

Financing Health Promotion: Policy Options

*Report of a Regional Consultation
Jakarta, Indonesia, 15–17 December 2008*



**World Health
Organization**
Regional Office for South-East Asia

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Executive summary

A regional workshop to examine potential innovative financing options for health promotion in countries of the WHO South-East Asia Region was held in Jakarta, Indonesia, on 15-17 December 2008. The consultation reviewed global, regional and country experiences and extensively discussed the policies and strategic actions for establishing sustainable health promotion financing options.

Promotion of health and empowerment of people and communities cannot occur unless adequate resources are made available. A regional and global overview on health financing shows that SEA Region countries experience highest out-of-pocket payments for accessing health services. It was concluded that in these times of economic downturn, prudent efficiency in allocation and accountability are essential benchmarks in the financing of health services. The role of government was therefore to establish and enforce policies and regulations regarding organization and delivery of health-care services.

The meeting agreed on specific actions for countries and WHO to implement, including:

- Ensuring adequate allocation from government revenue;
- reducing reliance on external assistance, which often is spent on curative services;
- introducing social/health/community/private insurance;
- earmarking resources from dedicated taxes on alcohol, tobacco, gasoline or road use fees; and
- promoting transparency and accountability, and improving the efficiency of financial management.

1. Introduction

1.1 Background

Member States of WHO's South-East Asia Region had passed through significant demographic and epidemiological transition by 2005 and this has led to a situation where there is a steadily increasing burden of non-communicable diseases (NCD). Generally, noncommunicable diseases include cardiovascular diseases (CVD), cancer, diabetes, obesity, and respiratory and other chronic diseases. These diseases are sometimes referred to as diseases of lifestyle, considering that behaviour is the basic determinant.

The Fifty-ninth Session of the WHO Regional Committee for South-East Asia held at Dhaka, Bangladesh, from 22–25 August 2006 noted with satisfaction the active involvement of Member States of the Region during the Sixth Global Conference on Health Promotion held in Bangkok, Thailand in August 2005. It reviewed the follow-up on policy actions and commitments agreed to in the Bangkok Charter for Health Promotion in a Globalized World. It also confirmed the urgent need to address social and other determinants of health as well as the major, common risk factors associated with premature death and illness due to communicable and non-communicable diseases among the people of the Region through health promotion. It urged Member States, through a resolution, to increase investment in health promotion and to adopt alternative, innovative, and sustainable sources of financing for health promotion activities, with a firm institutional base for management.

The WHO Regional Office for South-East Asia organized a Regional Conference on Legislative and Policy Actions for Promoting Health in Bali, Indonesia, on 8–9 October 2007. The conference was attended by parliamentarians from countries of the SEA Region, who reviewed the lessons learnt from legislative actions regarding tobacco control, policy options for reducing the harm caused by alcohol use and innovative financing of health promotion. They acknowledged the efforts of Governments, the civil society, and WHO and its partners to promote,

support, and protect the health of the people through a wide range of legislative and policy actions. The parliamentarians also expressed their concerns regarding the disproportionate burden of diseases and premature deaths due to communicable and noncommunicable diseases and from new threats such as avian influenza and global climate change. They also identified the need for increasing investment in financing health promotion, given the fact that a higher proportion of health resources were utilized for curative services than for disease prevention and health promotion. The parliamentarians called upon all Member States to increase their national budgetary allocation for health promotion within the health sector allocation and also within other sectors. Member States were also urged to organize national forums and consultative meetings of key stakeholders to review various innovative financing options, including the use of dedicated or earmarked taxes on tobacco and alcohol, to implement health promotion activities.

In 2007, the SEA Regional Office conducted a research survey in collaboration with regional experts to assess the level of funding required for health promotion as well as the application of cost-effective interventions to address prevention of the primary risk factors, notably tobacco, alcohol, unhealthy diet, obesity and sedentary lifestyles. The study was conducted in India, Indonesia, Nepal, Sri Lanka, and Thailand and solicited information from policy-makers and stakeholders. The findings suggest clear pessimistic views on the inadequacy of health sector financing in general and health promotion in particular, which warrants doubling or tripling the current spending on health promotion. In the same regional analysis, a view emerged across countries for introduction of dedicated earmarked taxes on alcohol and tobacco to be used as an additional source of financing health promotion. This is in line with the call for action by the regional parliamentarians. Dedicated taxation from gasoline or reallocation from other social sectors was not favourable as policy choices.

