



Law, Noncommunicable Diseases and Universal Health Coverage

Policy Brief for the Western Pacific Region

- NCDs kill at least 12 million people and account for 87 per cent of deaths in the Western Pacific Region. 1 in 5 (or about 385 million) people in the Western Pacific Region face ‘catastrophic’ health expenses each year due to out-of-pocket healthcare costs that exceed 10 per cent of household budgets. The proportion of people facing catastrophic healthcare costs has doubled since 2000.
- Universal Health Coverage means everyone has access to the full range of quality health services they need, where and when they need them, without facing financial hardship, which helps address the NCD burden.
- Achieving UHC is an ongoing process that countries in the Western Pacific must progressively realize by continuously taking steps with available resources to progress UHC over time.
- The Western Pacific region is not on track to meet its commitments to reduce the NCD burden and achieve UHC under the United Nations Sustainable Development Goals Target 3.4 and 3.8, respectively.
- Countries must use law to meet these commitments. Law and legal capacity is essential to addressing NCDs and achieving UHC. International human rights law states governments must protect, respect and fulfil human rights, including the right to health.



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What is Universal Health Coverage (UHC)?

- UHC is considered the practical expression of the right to health enshrined in several international legal instruments, principally the International Covenant on Economic, Social and Cultural Rights.
- UHC builds on countries' basic healthcare packages and primary healthcare systems and is supported by a strong and competent health workforce. UHC includes affordable access to health protection and promotion services, as well as disease prevention, treatment, rehabilitation and palliative care, across the life-course.
- UHC also includes measures that address the underlying social and commercial determinants of health that create and influence health inequities as well as removing non-financial barriers to healthcare such as stigma and discrimination.
- UHC has three key goals and a focus on equity, marginalized communities, and fair access to healthcare:
 - ▶ **Equity in access** – expanding access to healthcare to everyone, not just those who can pay for it.
 - ▶ **Quality healthcare services** – services should be available, accessible, safe, effective and efficient.
 - ▶ **Financial risk protection** – the cost of healthcare services should not put people at risk of financial hardship.



There is no 'one-size-fits-all' approach to achieving UHC. **UHC will look different in each country** based on the needs of the population and available resources.



While resource availability and constraints differ across the Western Pacific Region, **all countries in the region can take steps to move towards UHC.**



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Why is UHC key to addressing NCDs in the Western Pacific Region?

- UHC and action on NCDs are mutually reinforcing goals – integrating NCD prevention and control into national UHC packages and health security plans can strengthen the NCD response.
- There has been some progress towards UHC and reducing the NCD burden, but there are still inequities in the Western Pacific Region when it comes to people's risk of developing an NCD, and the access and affordability of services and care.



Country case study: Vietnam – advancing UHC through laws that improve patient rights and strengthen healthcare systems

Vietnam's law on Medical Examination and Treatment 2023 (Law No 15/2023/QH15) commenced on 1 January 2024, superseding a 2009 law (Law No 40/2009/QH12). The new law reaffirms the existing rights of patients and introduces a significant number of changes to the regulation of healthcare in Vietnam aimed at improving access to quality, cost-effective care relevant to the provision of NCD health services including:

- Allowing telemedicine between practitioners and patients for consultations relating to specific diseases and conditions including postoperative care and palliative care (in conjunction with Ministry of Health Circular No 30/2023/TT-BYT dated 30 December 2023).
- Requiring practitioners to use Vietnamese language during medical examination and treatment except in specified circumstances including when treating non-Vietnamese speaking people and when participating in training and similar activities.
- Introducing a unified healthcare management information system centrally managed by the Ministry of Health to collect and store data relating to patients, practitioners, medical examination and treatment establishments, technical expertise, and prices and expenses for medical services.
- Stipulating 5 years as the duration of medical practice licenses for practitioners with renewal contingent upon satisfaction of specified conditions including a requirement to continuously update medical knowledge.
- Introduction of self-assessment requirements for medical examination and treatment services according to quality standards set by the Ministry of Health. Healthcare service providers must update the results of the self-assessment on the healthcare management information system for quality evaluation and enable the public to access information about the quality of medical examination and treatment facilities.
- Requiring that healthcare budgets prioritize funding for the delivery of healthcare to vulnerable groups including people with disabilities and the elderly, among others.



What is the governance framework for NCDs and UHC?

