

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

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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 target¹ 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).

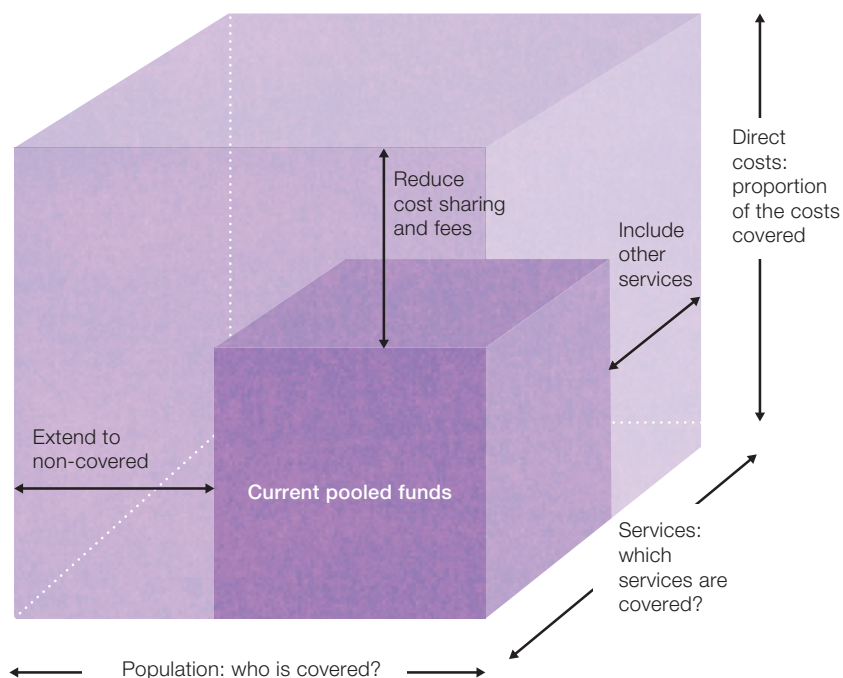
Furthermore, several countries in the Region are experiencing reductions in available external funding from global health initiatives due to rapid economic development, the result of country-specific graduation from low-income to lower-middle-income status. Further, as socioeconomic conditions improve, 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 delivered are intricately linked to health financing mechanisms. These come in different forms in different contexts. Two of the most important prepaid financing mechanisms are funds from general government revenues, mainly through taxation, and social health insurance. There are fundamental differences between the two systems, mainly in how revenues are raised, how funds are pooled and how these funds are used for service delivery in health. More recently, the dichotomy between these two mechanisms is being blurred due to significant budget transfers from national and local coffers to social health insurance schemes in support of extending coverage of the population and expansion of services. In all of the selected countries

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 in a publicly funded benefits package for health. Such decisions will always result in trade-offs between benefits coverage, namely who will be covered and which services will be prioritized, and the level of cost-sharing for patients, which determines the financial protection aspect by establishing how much patients should pay out of pocket (Fig. 1). The services available, as well as the corresponding level of cost-sharing for HIV, hepatitis B and C, and STI patients in a particularly country, are a result of a priority-setting process. The severity of a disease, equity, efficiency, economic burden to patients, effectiveness and financial sustainability are some of the criteria used in this process.

Table 2 User fees for HIV-related services in selected countries

Services		Australia	Cambodia	China	Fiji	Japan	Lao People's Democratic Republic	Malaysia	Mongolia	Papua New Guinea	Philippines	Singapore	Viet Nam
Prevention	Blood safety programmes	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Harm reduction for PWID*	Light Blue	Light Blue	Light Blue	Dark Blue	Dark Blue	Dark Blue	Light Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
	Prevention of mother-to-child transmission	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Pre-exposure prophylaxis	Light Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue	Light Blue	Dark Blue	Light Blue	Dark Blue	Dark Blue	Dark Blue	Dark Blue
	Post-exposure prophylaxis	Light Blue	Light Blue	Dark Blue	Light Blue	Dark Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Condom use programme	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Diagnosis	Screening and confirmation test	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
Treatment and care	Drugs	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Laboratory tests	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Outpatient care	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Inpatient care	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue
	Management of co-morbidities	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue	Light Blue

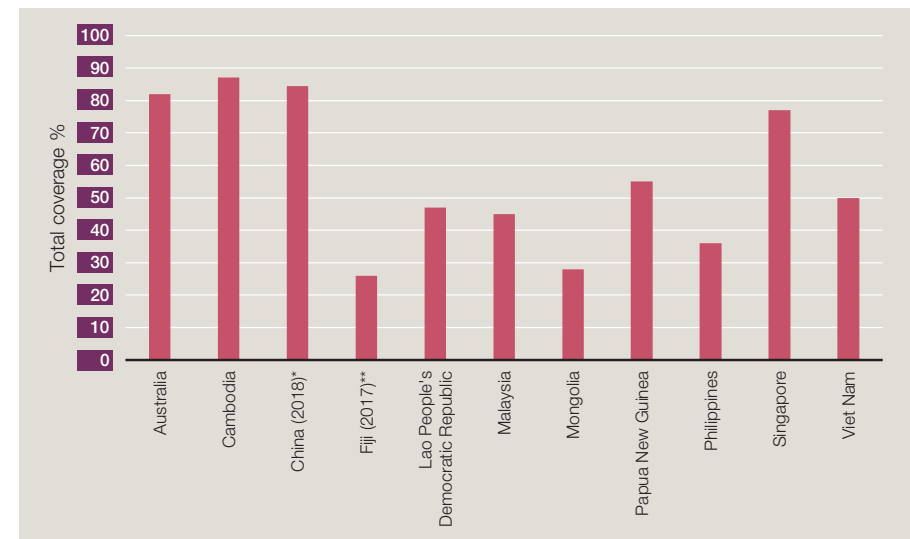
* Refers to harm reduction programmes for people who inject drugs (e.g. needle and syringe programmes, opioid substitution therapy) that are provided for free or partially subsidized. If no programmes are present, patients can manage on their own and bear the full cost.

Light Blue: Services are free of charge
 Diagonal lines: Services with fixed or percentage user fees/co-payments
 Dark Blue: Services can be available in the country but full cost borne by patients

For HIV-related services, almost all of the selected countries in the review have the essential set of services in place that are funded publicly, with varying levels of cost-sharing across countries. As used throughout the following country profiles, Table 2 illustrates the user fees involved in each type of HIV-related services available publicly, where light blue represents the services that are

free of charge, light blue with diagonal lines when a service involves fixed or percentage co-payments, and dark blue when a service may be available but is not yet covered by a national programme supported by government/external funding or through social health insurance. For prevention services, harm reduction programmes for people who inject drugs (PWIDs), such as needle syringe programmes and opioid substitution therapy, are not always established in countries. Pre-exposure prophylaxis (PrEP) is still being piloted in few small settings, and post-exposure prophylaxis (PEP) is still mainly available for health-care workers only. Free access to ART is commonplace in almost all countries and made possible through assistance from external funding and subsequent commitment by national governments. Despite the zero to minimal cost-sharing policies in place for ART in most countries, the coverage for PLHIV across the Region varies significantly (7) (Fig. 2).

Fig. 2 PLHIV receiving ART by country (2017)



* China Global AIDS Monitoring (GAM) report

** WHO estimates

Source: UNAIDS (7)

For services related to hepatitis B and C, most countries have a basic benefits package in place. Cambodia, Fiji, the Lao People's Democratic Republic and the Philippines have no national treatment programmes in place (Table 3). As the most effective preventive measure, hepatitis B vaccination across the Western Pacific Region has

averted 7 million deaths (2) that would have occurred among children born between 1990 and 2014. Hepatitis B vaccination is a part of all countries' national immunization programmes, and in general is free of charge. The immunization coverage for hepatitis B among children is shown in Fig. 3 (8).

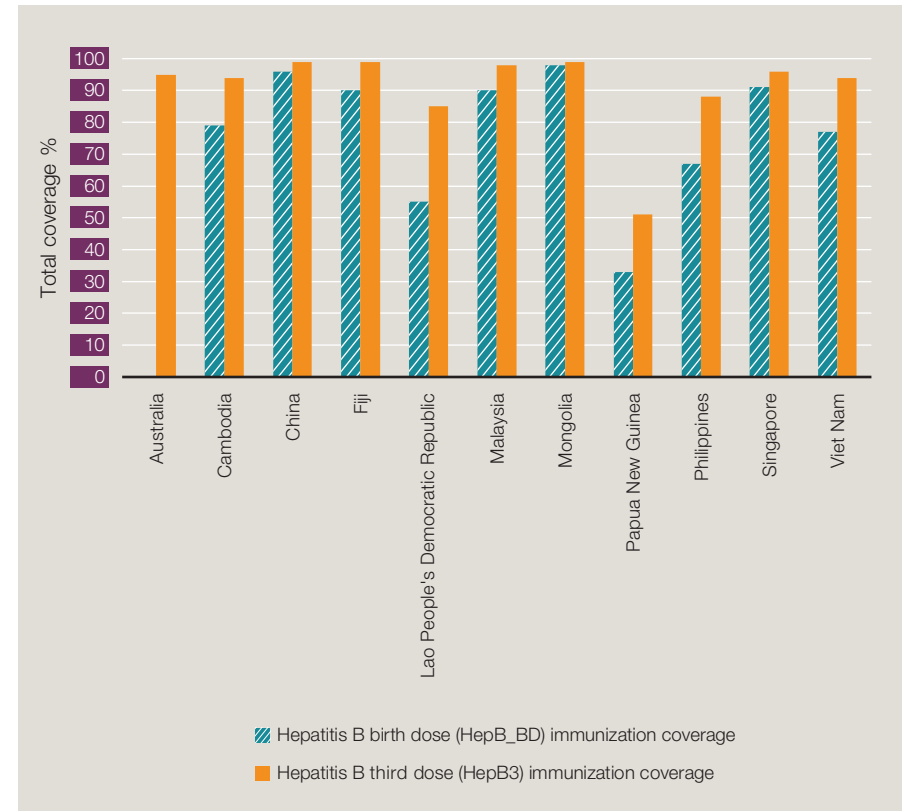
Table 3 User fees for services related to hepatitis B and C in selected countries

Services		Australia	Cambodia	China	Fiji	Japan	Lao People's Democratic Republic	Malaysia*	Mongolia	Papua New Guinea	Philippines	Singapore	Viet Nam
Prevention	Blood safety programmes	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Vaccination programme (hepatitis B)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Post-exposure prophylaxis	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Antenatal screening and antivirals for HBV	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Diagnosis													
Care and treatment	Screening and confirmation test	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Laboratory tests	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Outpatient care	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
	Inpatient care	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Management of co-morbidities	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free	

* Antenatal screening and antivirals for hepatitis B virus in Malaysia are offered in Sabah only; pilots being developed in four other states.