The National Health Account (NHA) is not well established or maintained in most countries of the Region to reflect the level and profile of health expenditure. According to available NHA data, the total health expenditure ranges from 2–4% of the Gross Domestic Product (GDP). In terms of per capita health expenditure in US dollars, it ranges from US\$ 10–90. A majority of countries indicated that health financing comes from private (out-of-pocket) sources.

The limited data available from case studies of selected countries indicates that very small amounts are spent on health promotion and disease prevention; ranging from US\$ 1.6–2.3 in Sri Lanka, to around US\$ 2 in Nepal and US\$ 5–7 in Thailand. Most of these funds are spent on conventional clinical-based preventive and health promotion services rather than on social mobilization and reduction of primary risk factors such as tobacco and alcohol consumption, fatty diets, and sedentary lifestyles. It is doubtful whether the current level and effectiveness of public spending on health promotion can effectively halt the trend of the burden of NCDs.

1.2 General objective

To address potential innovative financing options for health promotion in countries of WHO South-East Asia Region.

1.3 Specific objectives

- To share country experiences regarding financing health and health promotion practices among SEA Region countries, including results from situational analysis studies; and
- To identify key elements and draft the framework for establishing sustainable financing mechanisms for health promotion.

2. Business session

2.1 Inaugural session

The message of the Regional Director was read out by the Acting WHO Representative, Indonesia, Mr Stephen Jost. The Regional Director noted that the promotion of health and empowerment of people and communities cannot occur unless adequate resources are made available for the purpose. The role of WHO is therefore to provide the necessary technical assistance to address this need. The Regional Director's message noted the Regional Committee SEA/RC59 Resolution that called for action to be taken to strengthen financing mechanisms for health promotion. It also acknowledged the Regional Conference for Parliamentarians.

2.2 Regional and global overview of health promotion financing

Dr Alaka Singh of the Regional Office presented the regional perspective on overall health financing. The presentation examined the nature of “health promotion” as a commodity, the sources of health financing in the SEA Region countries, and the options for improving financing for health promotion. The high out-of-pocket payments made for health services in the SEA Region countries were noted as a major concern requiring attention. The financing options presented ranged from contributory schemes and increasing government revenue to effective management and organization of available resources. It was emphasized that in these times of economic downturn, prudent efficiency in allocation and accountability are going to be essential benchmarks in financing health services.

Dr K.C. Tang of WHO headquarters presented the global overview regarding financing of health promotion. The presentation revolved around the justification for financing health promotion as well as giving examples of models that have worked and, finally, a discussion on the political economy of adopting financing of health promotion options. Several examples demonstrating efficacy and effectiveness were drawn from disease-specific and population based interventions. Further discussions focused on the promotion of health as a key responsibility of governments as contained in the Bangkok Charter for Health Promotion (2005), the World Health Assembly resolutions and the position statements by the WHO Director-General. The worldwide rise of noncommunicable diseases such as diabetes, cardiovascular diseases, cancer and hypertension call for new approaches toward control and prevention. In conclusion, it was noted that there was a need for establishing statutory provisions to increase investment in health promotion as an essential component of equitable health, social and economic development. The earmarking of dedicated taxes on tobacco and alcohol was widely cited as an option available to many countries.

Dr Jaffar Hussain Sayed presented the WHO Eastern Mediterranean Regional Office, work on health promotion financing. The presentation highlighted the key elements of the World Health Report 2000 regarding health financing for all individuals to give them access to effective public and personal health care in order to reduce or eliminate the possibility of an individual being unable to pay for such care, or become impoverished as a result of trying to do so. The presentation also highlighted the “out-of-pocket” expenditure on health incurred by households at the point of

receiving services such as consultation fees, cost of medicine, laboratory services, diagnostic services and hospitalization.

Health promotion is a public good. The “4 Models” of health promotion financing—(i) invisible; (ii) embedded; (iii) attached; and (iv) engaging—were discussed, highlighting the merits of establishing a Health Promotion Foundation. This Foundation would be considered as a sustainable mechanism for: (i) management and coordination of funds; (ii) ensuring adequate and sustainable financing arrangements; (iii) increasing awareness about health gains; (iv) producing country-specific evidence; (v) creating the demand for health promotion; (vi) ensuring broad participation and commitment; and (vii) providing effective stewardship.

