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Financing of Primary Health Care in the South-East Asia Region: A Scoping Review Protocol

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ADMINISTRATIVE INFORMATION

Support - WHO (SEARO).

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 28 September 2023 and was last updated on 28 September 2023.

INTRODUCTION

Review question / Objective Objective: To review existing literature on the financing of Primary Health Care in 11 countries in the WHO South-East Asia Region: Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste. Research Question: What is known from the literature about the financing of Primary Health Care in the South-East Asia Region?

Background The countries that make up the WHO South-East Asia Region are diverse in culture, demography, geography, history and level of socioeconomic development. The Region is also home to more than 2 billion people – over a quarter of the world's population, including a large share of the world's poor – with the majority residing in rural

areas, but with rapid urbanization taking place across countries. The impact of demographic change is also increasingly felt by countries in the Region, with steady a shift of the population pyramid marked by the aging process. Country health systems in this Region are also at different stages of health sector-related institutional development, which has consequences for the management, financing, capacity and delivery of health services, at the first point of care – PHC. In addition, the role of the public sector in the provision of social services, including health and education, varies considerably across the Region. Globally and regionally, there has been a strong recognition of the need to prioritize PHC, as seen through the different PHC-focused declarations and strategies – e.g. Declaration of Astana in 2018, Operational Framework for PHC in 2020 and the 2022 approved Regional PHC strategy 2022-2030 (the PHC Strategy), to achieve universal health

coverage, health security, and the health-related SDG targets by 2030, through a PHC oriented health system. These strategic and operational guidance have been motivated by the understanding that increased and better public spending on PHC is the most cost-effective way to make progress towards UHC; as 90% of essential health services can be delivered through primary health care and yet, at present, in most countries spending is strongly oriented towards secondary and tertiary care.

The SEARO Regional PHC strategy has the following objectives: a) Support Member States in enabling PHC orientation of their health systems; b) Serve as a resource for stakeholders to engage in PHC transformation; c) Strengthen monitoring of PHC performance and d) Stimulate cross country learning and advocacy. It also has a series of strategic actions and Strategic Action 2 is on health financing to increase and improve PHC financing in the SEA Region.

Public financing of health care is a persisting challenge in the Region. On average, the SE Asia Region is ranked as the second lowest among all WHO regions in terms of government spending on health which was 3.12% of GDP in 2020. The share of OOP expenditure for the Region remains the highest among all WHO regions, at 38.5% of health expenditure, in 2020. In some countries, the share of out-of-pocket expenditure is very high, and in others it has even been increasing, while some others have succeeded in keeping out-of-pocket expenditure at or below 20%. Public financing is the predominant source of financing in some countries, as seen in Bhutan, Maldives and Thailand. Social health insurance is only a small source of health financing in most countries except for Indonesia, where social health insurance is growing in significance.

Of the seven countries with data, the expenditure on primary health care (PHC) as a percentage of GDP constituted a very small fraction of GDP. This highlights the urgent need for additional financial allocations for PHC, and improved monitoring of PHC investments in order to ensure sufficient financing for high-quality primary care systems among countries in the Region.

Rationale While there is some information, on how PHC systems are financed in the different countries of the region, most of this is not systematized and gathered around a robust conceptual framework that allows us to analyse the systems, draw adequate conclusions and provide pertinent recommendations. To fill the gap, this study will review the three domains of financing PHC: revenue raising, pooling, purchasing. Within the domain of revenue raising,

we will identify the sources of revenue for services, infrastructures, workforce and funding sources, level of revenue and how it is mobilized and responsible party/parties. For pooling of funds, pooling mechanisms such as nature and structure of pooling, as well as the responsible party/parties for pooling and coordination and integration of different fund pools will be reviewed. Moreover, for resource allocation and purchasing, data will be collected on mechanisms for resource allocation including resource allocation formulae, direct facility funding, and purchasing services (identifying benefit packages, payment methods, contracting and monitoring, and health information for purchasing), as well as the responsible party/parties. In addition, strategic policies, reforms with the lessons learned from Covid-19 pandemic, as well as the accountability mechanisms will be studied.