Services are free of charge
 Services with fixed or percentage user fees/co-payments
 Services can be available in the country but full cost borne by patients

Fig. 3 Hepatitis B vaccine coverage in selected countries (2017)



While access to generic medicines for hepatitis B and C in a country is determined by several factors such as patent status and regulatory barriers, there is a huge variation in reimbursement policies for hepatitis B and C medicines among the selected countries. Only six out of 12 selected countries have reimbursement policies in place and eligibility varied from only specific groups to universal access (9) (Table 4). Among the selected countries, Australia, Japan, Malaysia and Singapore have extensive coverage for hepatitis B and C medicines, including the direct-acting antivirals (DAAs), with fixed co-payments and exemption rules according to different criteria, such as age and income level.

Table 4 Access and coverage for hepatitis B and C medicines

Country	Availability of generic medicines		Medicines covered by government or social health insurance	
	HBV	HCV	HBV	HCV
Australia	•		•	•
Cambodia	•	•		
China	•		•	• ^a
Fiji	•	•		
Japan	•		•	•
Lao People's Democratic Republic	•	•	•	
Malaysia	•	•	•	•
Mongolia	•	•	•	•
Papua New Guinea	•			
Philippines	•	•		
Singapore			•	•
Viet Nam	•	•	•	•

HBV: hepatitis B virus, HCV: hepatitis C virus

^a in some provinces and cities

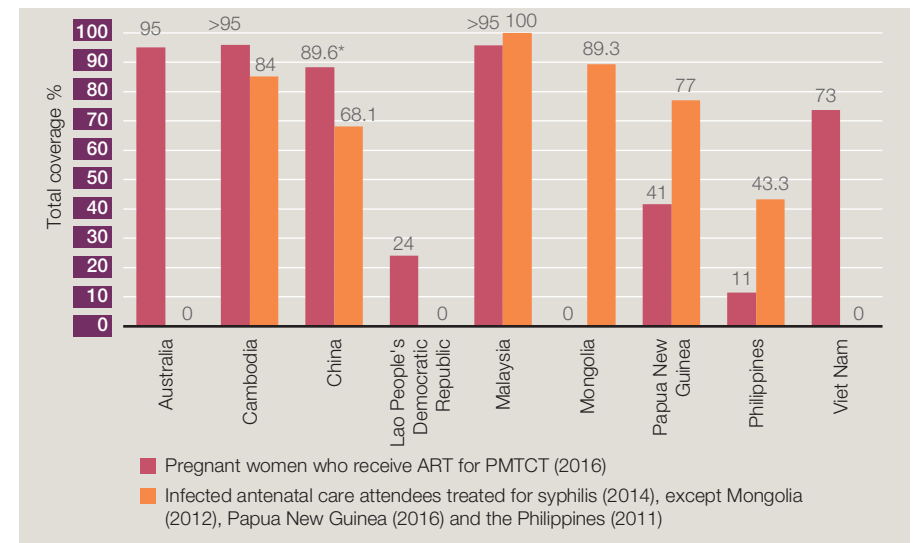
STI prevention and control has widespread public health benefits, mainly through decreasing the risk of HIV transmission during unprotected sexual contact and preventing other complications (10). The majority of the countries included in the study have some form of prevention and control programmes in place (Table 5), some of which intersect with services associated with HIV prevention and treatment, such as prevention of mother-to-child transmission (PMTCT) (Fig. 4) and condom use programmes. As there are various forms of STIs, the benefits package review mainly focuses on chlamydia, gonorrhoea and syphilis.

Table 5 User fees for STI-related services in selected countries

Services		Australia	Cambodia	China	Fiji	Japan	Lao People's Democratic Republic	Malaysia	Mongolia	Papua New Guinea	Philippines	Singapore	Viet Nam
Prevention	PMTCT (syphilis)	■	■			■						■	■
	Condom use programme												
Diagnosis	Screening and confirmation test		■	■			■					■	■
Treatment and care	Drugs		■	■		■	■					■	■
	Laboratory tests	■	■	■		■	■					■	■
	Outpatient care												
	Inpatient care	■	■	■		■	■					■	■

■ Services are free of charge ■ Services with fixed or percentage user fees/co-payments ■ Services can be available in the country but full cost borne by patients

Fig. 4 Treatment coverage for HIV and syphilis among pregnant women



* 2018 China GAM report

Sources: UNAIDS (7) and World Health Organization (10)

As reflected in the illustrations above and on the succeeding pages, the benefits packages for HIV, viral hepatitis and STIs across the selected countries in the Region have both similarities and differences. For HIV services, a lot of the prevention and screening measures are being done with simultaneous efforts to ramp up the access of PLHIV to ART. Almost all countries, particularly those who belong to the middle-income category, have free access to ARTs made possible through commitments made by the national government and substantial support from external funding. For viral hepatitis, only a few countries have a comprehensive range of services in place and much of the prevention efforts (hepatitis B) are done through vaccination, also made possible with support from external funding for several countries. For STIs, financing has always been under the responsibility of the national government, with a few exceptions, such as syphilis testing and treatment for pregnant women, which may be supported by external funding.

Each country profile is summarized in one table with each column grouped according to disease, illustrating the types of services available across public and private providers, as well as the level of user fees involved when accessing these services at public facilities. The level of user fees is illustrated using a colour coding scheme, where light blue represents the services that are free of charge, light blue with diagonal lines when a service is not covered in full and may involve fixed or percentage co-payments, and dark blue when a service may be available but is not yet covered by a national health programme or through social health insurance. The notes column also provides detail on whether these

services are covered by social health insurance as well as other details on user fees that cannot be captured by the colour coding scheme. The rows on the table represent the broad categories of services for each disease, grouped as prevention, diagnosis and care/treatment services. The data are compiled from different sources, including official documents and publications by countries, as well as existing WHO publications, and are substantiated and confirmed by selected ministries of health and WHO country offices.

Several considerations need to be taken into account with the country profiles. Careful interpretation is important as the colour coding scheme does not give an accurate representation of the level of financial protection in each country. Several services may be free of charge but have access issues due to the inaccessibility of health facilities or the inadequate quality of health-care workers. Similarly, several services are currently free of charge but are still heavily reliant on external funding and may have issues later on with sustainability. In countries where services typically involve co-payments, the user fees may only be minimal vis-à-vis the gross domestic product (GDP) per capita in the country. Furthermore, other financial protection schemes may exist that can provide additional support in the form of exemptions and a ceiling on co-payments according to income and age. Lastly, some countries that require co-payments may offer more comprehensive services than others that do not require any user fees. These are just several examples of the granularity of the benefit packages that are not fully reflected in each profile, therefore requiring careful interpretation of the data.

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Country profiles



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	24.1
GDP per capita, in current US\$ (2016)	49 755
Income level	High income
Current health expenditure as proportion of GDP (2015) ^b	9.4%
Life expectancy (2016)	83 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	100
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	1.1
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	>80.0
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	157.2

^a World Development Indicators, World Bank

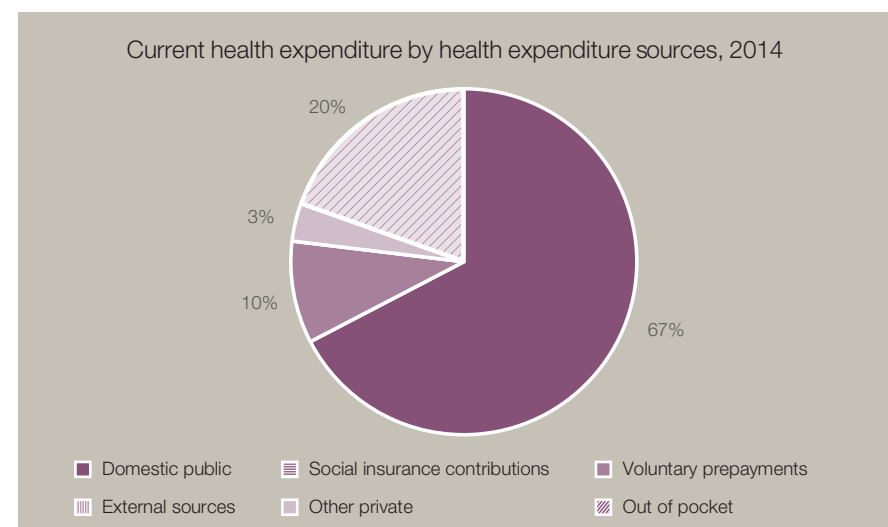
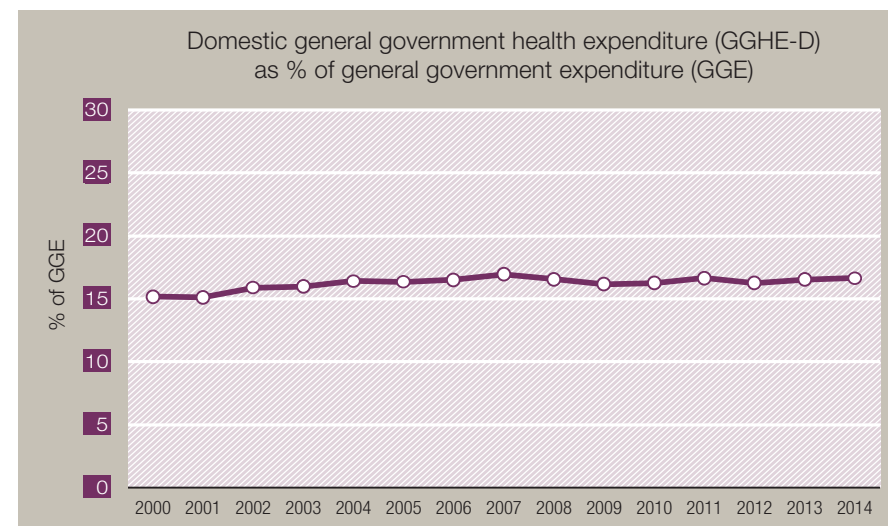
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)