Professor Dr Siripen Supakankunti of The Centre for Health Economics, Chulalongkorn University, Thailand, made a presentation on the role of government, focusing specifically on rules and regulations regarding organization and delivery of health-care services. The issue of incentives and disincentives for the delivery of services were discussed. The merits and demerits of several health insurance options were also presented, including (i) direct provision of services; (ii) mandatory payment by employers; (iii) government-funded health insurance; (iv) individual insurance; and (v) private health insurance.

2.3 Exchange of country experiences

Country experiences were shared by four countries of the Region, namely Bangladesh, Bhutan, the Maldives and Myanmar. These countries were not part of the group that conducted the case studies. The sources of financing health expenditures in all four countries include general government revenue from various forms of taxes, health insurance, social security (except for the Maldives), and out-of-pocket and external (international) assistance. The out-of-pocket expenditure was reported as the highest in all four countries.

In all these countries, a major limitation to determining the exact levels of health promotion financing was the lack of health expenditure data specific to health promotion. Even though no separate data could be reported, all four countries reported that health promotion activities received very low budgetary allocation. Bangladesh spent only 0.88% of its Gross Domestic Product (GDP) on health.

The Maldives reported spending 37% of the health expenditure budget on preventive services which are at the regional and atoll levels. In all four countries, repeated statements were issued highlighting the fact that government allocation to the health sector was small. Prevention and promotion received less financial support because the services are more skewed toward curative services and not toward primary prevention.

The main challenge was for each country to establish a sustainable mechanism for financing health promotion as part of the government's response to addressing public concerns regarding primary prevention. A summary of the common possible solutions presented by the four countries include:

- Ensuring adequate allocation from government revenue
- Reducing reliance on external assistance which often is spent on curative services
- Introducing social/health/community/private insurance. The Maldives is currently looking at establishing a health insurance scheme for government employees
- Earmarking resources from dedicated taxes on alcohol, tobacco, gasoline or road use fees
- Promoting transparency and accountability, and improving the efficiency of financial management

2.4 Case studies report

The consolidated report of case studies from India, Indonesia, Nepal, Thailand and Sri Lanka prepared by the International Health Policy Programme (IHPP), Thailand, was presented by Dr Phusit Prakongsi. The report is a follow-up action to the resolution adopted during the South-East Asia Regional Committee (SEA/RC59) meeting held in Dhaka in 2006. The resolution requests:

- Member States to adopt alternative, innovative and sustainable sources of financing health promotion activities
- The Regional Director to facilitate the establishment of innovative financing mechanisms

Summary of country-wise key findings of the case studies

- **India**
 - The National Rural Health Mission is funded by 10% of the tobacco tax levied by the central government
 - The Ministry of Health plans to get at least 1–2% of the tobacco tax to finance tobacco control-related activities
- **Nepal**
 - Introduction of a “cigarette tax” in 1993 of one pisa per stick of cigarettes (later increased to two pisa)
 - 75% of the fund collected is given to BPK Cancer Hospital and 25% to other similar establishments
- **Sri Lanka**
 - Comprehensive tobacco and alcohol legislation and a taxation policy passed in parliament
 - Establishment of the National Tobacco and Alcohol Authority funded by central revenue has been proposed but not yet implemented
- **Thailand**
 - Comprehensive tobacco and alcohol legislation in place
 - The Thai Health Promotion Foundation has been established and funded by 2% of the tobacco and alcohol excise taxes
- **Indonesia**
 - No comprehensive tobacco or alcohol legislation
 - No national health accounts

2.5 Thai Health Promotion Foundation

A roundtable discussion on the Thai Health Promotion Foundation (THPF) was held to review and learn from the experiences of Thailand, including its main functions, successes, challenges and opportunities. The revenue of the Foundation is 2% of the earmarked additional tax levied on tobacco and alcohol consumption. In 2005, the total expenditure was approximately

US\$ 58 million. THPF seeks to empower civic society, raise social awareness on major health risk behaviour, and promote the well-being of the citizens.

