play a major role, while seven countries also have social health insurance systems in place at different levels of maturity (Table 1).

Table 1 Health financing mechanisms in selected countries in the Western Pacific Region

Country	Tax-based	Social health insurance*
Australia	•	
Cambodia	•	
China	•	•
Fiji	•	
Japan	•	•
Lao People's Democratic Republic	•	•
Malaysia	•	
Mongolia	•	•
Papua New Guinea	•	
Philippines	•	•
Singapore	•	•
Viet Nam	•	•

* Social health insurance is defined as a means of financing involving a defined contribution (premium) linked to a defined package of benefits for a specific period of time *(5)*. This typically starts within the formal sector, where contribution is compulsory and shared between employer and employee, then gradually expanded to other sections of the population.

All countries, regardless of income level, face difficult decisions on what to include

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_25096