METHODS

Strategy of data synthesis The existing literature will be identified through four electronic databases (Pubmed, Scopus, Embase, and Google Scholar) using the search strategy, which was built by applying the key concepts, which are (i) primary health care, (ii) financing and (iii) WHO South East Asia Region countries. Moreover, to obtain credible and up-to-date information, gray literature will be searched through reference lists of included articles, hand-searching of academic institutions/journals, and websites of relevant organizations such as WHO, World Bank, International Monetary Fund, United Nations organizations, ASEAN organizations, and Ministries of Health of eleven countries.

Search strategy in PubMed Database is as follows: (“primary health*”[Title/Abstract] OR “primary health care”[Title/Abstract] OR “primary health care”[Title/Abstract:~3] OR “PHC”[Title/Abstract] OR “primary care”[Title/Abstract] OR “primary health cent*”[Title/Abstract] OR “primary health service*”[Title/Abstract] OR “primary medical care”[Title/Abstract] OR “primary medical care”[Title/Abstract:~3] OR “primary medical cent*”[Title/Abstract] OR “primary medical service*”[Title/Abstract] OR “implement*”[Title/Abstract] OR “primary health care implementation”[Title/Abstract:~5] OR “basic health*”[Title/Abstract] OR “basic health care”[Title/Abstract] OR “basic health care”[Title/Abstract:~3] OR “basic care”[Title/Abstract] OR “basic health cent*”[Title/Abstract] OR “basic health service*”[Title/Abstract] OR “basic medical care”[Title/Abstract] OR “basic medical care”[Title/Abstract:~3] OR “basic medical service*”[Title/Abstract] OR “community health*”[Title/Abstract] OR “community health care” [Title/

Abstract] OR “community health care” [Title/Abstract:~3] OR “community care” [Title/Abstract] OR “community health cent**”[Title/Abstract] OR “community health service**”[Title/Abstract] OR “community medical care” [Title/Abstract] OR “community medical care” [Title/Abstract:~3] OR “community medical cent**”[Title/Abstract] OR “community medical service**”[Title/Abstract] OR “comprehensive health**”[Title/Abstract] OR “comprehensive health care”[Title/Abstract] OR “comprehensive health care”[Title/Abstract:~3] OR “comprehensive care”[Title/Abstract] OR “comprehensive health cent**”[Title/Abstract] OR “comprehensive health service**”[Title/Abstract] OR “comprehensive medical care”[Title/Abstract] OR “comprehensive medical care”[Title/Abstract:~3] OR “comprehensive medical cent**”[Title/Abstract] OR “comprehensive medical service**”[Title/Abstract] OR “family practic**”[Title/Abstract] OR “general practic**”[Title/Abstract] OR “Primary Health Care”[MeSH Terms] OR “Community Health Centers”[MeSH Terms] OR “Community Health Services”[MeSH Terms] OR “Comprehensive Health Care” [MeSH Terms] AND “financ**”[Title/Abstract] OR “health financ**”[Title/Abstract] OR “health system financ**”[Title/Abstract] OR “health financing” [Title/Abstract:~3] OR “payment**”[Title/Abstract] OR “expenditure**”[Title/Abstract] OR “spending**”[Title/Abstract] OR “subsid**”[Title/Abstract] OR “cost**”[Title/Abstract] OR “fund**” [Title/Abstract] OR “econom**”[Title/Abstract] OR “allocat**”[Title/Abstract] OR “sponsor**”[Title/Abstract] OR “budget**”[Title/Abstract] OR “out of pocket**”[Title/Abstract] OR “out-of-pocket**”[Title/Abstract] OR “collection**”[Title/Abstract] OR “revenue rais**”[Title/Abstract] OR “pool**”[Title/Abstract] OR “purchas**”[Title/Abstract] OR “insurance”[Title/Abstract] OR “financing incidence**”[Title/Abstract] OR “Health Care Costs”[MeSH Terms] OR “Costs and Cost Analysis”[MeSH Terms] OR “Resource Allocation”[MeSH Terms] OR “Cost Allocation”[MeSH Terms] OR “Health Expenditures”[MeSH Terms] OR “Costs and Cost Analysis”[MeSH Terms] OR “Fees and Charges”[MeSH Terms] OR “Financial Support”[MeSH Terms] OR “Insurance, Health” [MeSH Terms] OR “Financial Management”[MeSH Terms] AND (“Republic of Maldives”[Title/Abstract] OR “Maldives”[Title/Abstract] OR “Maldiv Islands”[Title/Abstract] OR “Maldives”[MeSH Terms] OR “People's Republic of Bangladesh” [Title/Abstract] OR “Bangladesh”[Title/Abstract] OR “Bangladesh”[MeSH Terms] OR “Federal Democratic Republic of Nepal”[Title/Abstract] OR “Nepal”[Title/Abstract] OR “Nepal”[MeSH Terms] OR “Republic of Indonesia”[Title/Abstract] OR “Indonesia”[Title/Abstract] OR “Indonesian