3. Strategic actions: Framework for establishing a financing mechanism

- Increase investment in health promotion from the health budget and general revenue
- Establish a special levy for health promotion, including dedicated tax on tobacco and alcohol with a firm institutional base for management
- Pass legislation for establishing and sustaining social and community-based health insurance funds to include prevention of disease and promotion of health in the benefit packages
- Engage employers to provide health cover and advocate health promotion to their employees
- Monitor and evaluate the progress of the various health promotion financing options being implemented, with specific focus on quantifying the benefits related to health outcomes
- Strengthen institutional capacity across sectors or organizations through short- and long-term training courses on health promotion, resource mobilization and management, advocacy, policy development and implementation, and evidence gathering and dissemination

4. Conclusion and recommendations

Conclusion

The consultation reviewed global, regional and country experiences on financing health promotion, and extensively discussed the policies and strategic actions for establishing sustainable health promotion financing options in order to address the trend of increasing incidence of non-communicable diseases as well as the continuing high burden of communicable diseases.

The participants acknowledged the rich experiences of Member States of the Region as highlighted from the case studies from selected countries conducted by the SEA Regional Office in 2007 and the discussions of experts on the emerging issues and challenges for establishing various policy options for financing health promotion.

It was concluded that while a few countries have emerged as pioneers in establishing innovative financing mechanisms for supporting health promotion, it was also agreed that sustainable mechanisms for financing health promotion and the management of funds needed to be established. The positive contributions from decades of national efforts to enhance health promotion in order to reduce the risk of diseases were acknowledged.

Recommendations

The following recommendations are based on the issues and challenges related to policy options and strategic actions for sustainable financing of health promotion identified during the consultation.

Member States

Broadly, Member States should establish sustainable mechanisms and processes to mobilize and manage resources in order to increase public investment in health promotion.

- (1) Specifically, Member States should intensify action on raising financing for health promotion, through:
 - (a) Increasing national budgetary allocation for health promotion within the health sector budget and also from other sectors of the general revenue;
 - (b) Introducing a special levy for health promotion, including dedicated taxes on tobacco and alcohol;
 - (c) Passing legislation for establishing and sustaining social and community-based health insurance funds to cover prevention of disease and promotion of health in their benefit packages;

- (d) Engaging employers to provide health coverage and advocate for health promotion to their employees; and
- (e) Monitoring and evaluating the progress of different health promotion financing options being implemented, with specific focus on quantifying the benefits related to health outcomes.

WHO

- (a) Providing technical support to set up sustainable mechanisms and processes for financing health promotion;
- (b) Disseminating widely the experiences gained from management of innovative financing for health promotion, especially lessons learnt from middle- and low-income countries; and
- (c) Strengthening country capacities for policy and programme management in the context of financing health promotion.

5. Closing

Regional Adviser, Health Promotion and Education, SEA Regional Office for South-East Asia, thanked the host country and all participants for a fruitful meeting. Special mention was also made regarding the participation of the WHO Eastern Mediterranean Regional Office and WHO headquarters to share the global and regional perspective about financing health promotion. An official from the WHO Country Office, Indonesia, thanked the participants and the Regional Office before closing the meeting.

Annex 1

Message from Dr Samlee Plianbangchang, Regional Director, World Health Organization South-East Asia

(delivered by Mr Stephen Jost, Acting WHO Representative, Indonesia)

Distinguished participants, ladies and gentlemen,

I welcome you all to the Regional Consultation on Health Promotion: Policy Options and would like to inform you that the Regional Director could not attend this consultation due to prior commitments. The Regional Director says:

The year 2008 marks the thirtieth anniversary of the Alma-Ata Declaration and primary health care (PHC), which was and still is considered the key to Health for All, or HFA. The basic tenet of PHC is equity and social justice, and that makes HFA a social goal. Health promotion has a key role to play in PHC to reduce the disease burden related to premature deaths and illnesses from communicable and noncommunicable diseases, as well as new threats to health, including from climate change and avian influenza.

WHO has organized this consultation to share country experiences regarding financing of health and health promotion practices among SEA Region countries, including results from situational analysis studies, and to identify key elements and draft a framework for establishing sustainable financing mechanisms for health promotion.