- Collaboration and coordination are required to progress action on NCDs and UHC.
- UHC is related to several key global agendas focused on human rights, equality and non-discrimination, poverty eradication and social protection, health security, and responses to climate change. Therefore, NCDs and UHC are governed by bodies with explicit health mandates – for example the WHO and UN – and others that have an impact on health including the World Trade Organization and International Labour Organization, as well as non-government organizations.
- Realizing UHC is also central to all SDGs under the 2030 Agenda for Sustainable Development Goals, including NCD specific targets.
- Other key global and regional action frameworks include UN Political Declarations on NCDs and UHC, the 2013 *Global Action Plan on NCDs*, the 2016 WHO *Universal Health Coverage: Moving Towards Better Health: Action Framework for the Western Pacific Region* and 2023 WHO *Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific*.

UN Political Declarations on UHC

The United Nations General Assembly has recognised the critical importance of legal frameworks for UHC, most notably in the 2019 and 2023 Political Declarations on UHC.

In 2019, the first UN Political Declaration on UHC was adopted. It affirmed access to healthcare as a fundamental human right and committed countries to achieving UHC by 2030 under the SDGs. It identified key action areas to guide implementation and accelerate action toward UHC, and some targets to track progress. This included legal frameworks and regulations to tackle NCD risk factors, support health financing and provide equitable access to services. The declaration called for multisectoral action and international cooperation to strengthen health systems and emphasized the importance of legal frameworks and regulations to support UHC implementation.

The 2023 UN Political Declaration on UHC reaffirmed the right to health and placed greater emphasis on the importance of addressing NCDs within the framework of UHC. It sets a clear expectation that countries strengthen legislative and regulatory frameworks and institutions to

advance UHC, including laws to address NCD risk factors using price and tax measures, and to support equitable access to quality health service delivery including by engagement with people living with NCDs. The 2023 Declaration also contains commitments to use legislative and regulatory frameworks to promote policy coherence and sustainable financing for high-impact policies that improve health, to respect and protect human rights, including the human rights of women and girls, and to enhance cooperation for regulatory capacity.

Countries must report on their progress towards UHC at the 2027 Third UN High-Level Meeting on UHC. Similarly, countries have commitments to reducing the NCD burden under the UN Political Declarations on the Prevention and Control of Noncommunicable Diseases. The fourth UN High-Level Meeting on NCDs will occur in 2025 and will serve as an important framework to hasten the global NCD response for prevention and control.

What must countries in the Western Pacific Region consider when using law to act on NCDs and advance UHC?

- Countries are obliged to progressively realize UHC and the right to health under international human rights law, particularly by adopting and implementing legislative measures.
- The requirement to progressively realize the right to health through UHC recognizes that countries have varying resource constraints and that it can take time to implement human rights treaty obligations and other legal obligations. UHC requires a comprehensive legal framework that can take countries time to establish.



The diversity of national contexts across the Western Pacific Region means that **there are several ways in which countries can effectively use the power of law** to act on NCDs and advance UHC.

For example, some countries may adopt broad national reforms such as at a constitutional level, and other countries may adopt an incremental approach or address specific issues of critical importance to their populations.

- Regardless, all countries in the Western Pacific Region using law to progress action on NCDs and UHC can be guided by the following key considerations:
 - ▶ **Understanding how existing laws affect the ability to act on NCDs and advance UHC** – for law to be effective in addressing NCDs and advancing UHC, existing laws must be identified and examined, and those that are impeding these efforts may require reform or repeal. For example, laws that discriminate against people or hinder access to pain relief.
 - ▶ **Identify and prioritize laws that are evidence-based and responsive to the health needs of the population** – using law effectively to address the NCD burden through UHC requires an understanding of the population’s needs and barriers in accessing quality and affordable health services. Legal measures must be responsive to these needs and address identified barriers and be informed by evidence.
 - ▶ **Identify legal solutions that can be implemented given the country’s context** – laws to respond to the NCD burden and need for UHC must be properly implemented to be effective. Countries must consider the resources available to ensure legal measures are implementable. For example, whether there are health professionals to provide the services included in the legal measure.
 - ▶ **Ensure good governance mechanisms exist throughout the law reform process** – the rule of law is fundamental to give the public confidence that countries will be held accountable to their commitments on UHC and NCDs. Legal responses proposed should align with these commitments and meet the needs of the population and the capacity of the health system. Transparency and accountability mechanisms should exist at all stages from law development through to implementation.
 - ▶ **Monitor and evaluate laws for NCDs and UHC** – reducing the NCD burden though realization of UHC is a gradual process. The progressive realization of UHC can be supported by countries periodically reviewing, amending and improving their laws to adapt to changing health needs, new challenges and evolving circumstances, and resource availability.
- As UHC is grounded in the right to health, human rights law provides a powerful framework for countries to implement UHC in a person-centered manner. Fundamental human rights law principles relevant to the design of national UHC packages include non-discrimination and equality; empowering people, communities and civil society, through inclusive participation in decision-making processes that affect health, across the policy cycle and at all levels of the system (‘social participation’); and effective accountability mechanisms to oversee UHC implementation.