II. Health financing




III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2016) ^c		
People living with HIV	26 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	0.9		Syphilis prevalence for female sex workers (%)		N/A
Prevalence of HIV among adults aged 15–49 (%)	0.1		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.8		Syphilis prevalence for men who have sex with men (%)		N/A
New HIV infections	1000		Deaths due to acute hepatitis	64		Antenatal care attendees tested for syphilis (%)		N/A
AIDS-related deaths	<200		Deaths due to chronic hepatitis	1742		Infected antenatal care attendees treated (%)		N/A
Treatment coverage among people living with HIV (%)	82							


	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme		Co-payments are charged in hospitals	PMTCT (syphilis)		Co-payments are charged at hospitals
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)			Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)		Small fixed co-payments	Post-exposure prophylaxis (PEP)		Co-payments are charged in hospitals			
	Pre-exposure prophylaxis (PrEP)		Small fixed co-payments	Antenatal screening and antiviral for HBV		Co-payments are charged in hospitals			
	Post-exposure prophylaxis (PEP)		Small fixed co-payments: \$A 22.40 for 4 weeks supply						
	Condom use programme								
Diagnosis	Screening and confirmatory test			Screening and other serological markers		Free of charge at sexual health clinics	Screening and confirmatory test		
Treatment and care	Drugs		Small fixed co-payments: \$A 6.30–38.30 per prescription	Drugs		Covers both hepatitis B and C, including direct-acting antivirals. Small fixed co-payments: \$A 40 per prescription	Drugs		Free of charge at sexual health clinics
	Laboratory tests			Laboratory tests		Co-payments are charged in hospitals	Laboratory test		Co-payments are charged at hospitals
	Management of co-morbidities		Co-payments are charged in hospitals	Management of co-morbidities		Co-payments are charged in hospitals	Outpatient/Inpatient care		Co-payments are charged at hospitals
	Outpatient/Inpatient care		Co-payments are charged in hospitals	Outpatient/Inpatient care		Co-payments are charged in hospitals			



Services are free of charge



Services with fixed or percentage user fees/co-payments



Services can be available in the country but full cost borne by patients

^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	15.7
GDP per capita, in current US\$ (2016)	1269
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	5.9%
Life expectancy (2016)	69 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	26.1
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	4.8
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	55.4
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	11.2

^a World Development Indicators, World Bank

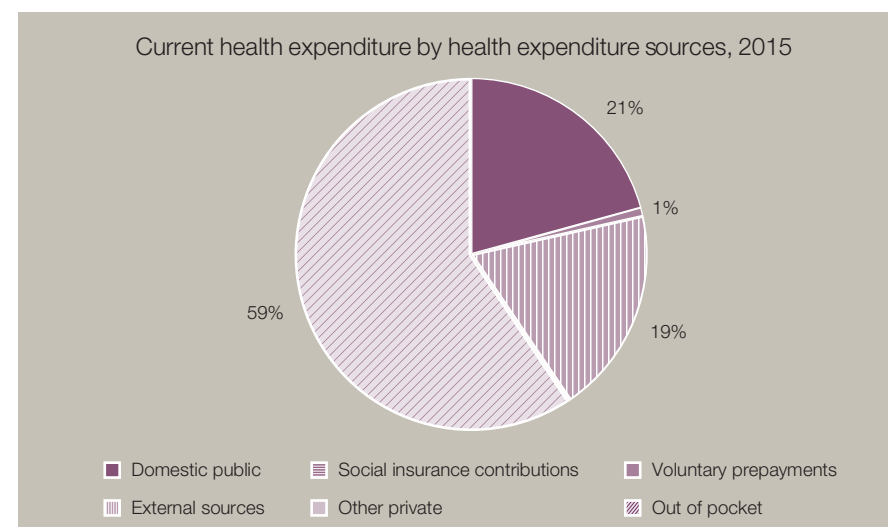
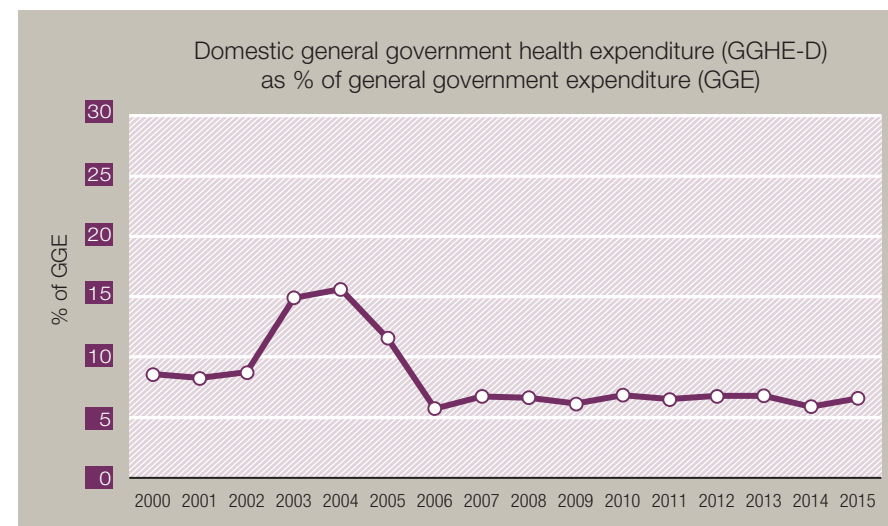
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)


II. Health financing





III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV	67 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	4.1		Syphilis prevalence for female sex workers (%) (2016)	0.7	
Prevalence of HIV among adults aged 15–49 (%)	0.5		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	1.6		Syphilis prevalence for men who have sex with men (%) (2012)	0.9	
New HIV infections	<1000		Deaths due to acute hepatitis	160		Antenatal care attendees tested for syphilis (%) (2016)	54.9	
AIDS-related deaths	1300		Deaths due to chronic hepatitis	2205		Infected antenatal care attendees treated (%) (2016)	93.3	
Treatment coverage among people living with HIV (%)	87							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMCT (syphilis)		Nominal user fees with exemptions
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		Provided by local and international NGOs	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)		Small fixed co-payments Supported by Global Fund (HIV testing, antiretroviral therapy, early infant diagnosis)	Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		No current programme	Antenatal screening and antiviral for HBV		No current programme			
	Post-exposure prophylaxis (PEP)		Available for victims of sexual violence and accidental occupational exposure						
	Condom use programme		Supported by Global Fund (Condom procurement)						
Diagnosis	Screening and confirmatory test		Supported by Global Fund	Screening and other serological markers		No current programme	Screening and confirmatory test		Nominal user fees with exemptions
Treatment and care	Drugs		Antiretroviral drugs supported by Global Fund	Drugs		No current programme	Drugs		Nominal user fees with exemptions
	Laboratory tests		Supported by external funding. Free of charge only for CD4 and Viral load testing	Laboratory tests		Fees fixed by each hospital or provider with exemptions	Laboratory test		Nominal user fees with exemptions
	Management of co-morbidities		Supported by external funding. Free of charge for TB and other selected opportunistic infections only	Management of co-morbidities		Fees fixed by each hospital or provider with exemptions	Outpatient/Inpatient care		Nominal user fees with exemptions
	Outpatient/Inpatient care		Fees fixed by each hospital with exemptions	Outpatient/Inpatient care		Fees fixed by each hospital or provider with exemptions			

 Services are free of charge

 Services with fixed or percentage user fees/co-payments

 Services can be available in the country but full cost borne by patients

^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	1378
GDP per capita, in current US\$ (2016)	8123
Income level	Upper middle income
Current health expenditure as proportion of GDP (2015) ^b	5.3%
Life expectancy (2016)	76 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	96.9
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	4.8
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	76.4
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	31.5