The PHC approach should seek to achieve “education and empowerment” of people, the community and the population as a whole. To reach the desired outcomes, implementation of PHC strategies must go beyond programmatic changes to include policy and legislative changes, particularly those related to financing of health promotion activities.

The education and empowerment of people and communities cannot occur unless adequate resources are made available for the promotion of health. Member States from our Region have expressed their desire for WHO’s technical assistance to address this gap.

The Regional Conference of Parliamentarians on Legislative and Policy Actions for Promoting Health in countries of the WHO SEA Region, held in Bali, Indonesia, in October 2007, discussed financing of health promotion through alcohol and tobacco taxation options. At the end of the conference, a “Call for Action” to Member States advocated for increase budgetary allocations for health promotion by the health sector and other sectors.

Some countries have already taken steps. Results from five country case studies show that Thailand has set up an autonomous body through the enactment of the Health Promotion Foundation Act in 2001, which grants statutory public organization status for the foundation and earmarks a 2% additional taxation from tobacco and alcohol consumption as its primary funding source. The total resource of Thai Health Promotion Foundation in the fiscal year 2005 was 2.32 billion Baht (approximately US\$ 57.9 million) with a 10% annual growth in nominal terms.

India has established the National Rural Health Mission and Nepal has a service tax on cigarettes and alcohol (Health Tax Fund) earmarked for cancer treatment. Sri Lanka has passed the Alcohol and Tobacco Authority Act, but no funds have been earmarked yet for health promotion. It has emerged from the five country case studies that an earmarked tax from alcohol is the most favoured option. Not only have key stakeholders and policy-makers indicated a strong potential for earmarked taxes from alcohol and tobacco for financing health promotion; these taxes are also thought to deter demand for tobacco and alcohol among young adults.

There will always be barriers to implementing innovative financing, and we must acknowledge that before looking for possible solutions. But if we do not make the promotion of health a priority government agenda and an integral part of the development process, the health sector alone will not be able to comprehensively address public health and social concerns.

In the South-East Asia Region, noncommunicable diseases continue to be a major public health burden, and without a cure for most NCDs, the most effective tool available is community education and empowerment through health promotion. Opportunities exist in most of our countries to increase resource allocation for health promotion, especially working within the PHC approach. We need to increase the value received for funds spent on health by reorienting our health service delivery towards primary prevention within the context of PHC.

In conclusion, the concrete actions we agree to take in this regional consultation will help direct us as a Region towards individual and community

empowerment. Member States should consider financing mechanisms that are sustainable to achieve the social goal of “Health for All”, which represents the spirit of “the development-oriented” approach of PHC. We should not lose sight of this “social goal” in our deliberations.

I will, of course, apprise the Regional Director on the outcome of your deliberations. Before I conclude, I wish you all fruitful discussions and an enjoyable stay in Jakarta.

Thank you.

Annex 2

Agenda

- (1) Inaugural session
- (2) Global and regional overview of health promotion financing options
- (3) Sharing country experiences on current financing health promotion
 - (a) Presentation of situational analysis research studies (India, Indonesia, Nepal, Sri Lanka and Thailand)
 - (b) Other country experiences
- (4) Identifying key elements of the framework for establishing a sustainable financing mechanism for health promotion
- (5) Develop policy and strategic actions for establishing financing options for health promotion
- (6) Summary, conclusion and recommendations

Annex 3

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This report presents the background information, record of deliberations and outcomes of the regional workshop organized to examine the potential innovative financing options for health promotion in countries of the WHO South-East Asia (SEA) Region. The meeting was held in Jakarta, Indonesia on 15-17 December 2008. It is evident that empowerment of people and communities to reduce ill-health and premature deaths cannot occur unless adequate resources are made available. A regional and global overview on health financing shows that countries in the SEA Region experience the highest out-of-pocket payments for accessing health services. To reverse or halt this trend, it was concluded that efficiency in allocation of resources and accountability were essential in the context of health services. The agreed actions include but are not limited to establishing and enforcing of policies and regulations; ensuring adequate allocation from government revenue; introducing various types of insurance (health, social, community or private); earmarking resources from dedicated taxes on alcohol, tobacco, gasoline or road-use fees; promoting transparency and accountability; and improving the efficiency of financial management.



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