Country Case Study: Japan – legal mandates for UHC service coverage

Japan's health insurance system has been funded primarily through taxes and individual contributions and is underpinned by laws that cover different segments of the population and define healthcare benefit packages.

Legal recognition of access to healthcare

Japan's statutory health insurance system covers most of the population and is regulated by the Health Insurance Act which sets out two types of mandatory health insurance:

- Employment-based plans which covers (about 59% of the population). Employees and their dependents are covered by the Employees' Health Insurance System with mandatory capped contribution rates (tax deductible) determined by income and regulated by the Health Insurance Act. More than 1,400 such plans exist. Some professional groups are covered by their own insurers under various laws.
- Residence-based insurance plans which cover the unemployed, retirees and the self-employed under the National Health Insurance (NHI) scheme run by municipal government and underpinned by the National Health Insurance Act for people aged 74 years old and under (about 27% of the population). Each of Japan's 47 prefectures (regions) has its own residence-based insurance plan.

Additionally:

- Citizens and residents aged 40 years and older are mandatorily enrolled in long-term care under the Long Term Care Insurance Act.
- Citizens and residents aged 75 years or older are covered by Health Insurance for the Elderly plans (about 12.7% of the population) instead of the NHI under the Act on Assurance of Medical Care for Elderly People.
- A separate Public Health Assistance Program for impoverished people covers the remaining approximate 1.7% of the population under the

Public Assistance Act. They receive free health care. Eligibility criteria vary among prefectures.

- Under the Health Insurance Act, documented migrants are treated the same as residents (foreigners living in Japan for more than three months). Undocumented migrants and visitors are not covered by Japan's statutory health care system and must pay for healthcare.

Alongside premiums, a 30% coinsurance rate for most services applies to all insured people aged between 6 and 69 years, with a lower rate applicable to young children and the elderly. To prevent financial hardship, safety nets exist related to the insured's age and income, as do certain subsidies and/or exemptions for various population and disease groups (per the Services and Supports for Persons with Disabilities Act; Child Welfare Act and the Maternal and Child Health Act). Preventive services such as cancer screenings are covered by municipal governments rather than the insurance system (National Health Insurance Act). Annual expenditures on health services and goods can be deducted from taxable income, within specified limits. Many people also buy private health insurance, used primarily to supplement life insurance, providing sick pay mostly for specific chronic diseases, in the form of lump-sum or daily payments for a defined period.

Laws that define UHC benefit packages

Benefit packages for both the National Health Insurance and Employee's Health Insurance are the same and are set by the Central Social Insurance Medical Council under the Social Insurance Medical Council Act. Every two years the Medical Council publishes a list of covered procedures (around 5,000) and medicines (around 17,000) including prices and fees. Benefit packages cover hospital, primary, specialty, mental health care, hospice care, physiotherapy, most dental care, approved prescription drugs, medical home care, and some optometry services.

What is the role of law in advancing UHC and addressing NCDs in the Western Pacific Region?



Law enables commitments to progress UHC and address NCDs to be translated into actions.

- Law can take many forms including legislation, delegated legislation (including regulations, decrees, ordinances, by-laws), decisions of courts and tribunals, contracts, administrative orders, international treaties, international agreements, customary laws, as well as enforcement practices and mechanisms to monitor or enforce compliance with international obligations.

Many commitments made by Western Pacific Region countries to advance UHC and reduce the burden of NCDs can **only be achieved using law.**



- Law is linked to NCDs and UHC in several ways as law plays a key role in the design, implementation and governance of health systems, impacting how health services are delivered across the continuum for those living with NCDs and other health conditions. Law can also help address the underlying social, commercial and environmental determinants of health that underpin existing inequities in the NCD burden seen within and between countries in the Western Pacific Region that make UHC necessary.
- This means that laws for UHC take many forms and address a range of areas that are specific to the health sector but also extend to areas outside the health sector that impact health and wellbeing, for example, housing, employment and the environment.