^a World Development Indicators, World Bank

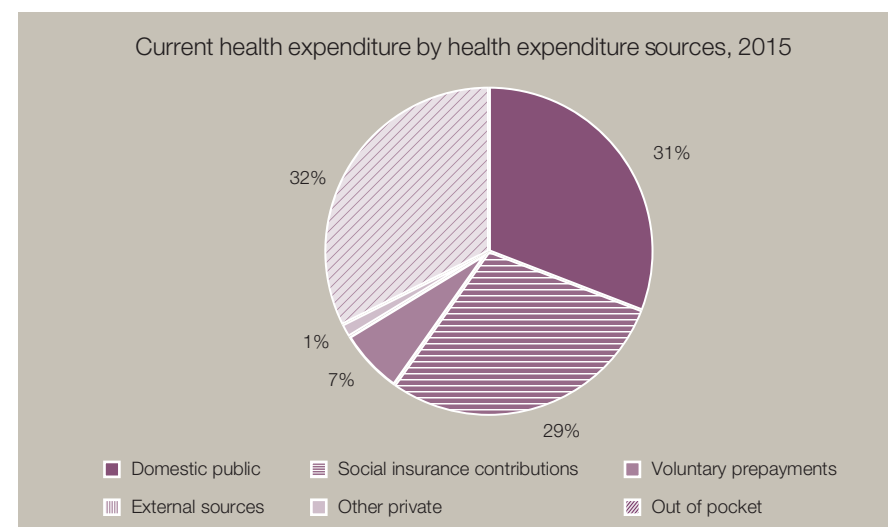
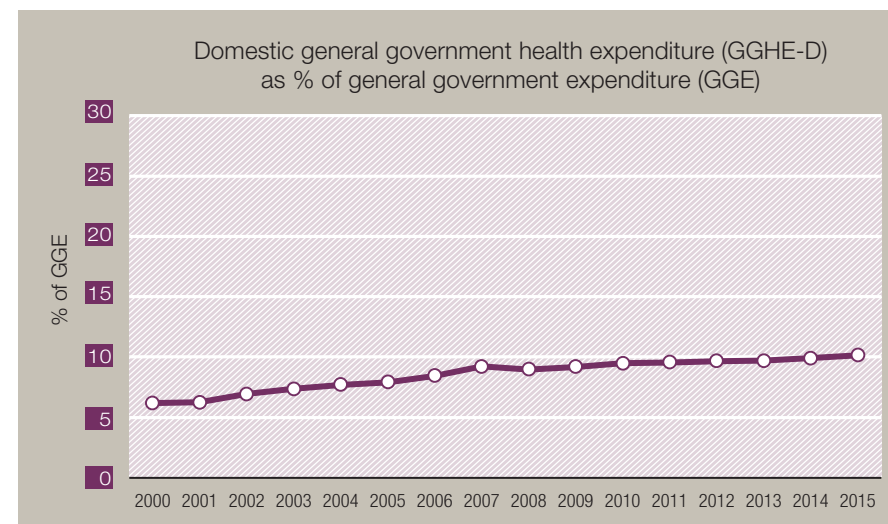
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)

II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2016) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV ^e	1 250 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	5.5		Syphilis prevalence for female sex workers (%) (2015)	2.2	
Prevalence of HIV among total population (%) ^e	0.09		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.7		Syphilis prevalence for men who have sex with men (%) (2015)	5.3	
New HIV infections ^e	80 000		Deaths due to acute hepatitis	8877		Antenatal care attendees tested for syphilis (%) (2016)	99.4	
AIDS-related deaths	N/A		Deaths due to chronic hepatitis	336 225		Infected antenatal care attendees treated (%) (2016)	76.5	
Treatment coverage among people living with HIV who know their status (%) ^f	80.4							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme		Policy is free of charge but most hospitals may charge for a fee on transfusion.	Blood safety programme		Policy is free of charge but most hospitals may charge for a fee on transfusion.	PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		User fees for testing clinics and small fee for drugs	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)		Policy is free of charge but hospitals may charge user fees for other test and drugs beyond the PMTCT essential package.	Post-exposure prophylaxis (PEP)		Covered by social health insurance with flat/percentage co-payments			
	Pre-exposure prophylaxis (PrEP)		Currently available in pilot/research settings	Antenatal screening and antiviral for HBV		Part of antenatal care services, funded by government			
	Post-exposure prophylaxis (PEP)		Currently available in pilot/research settings						
	Condom use programme		Currently available in pilot/research settings						
Diagnosis	Screening and confirmatory test			Screening and other serological markers		Covered by social health insurance with flat/percentage co-payments	Screening and confirmatory test		Covered by social health insurance with flat/percentage co-payments
Treatment and care	Drugs		Seven antiretroviral drugs included in the national antiretroviral therapy programme are free of charge	Drugs		Covered by social health insurance with flat/percentage co-payments. Hepatitis C drugs covered in some provinces and cities.	Drugs		Covered by social health insurance with flat/percentage co-payments
	Laboratory tests		Not all tests are free of charge	Laboratory tests			Laboratory test		
	Management of co-morbidities		Co-payments for co-morbidities covered by social health insurance	Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care		Co-payments for other HIV related services covered by social health insurance	Outpatient/Inpatient care					

Services are free of charge

Services with fixed or percentage user fees/co-payments

Services can be available in the country but full cost borne by patients

^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers

^e National Health Commission 2018

^f 2018 China GAM report



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	.90
GDP per capita, in current US\$ (2016)	5153
Income level	Upper middle income
Current health expenditure as proportion of GDP (2015) ^b	3.6%
Life expectancy (2016)	70 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	100
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	0.2
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	65.8
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	27.3

^a World Development Indicators, World Bank

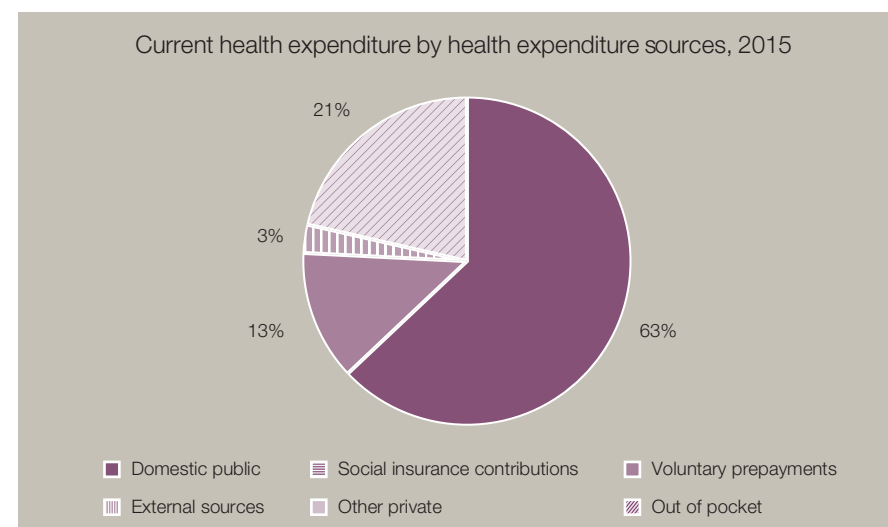
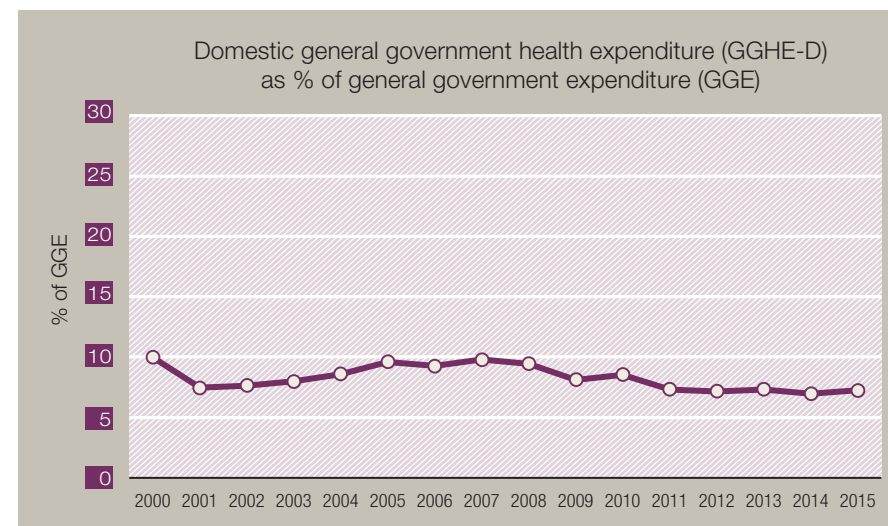
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)


II. Health financing




III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2016) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV	730		General population hepatitis B surface antigen (HBsAg) prevalence (%)	1.8		Syphilis prevalence for female sex workers (%) (2012)	28	
Prevalence of HIV among adults aged 15–49 (%)	0.1		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.1		Syphilis prevalence for men who have sex with men (%) (2012)	26.5	
New HIV infections	100		Deaths due to acute hepatitis	6		Antenatal care attendees tested for syphilis (%) (2014)	100	
AIDS-related deaths	18		Deaths due to chronic hepatitis	73		Infected antenatal care attendees treated (%)	N/A	
Treatment coverage among people living with HIV (%)	32							


	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)			Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		No current programme	Antenatal screening and antiviral for HBV		Part of antenatal care services			
	Post-exposure prophylaxis (PEP)		Available for victims of sexual violence and accidental occupational exposure						
	Condom use programme								
Diagnosis	Screening and confirmatory test			Screening and other serological markers			Screening and confirmatory test		
Treatment and care	Drugs			Drugs		No current programme	Drugs		
	Laboratory tests			Laboratory tests			Laboratory test		
	Management of co-morbidities			Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care			Outpatient/Inpatient care					



Services are free of charge



Services with fixed or percentage user fees/co-payments



Services can be available in the country but full cost borne by patients

^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	126.9
GDP per capita, in current US\$ (2016)	38 894
Income level	High income
Current health expenditure as proportion of GDP (2015) ^b	10.9%
Life expectancy (2016)	84 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	100
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	4.2
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	79.6
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	130.9