archipelago”[Title/Abstract] OR “East Indies”[Title/Abstract] OR “Indonesia”[MeSH Terms] OR “Thailand”[Title/Abstract] OR “Thai”[Title/Abstract] OR “Thailand”[MeSH Terms] OR “Republic of India”[Title/Abstract] OR “India”[Title/Abstract] OR “India”[MeSH Terms] OR “Kingdom of Bhutan” [Title/Abstract] OR “Bhutan”[Title/Abstract] OR “Bhutan”[MeSH Terms] OR “Democratic People’s Republic of Korea”[Title/Abstract] OR “North Korea”[Title/Abstract] OR “Democratic People’s Republic of Korea”[MeSH Terms] OR “Democratic Socialist Republic of Sri Lanka”[Title/Abstract] OR “Sri Lanka”[Title/Abstract] OR “Sri Lanka”[MeSH Terms] OR “East Timor”[Title/Abstract] OR “Timor-Leste”[Title/Abstract] OR “Democratic Republic of Timor-Leste”[Title/Abstract] OR “Timor-Leste” [MeSH Terms] OR “Myanmar”[Title/Abstract] OR “Burma”[Title/Abstract] OR “Republic of the Union of Myanmar”[Title/Abstract] OR “Myanmar”[MeSH Terms] OR “Southeast Asia”[Title/Abstract] OR “Asia”[Title/Abstract] OR “Asia”[MeSH Terms] OR “Asia, Southeastern”[MeSH Terms] OR “Asia, Southern”[MeSH Terms]]).

Eligibility criteria Inclusion criteria for articles in the scoping review: 1) documents on financing components of primary health care of 11 countries in the WHO South-East Asia Region: Bangladesh, Bhutan, Democratic People’s Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste 2) documents written in English language, 3) documents published between 2000 and the date of search, and 4) not limiting the type of document but excluding the clinical trials.

Source of evidence screening and selection Inclusion criteria will be employed on the studies to select the information which is best fit for the project. The screening and selection process will be conducted by two researchers independently, using “Covidence” software. Consequently, full-text screening and selection will also be operated by two independent researchers. Any discrepancies will be resolved by discussion and input from a third researcher as needed. Following this, data extraction and charting of information are based on Hanson’s framework for people-centered financing of primary health care (2022): revenue mobilization, pooling, purchasing and provider payment. In addition to provide the lesson learnt, the data extraction will include implementation arrangements, bottlenecks and good practices.

Data management Data extraction will be carried out using an Excel spreadsheet, which will only be accessible to the researchers.

Reporting results / Analysis of the evidence The results will be collated, summarized and reported using thematic analysis and according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Language restriction Only papers in English language will be retrieved and included in the review.

Country(ies) involved Thailand - Chulalongkorn University.

Keywords Primary Health Care, Health Financing, South-East Asia Region.

Contributions of each author

Author 1 - Piya Hanvoravongchai - Author 1 managed the funding acquisition, and provided expertise in conceptualization and methodology. Moreover, author 1 led and oversaw the development of the protocol.

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Author 2 - Aungsumalee Pholpark - Author 2 was involved in conceptualization and methodology development, while also coordinating the activity planning and execution. Author 2 contributed to drafting and finalizing the protocol.

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Author 3 - Hsu Myat Mon - Author 3 provided input in conceptualization and methodology design, and managed the activity planning and execution. Additionally, author 3 drafted and edited the protocol to produce the final version.

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