- Accordingly, to act on NCDs and progress UHC, law can be used to:
 - ▶ Institutionalize and give binding force to commitments and arrangements to act on NCDs and advance UHC.
 - ▶ Set targets and raise funds for healthcare services, including coordinated services for NCD prevention and long-term management as well as acute, episodic care.
 - ▶ Enshrine rights of people living with NCDs and their carers.
 - ▶ Provide financial protection to support people living with NCDs and other illnesses such as by subsidizing the cost of NCD medicines or providing income support sickness benefits.
 - ▶ Set or incorporate quality and professional standards for health service providers to ensure safe healthcare.
 - ▶ Regulate the costs of medicines to make them more affordable and establish a national essential medicines list.
 - ▶ Regulate industries that harm health and defend litigation or threats of litigation against public health measures brought by such industries.
 - ▶ Promote gender equity in the design and delivery of healthcare and social protections.
 - ▶ Ensure that the community is part of the decision-making process for developing UHC-related laws and policies.
 - ▶ Create environments that promote health such as, clean air and water, and parks and sports facilities.
 - ▶ Provide for housing and social protections such as income security.
 - ▶ Govern public-private partnerships for UHC.
 - ▶ Implement the WHO NCD “Best Buys” of evidence-based, cost-effective policy interventions.
 - ▶ Implement and enforce the WHO Framework Convention on Tobacco Control.



Country case study: The Philippines – taxing unhealthy products to fund implementation of UHC

In 2017, the Philippine National Economic Development Authority reported that more than half of the total health costs of Filipinos were out-of-pocket expenses, driven by drugs and medicines that were not covered by the government's health insurance agency, PhilHealth, established under the 1995 law, Republic Act No. 7875. The high health costs drove more households under the poverty line, leaving less for them to spend on necessities and services that impact their quality of life like healthy food, housing and education.

Landmark legislation

Consequently, the Philippines enacted the landmark Universal Health Care Act (Republic Act No. 11223) in February 2019. Under the UHC law, population coverage in the government's National Health Insurance Program rose to 100% or full coverage through automatic enrolment of all Filipinos. Significantly, the law includes preventive, promotive, curative, rehabilitative and palliative care in the health insurance coverage.

Financing the UHC law implementation

Financing for implementation of the Filipino UHC law is sourced from "sin tax" collections – excise taxes on alcohol and tobacco and taxes levied on sugar-sweetened beverages, consistent with the WHO NCD 'Best Buys' as well as earnings from the Philippine Amusement and Gaming Corporation and the Philippine Charity Sweepstakes Office, payments from PhilHealth members and allocations from general taxation.

Next steps for UHC implementation in the Philippines

Implementation, including purchasing and procurement, was divided between the Department of Health (DOH) and Local Government Units (LGUs) for population-based health services and PhilHealth for individual-based health services. In October 2023, the Philippine President approved the creation of an inter-agency coordinating council, led by the DOH, the Department of the Interior and Local Government, and with support from various multisectoral agencies, to oversee spending and UHC implementation. As of 2023, the DOH has contracted five UHC integration sites covering 59 provinces and 12 highly urbanized cities to pilot test the network of integrated healthcare systems. 71 other LGUs have committed to integrate their local health systems with city-wide and province-wide health systems.



Engaging with law at all stages is essential

- Creating and implementing effective laws for UHC must involve a whole-of-government and whole-of-society approach. Collaboration is critical as few problems can be addressed by health ministries acting alone.
- Many Western Pacific Region countries are yet to adopt and/or implement UHC-related laws and gaps in legislation, policy and implementation persist.
- This may be due to challenges such as a lack of personnel with legal training or expertise, lack of law enforcement resources, and the influence of vested interests in drafting, implementing and enforcing laws.
- To advance UHC, countries must continue to invest in legal capacity as an essential part of the NCD workforce and strengthen legal capacity among actors that directly and indirectly impact health.
- Law is often most effective when used together with strategies including education, advocacy and health literacy campaigns.
- When used to protect, promote, and advance the right to health, law can be a powerful way to drive action towards UHC and help people live healthier lives, and for health systems, societies and economies to be more resilient.

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