^a World Development Indicators, World Bank

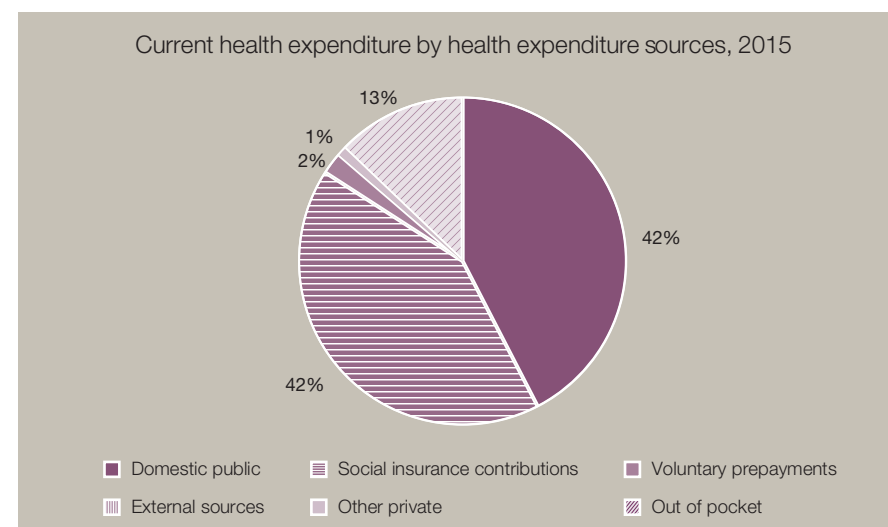
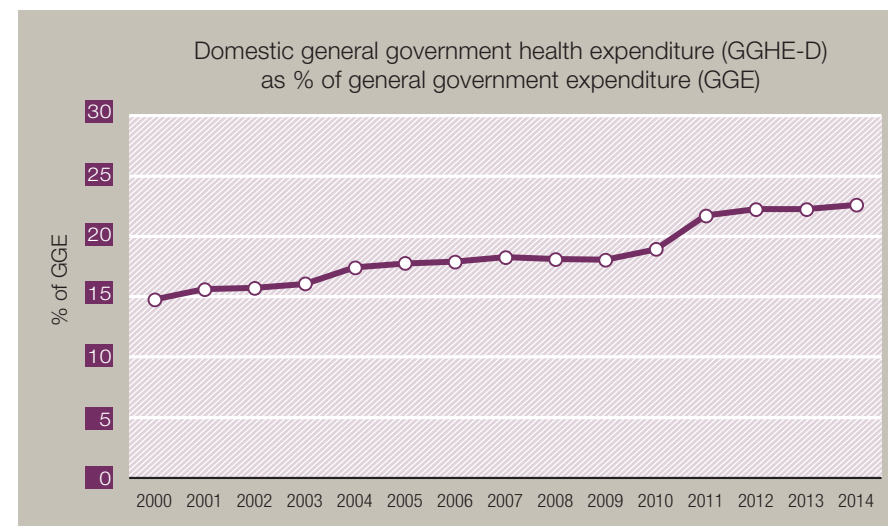
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV	28 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	1.0		Syphilis prevalence for female sex workers (%)		N/A
Prevalence of HIV among adults aged 15–49 (%)	<0.1		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.6		Syphilis prevalence for men who have sex with men (%)		N/A
New HIV infections	1500		Deaths due to acute hepatitis	785		Antenatal care attendees tested for syphilis (%)		N/A
AIDS-related deaths	<200		Deaths due to chronic hepatitis	39 400		Infected antenatal care attendees treated (%)		N/A
Treatment coverage among people living with HIV (%)	82							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups	Blood safety programme	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups	PMCT (syphilis)	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups. Ceiling on co-payment is also applied depending on age and income.
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)	Services can be available in the country but full cost borne by patients	N/A	Vaccination programme (Hepatitis B)	Services can be available in the country but full cost borne by patients	Part of national immunization programme	Condom use programme	Services can be available in the country but full cost borne by patients	
	Prevention of mother-to-child transmission (PMTCT)	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups	Post-exposure prophylaxis (PEP)	Services with fixed or percentage user fees/co-payments	Free of charge for health-care workers			
	Pre-exposure prophylaxis (PrEP)	Services can be available in the country but full cost borne by patients	No current programme	Antenatal screening and antiviral for HBV	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups			
	Post-exposure prophylaxis (PEP)	Services with fixed or percentage user fees/co-payments	PEP – consultation fee ¥ 20 000; drugs ¥ 10 000 for 28 days						
	Condom use programme	Services with fixed or percentage user fees/co-payments							
Diagnosis	Screening and confirmatory test	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups. Ceiling on co-payment applies depending on age and income.	Screening and other serological markers	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups	Screening and confirmatory test	Services with fixed or percentage user fees/co-payments	
	Drugs	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups. Ceiling on co-payment is also applied depending on age and income.	Drugs	Services with fixed or percentage user fees/co-payments	Covers both hepatitis B and C drugs, including direct-acting antivirals. Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups. Ceiling on co-payment is also applied depending on age and income.	Drugs	Services with fixed or percentage user fees/co-payments	Covered by social health insurance. 30% co-payment, with reduced co-payment for selected groups. Ceiling on co-payment is also applied depending on age and income.
Treatment and care	Laboratory tests	Services with fixed or percentage user fees/co-payments		Laboratory tests	Services with fixed or percentage user fees/co-payments		Laboratory test	Services with fixed or percentage user fees/co-payments	
	Management of co-morbidities	Services with fixed or percentage user fees/co-payments		Management of co-morbidities	Services with fixed or percentage user fees/co-payments		Outpatient/Inpatient care	Services with fixed or percentage user fees/co-payments	
	Outpatient/Inpatient care	Services with fixed or percentage user fees/co-payments		Outpatient/Inpatient care	Services with fixed or percentage user fees/co-payments				

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services available at public providers and other contracted private providers

Lao People's Democratic Republic



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	67.5
GDP per capita, in current US\$ (2016)	2353
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	2.8%
Life expectancy (2016)	67 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	11.6
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	0.7
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	47.6
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	10.4

^a World Development Indicators, World Bank

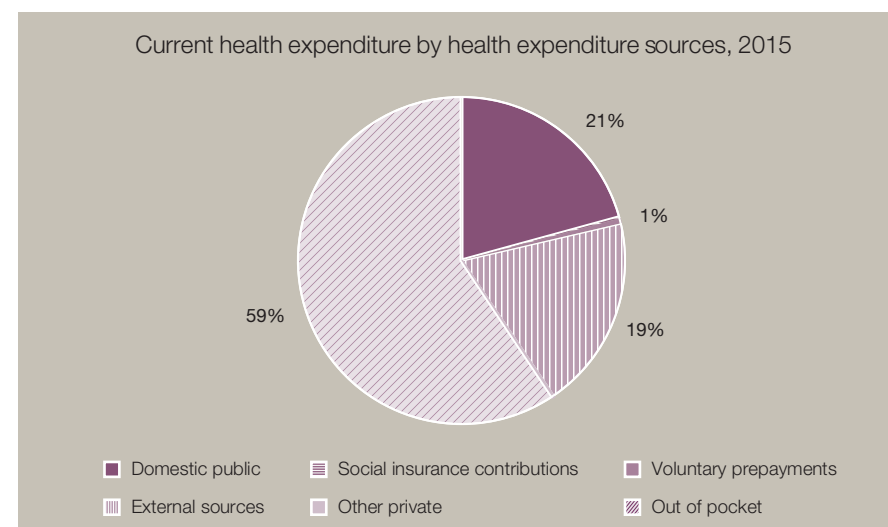
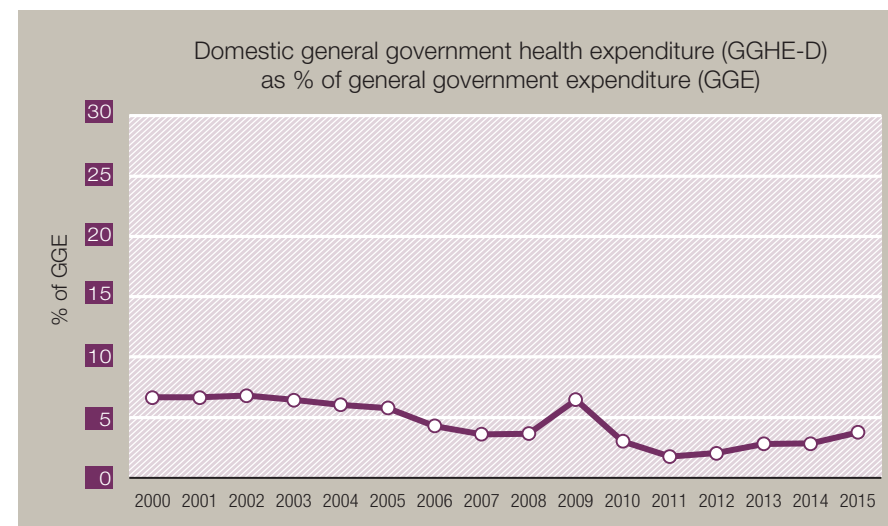
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV	12 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	8.7		Syphilis prevalence for female sex workers (%) (2011)	0.5	
Prevalence of HIV among adults aged 15–49 (%)	0.3		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.7		Syphilis prevalence for men who have sex with men (%)	N/A	
New HIV infections	N/A		Deaths due to acute hepatitis	63		Antenatal care attendees tested for syphilis (%)	N/A	
AIDS-related deaths	<500		Deaths due to chronic hepatitis	8545		Infected antenatal care attendees treated (%)	N/A	
Treatment coverage among people living with HIV (%)	47							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme		Policy is free of charge but most hospitals may charge user fees	Blood safety programme			PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)			Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		Available only for pregnant and breastfeeding women	Antenatal screening and antiviral for HBV		Partially covered by social health insurance			
	Post-exposure prophylaxis (PEP)		Available in all antiretroviral therapy sites						
	Condom use programme								
Diagnosis	Screening and confirmatory test			Screening and other serological markers		Screening free of charge, but not other serological markers tests	Screening and confirmatory test		Partially covered by social health insurance with flat/percentage co-payments
Treatment and care	Drugs		Funded by Global Fund	Drugs		Partially covered by social health insurance with flat/percentage co-payments. Hepatitis C drugs not covered.	Drugs		
	Laboratory tests		Supported by Global Fund and partially covered by social health insurance with flat/percentage co-payments	Laboratory tests			Laboratory test		Partially covered by social health insurance with flat/percentage co-payments
	Management of co-morbidities		Partially covered by social health insurance with flat/percentage co-payments	Management of co-morbidities		Partially covered by social health insurance with flat/percentage co-payments	Outpatient/Inpatient care		
	Outpatient/Inpatient care		Partially covered by social health insurance with flat/percentage co-payments	Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	31.2
GDP per capita, in current US\$ (2016)	9502
Income level	Upper middle income
Current health expenditure as proportion of GDP (2015) ^b	4.0%
Life expectancy (2016)	75 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	100
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	0.0
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	69.6
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	46.8

^a World Development Indicators, World Bank

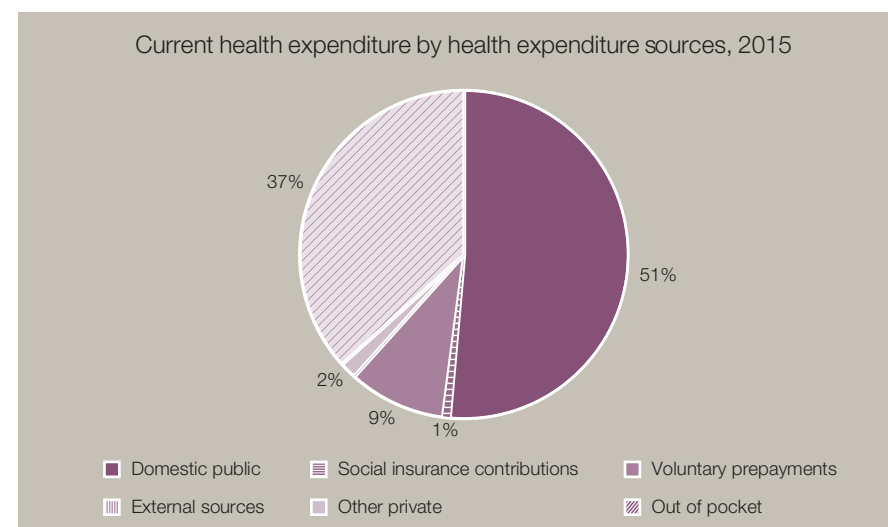
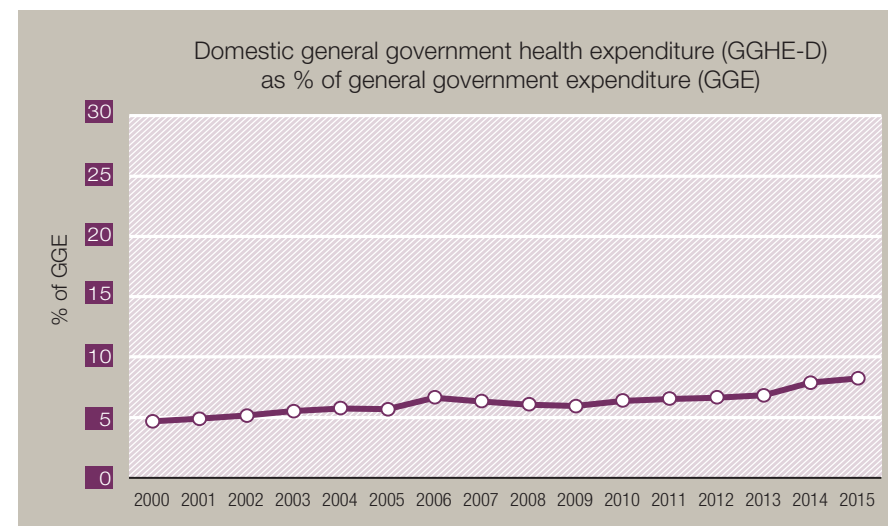
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2016) ^c		
People living with HIV	87 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	0.7		Syphilis prevalence for female sex workers (%)	3.3	
Prevalence of HIV among adults aged 15–49 (%)	0.4		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	1.2		Syphilis prevalence for men who have sex with men (%)	16	
New HIV infections	7800		Deaths due to acute hepatitis	236		Antenatal care attendees tested for syphilis (%)	99.6	
AIDS-related deaths	4400		Deaths due to chronic hepatitis	2825		Infected antenatal care attendees treated (%)	100	
Treatment coverage among people living with HIV (%)	45							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)			Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		Distributed for free to key populations
	Prevention of mother-to-child transmission (PMTCT)			Post-exposure prophylaxis (PEP)		Free of charge for health-care workers only			
	Pre-exposure prophylaxis (PrEP)		No current programme	Antenatal screening and antiviral for HBV		Offered in Sabah only, pilots being developed in four other States			
	Post-exposure prophylaxis (PEP)								
	Condom use programme		Distributed for free to key populations						
Diagnosis	Screening and confirmatory test			Screening and other serological markers			Screening and confirmatory test		
Treatment and care	Drugs		Free of charge for everyone. Funded by local and national government.	Drugs		Covers both hepatitis B and C, including direct-acting antivirals	Drugs		
	Laboratory tests			Laboratory tests			Laboratory test		
	Management of co-morbidities			Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care			Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	3.0
GDP per capita, in current US\$ (2016)	3686
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	3.9%
Life expectancy (2016)	69 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	81.9
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	1.7
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	62.6
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	65.6

^a World Development Indicators, World Bank

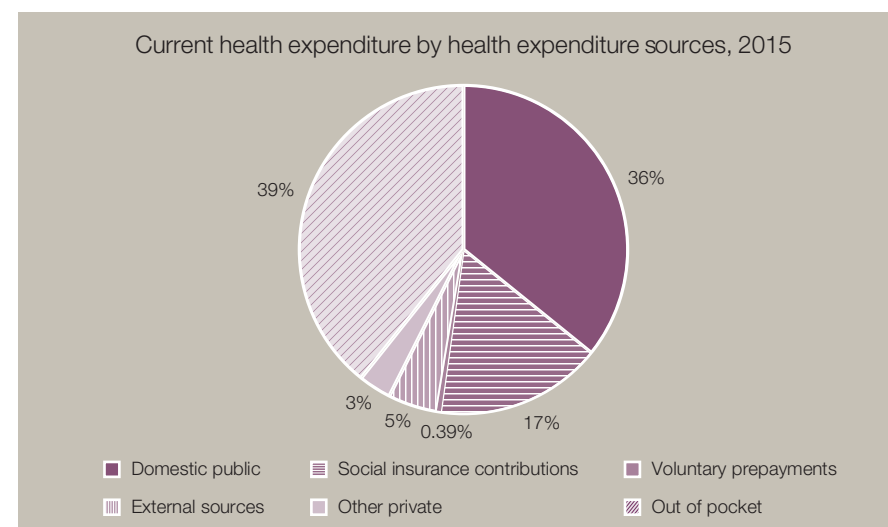
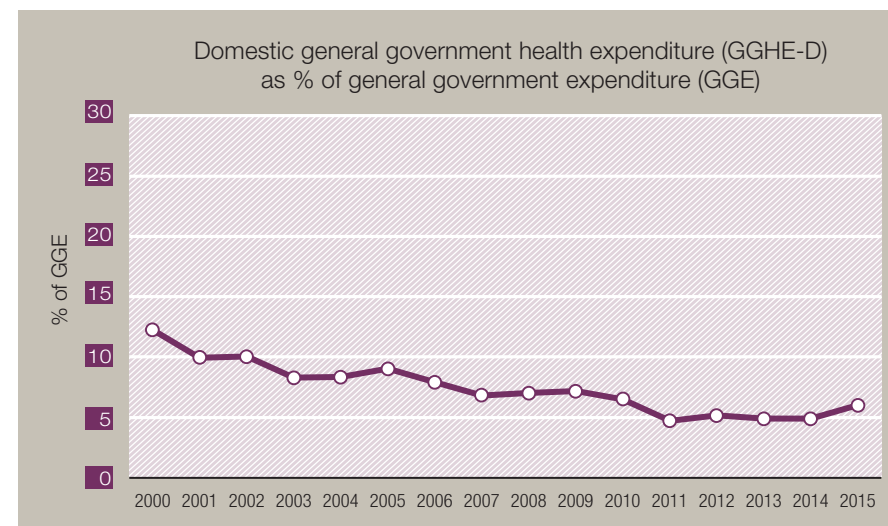
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (most recent) ^c		
People living with HIV	<1000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	10.6		Syphilis prevalence for female sex workers (%) (2014)	29.6	
Prevalence of HIV among adults aged 15–49 (%)	<0.1		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	8.5		Syphilis prevalence for men who have sex with men (%) (2014)	7.1	
New HIV infections	<100		Deaths due to acute hepatitis	173		Antenatal care attendees tested for syphilis (%) (2016)	97.1	
AIDS-related deaths	<100		Deaths due to chronic hepatitis	1681		Infected antenatal care attendees treated (%) (2012)	89.3	
Treatment coverage among people living with HIV (%)	28							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		Distributed for free to key populations. Supported by the Global Fund
	Prevention of mother-to-child transmission (PMTCT)			Post-exposure prophylaxis (PEP)		Free of charge for health-care workers only			
	Pre-exposure prophylaxis (PrEP)		Supported by the national government for serodiscordant couples	Antenatal screening and antiviral for HBV		Covered by social health insurance. With flat/percentage co-payments.			
	Post-exposure prophylaxis (PEP)		Supported by the national government						
	Condom use programme		Distributed for free to key populations. Supported by the Global Fund						
Diagnosis	Screening and confirmatory test			Screening and other serological markers		Covered by social health insurance. With flat/percentage co-payments.	Screening and confirmatory test		
Treatment and care	Drugs			Drugs		Covers both hepatitis B and C drugs, including direct-acting antivirals. Covered by social health insurance with flat/percentage co-payments. For hepatitis C drugs: co-payments of around \$US 150 for the entire course of treatment (3 months).	Drugs		
	Laboratory tests			Laboratory tests			Laboratory test		
	Management of co-morbidities			Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care			Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers

Papua New Guinea



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	8.1
GDP per capita, in current US\$ (2016)	2268
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	3.8%
Life expectancy (2016)	66 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	-
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	-
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	41.3
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	5.9

^a World Development Indicators, World Bank

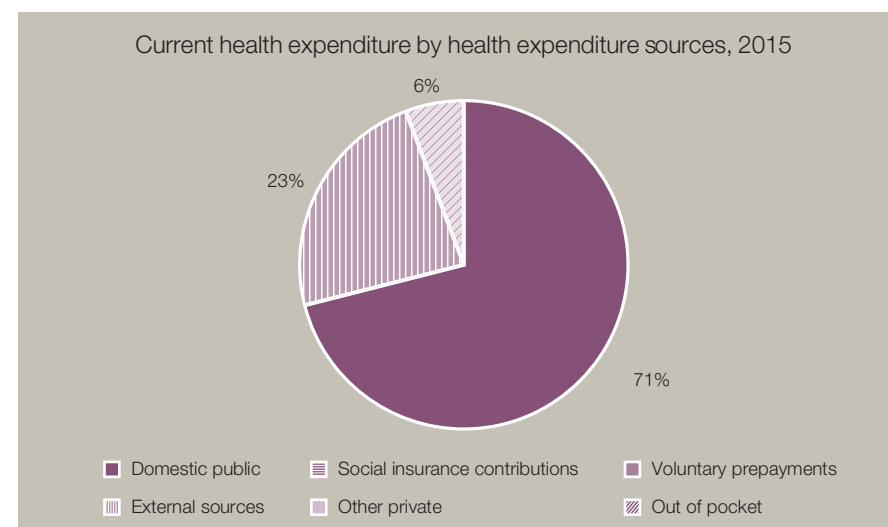
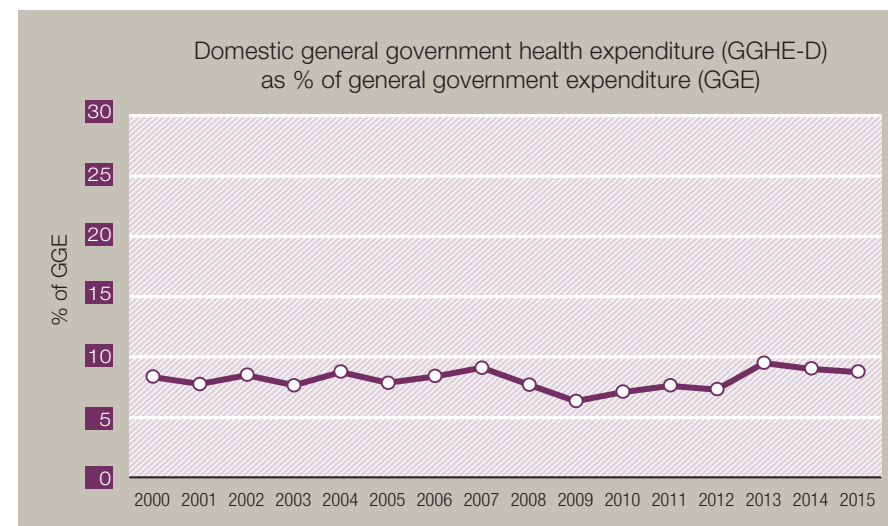
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2016) ^c		
People living with HIV	48 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	14.6		Syphilis prevalence for female sex workers (%)	6.2	
Prevalence of HIV among adults aged 15–49 (%)	0.9		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	1.2		Syphilis prevalence for men who have sex with men (%)	4.3	
New HIV infections	3000		Deaths due to acute hepatitis	72		Antenatal care attendees tested for syphilis (%)	14.4	
AIDS-related deaths	1100		Deaths due to chronic hepatitis	1206		Infected antenatal care attendees treated (%)	81.2	
Treatment coverage among people living with HIV (%)	55							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme		Only for hepatitis B, no screening for hepatitis C	PMTCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)			Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		No current programme	Antenatal screening and antiviral for HBV		Free of charge for screening of hepatitis B for pregnant women with liver dysfunction			
	Post-exposure prophylaxis (PEP)		Only available for health-care workers and sexual assault victims						
	Condom use programme								
Diagnosis	Screening and confirmatory test			Screening and other serological markers		Free of charge for screening of hepatitis B for patients with liver dysfunction	Screening and confirmatory test		
Treatment and care	Drugs			Drugs		No current programme	Drugs		Free of charge for first line regimen for syphilis, gonorrhoea, chlamydia, and genital herpes
	Laboratory tests			Laboratory tests		Free of charge for liver function tests, ultrasound if available	Laboratory test		
	Management of co-morbidities		Free of charge for people living with HIV with opportunistic infections	Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care			Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	103.3
GDP per capita, in current US\$ (2016)	2951
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	4.4%
Life expectancy (2016)	69 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	82
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	1.4
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	58
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	-

^a World Development Indicators, World Bank

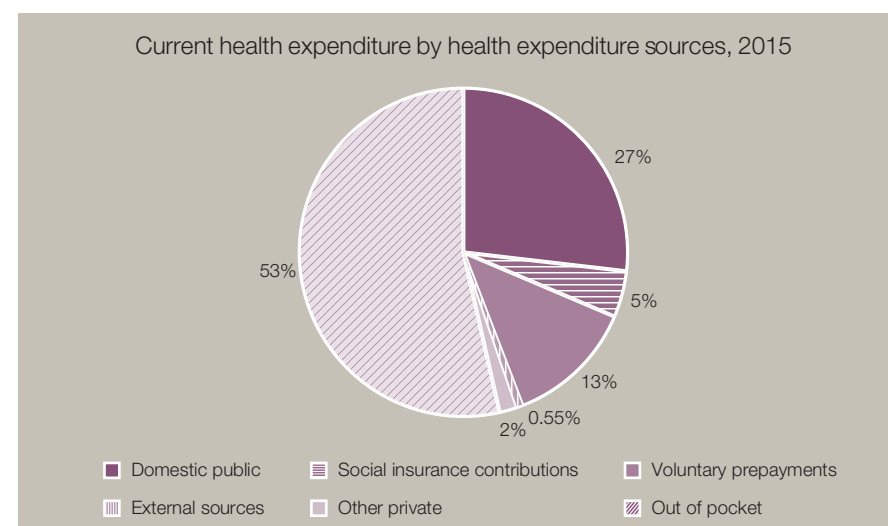
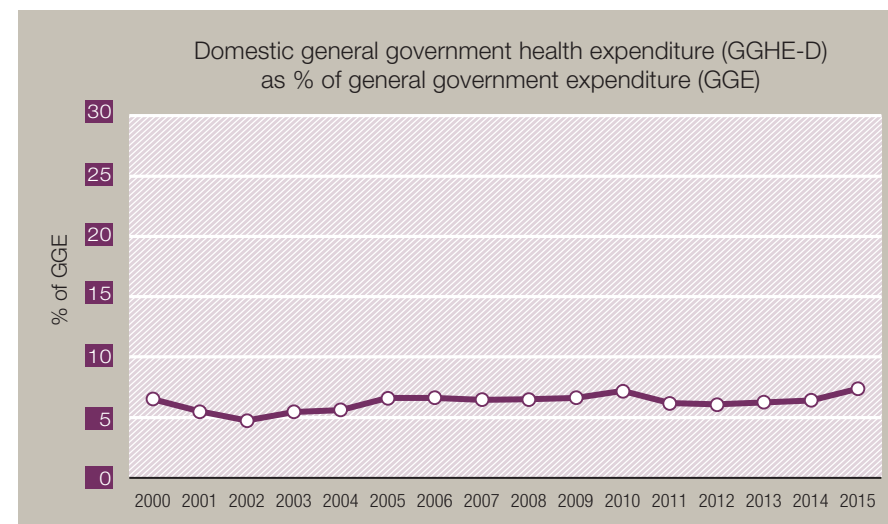
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2015) ^c		
People living with HIV	68 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	10.4		Syphilis prevalence for female sex workers (%)	2.1	
Prevalence of HIV among adults aged 15–49 (%)	0.1		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.6		Syphilis prevalence for men who have sex with men (%)	2.1	
New HIV infections	12 000		Deaths due to acute hepatitis	1133		Antenatal care attendees tested for syphilis (%)	N/A	
AIDS-related deaths	<1000		Deaths due to chronic hepatitis	8330		Infected antenatal care attendees treated (%)	N/A	
Treatment coverage among people living with HIV (%)	36							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMCT (syphilis)		
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme ²	Vaccination programme (Hepatitis B)		Part of national immunization programme, with support from social health insurance	Condom use programme		Public facilities may charge for nominal user fees, but generally free of charge.
	Prevention of mother-to-child transmission (PMCT)			Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		Currently available in pilot/research settings ³	Antenatal screening and antiviral for HBV		No nationwide programme ⁴			
	Post-exposure prophylaxis (PEP)		Free of charge for occupational exposure						
	Condom use programme								
Diagnosis	Screening and confirmatory test			Screening and other serological markers		No current programme	Screening and confirmatory test		Public facilities may charge for nominal user fees, but generally free of charge.
Treatment and care	Drugs		Covered by the national government	Drugs		No current programme	Drugs		
	Laboratory tests		Covered by social health insurance ⁵ , but with exceptions	Laboratory tests			Laboratory test		Public facilities may charge for nominal user fees, but generally free of charge.
	Management of co-morbidities		Applicable PhilHealth case rates such as the TB-directly observed treatment, short-course benefit package	Management of co-morbidities		Free antiretroviral drugs for hepatitis patients with HIV	Outpatient/Inpatient care		
	Outpatient/Inpatient care		Covered by applicable PhilHealth case rates, with flat/percentage co-payments, with exemptions	Outpatient/Inpatient care		Inpatient care covered by applicable PhilHealth case rates, with flat/percentage co-payments, with exemptions			

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers

² Needle syringe programme launched in 2014 as part of the Big Cities Project supported by ADB and the World Bank but has already ended

³ Community-based peer-driven PREP pilot programme launched in 2017 for selected MSM and Transgender women in Manila

⁴ Some local government units provide Hepatitis B testing kits as part of ANC for pregnant women

⁵ Initial baseline tests such as CD4 and CBCs not free. PhilHealth's Outpatient HIV/AIDS Treatment Package (OHAT) covers succeeding viral load monitoring tests.



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	5.6
GDP per capita, in current US\$ (2016)	52 960
Income level	High income
Current health expenditure as proportion of GDP (2015) ^b	4.3%
Life expectancy (2016)	83 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	100
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	-
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	>80
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	75.6

^a World Development Indicators, World Bank

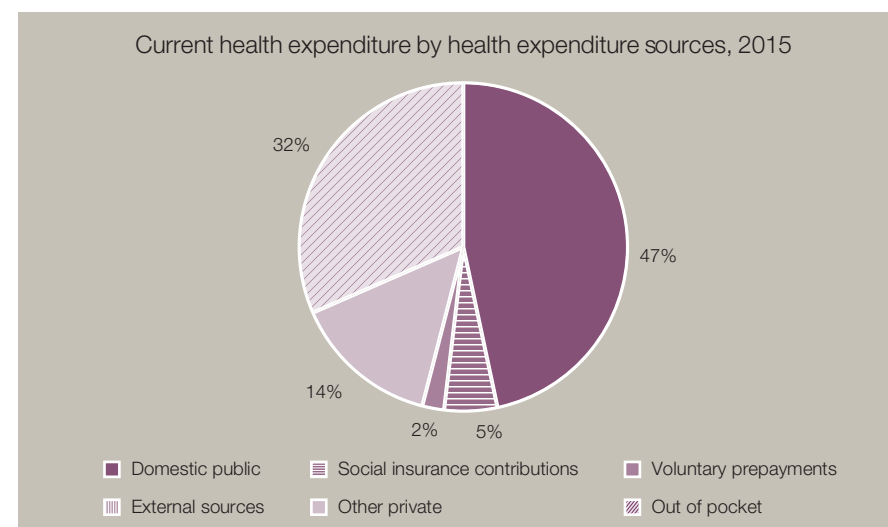
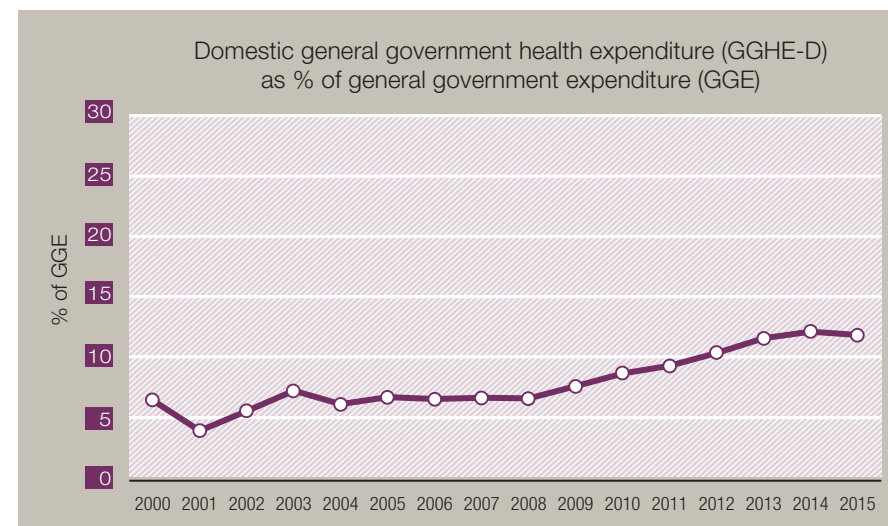
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2016) ^c		
People living with HIV	5900		General population hepatitis B surface antigen (HBsAg) prevalence (%)	4.1		Syphilis prevalence for female sex workers (%)	0	
Prevalence of HIV among adults aged 15–49 (%)	0.15		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	0.5		Syphilis prevalence for men who have sex with men (%)	28.7	
New HIV infections	430		Deaths due to acute hepatitis	1		Antenatal care attendees tested for syphilis (%)	N/A	
AIDS-related deaths	270		Deaths due to chronic hepatitis	682		Infected antenatal care attendees treated (%)	N/A	
Treatment coverage among people living with HIV (%)	63							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme			Blood safety programme			PMTCT (syphilis)		Percentage co-payment subject to meeting of clinical criteria and means-testing
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)		No current programme	Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		
	Prevention of mother-to-child transmission (PMTCT)		Covers early infant diagnosis, free antiretroviral therapy for positive mothers	Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)		Non-subsidized service. PrEP services are available at private rates.	Antenatal screening and antiviral for HBV					
	Post-exposure prophylaxis (PEP)		Free of charge for occupational exposure						
	Condom use programme								
Diagnosis	Screening and confirmatory test		Subsidized at the Department of STI Control Clinic	Screening and other serological markers			Screening and confirmatory test		Percentage co-payment subject to meeting of clinical criteria and means-testing
Treatment and care	Drugs		Percentage co-payment subject to meeting of clinical criteria and means-testing	Drugs		Covers both hepatitis B and C, including direct-acting antivirals. Percentage co-payment subject to meeting of clinical criteria and means-testing.	Drugs		Percentage co-payment subject to meeting of clinical criteria and means-testing
	Laboratory tests			Laboratory tests			Laboratory test		
	Management of co-morbidities			Management of co-morbidities			Outpatient/Inpatient care		
	Outpatient/Inpatient care			Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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There are multiple layers of protection that can partially or full cover the co-payments: Medisave (compulsory medical savings account), MediShield Life (basic health insurance plan), and Medifund (additional safety net for the needy patients).

^a Data from the National Public Health Unit, Singapore

^b Global health estimates, World Health Organization (2015)

^c Data from the Department of STI Control Clinic, Singapore

^d User fees for services availed at public providers and other contracted private providers



I. Select country data

Country Statistics ^a	
Population, in millions (2016)	9.3
GDP per capita, in current US\$ (2016)	2185
Income level	Low middle income
Current health expenditure as proportion of GDP (2015) ^b	5.7%
Life expectancy (2016)	76 years

Select SDG indicators		
Social health protection coverage as % of total population (proxy) SDG 1.3.1 ^b	2009–2011	61
Proportion of population with large household expenditures on health as a share of total household consumption expenditure or income (%) (>25%) SDG 3.8.2 ^c	2005–2015	5.0
UHC index – coverage of essential health services (%) (target=100) SDG 3.8.1 ^d	2002–2015	72.7
Skilled health professionals density (per 10 000 population) SDG 3.c.1 ^e	2005–2015	24.1

^a World Development Indicators, World Bank

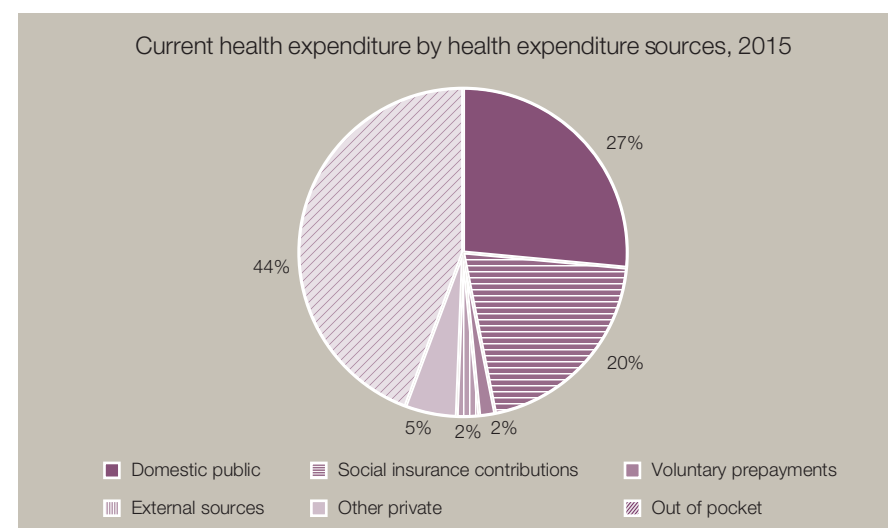
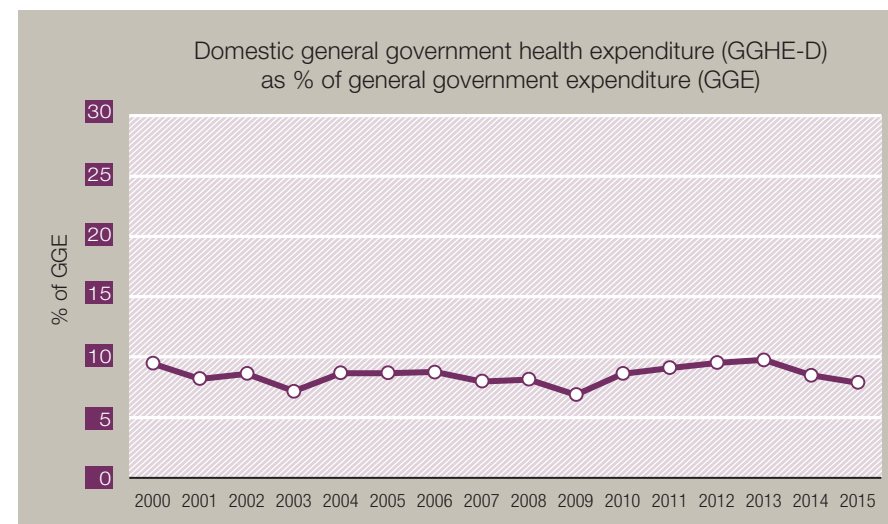
^b Social protection (database). International Labour Organization (ILO)

^c Monitoring UHC and health in the SDGs, baseline report for the Western Pacific Region, World Health Organization (2017)

^d Average coverage of essential services based on four tracer indicators: 1) reproductive, maternal, newborn and child health (RMNCH); 2) infectious diseases; 3) noncommunicable diseases; 4) service capacity and access

^e Aggregated across physicians and nurses/midwives - Global Health Workforce Statistics Database, World Health Organization (2017)




II. Health financing



III. Public financing of key services for HIV, hepatitis B and C, and STIs

HIV (2017) ^a			Hepatitis B and C (2015) ^b			STI (2015) ^c		
People living with HIV	250 000		General population hepatitis B surface antigen (HBsAg) prevalence (%)	9.1		Syphilis prevalence for female sex workers (%)	1.3	
Prevalence of HIV among adults aged 15–49 (%)	0.3		General population hepatitis C RNA viral load prevalence (HCV RNA) (%)	1.1		Syphilis prevalence for men who have sex with men (%)	4.2	
New HIV infections	N/A		Deaths due to acute hepatitis	630		Antenatal care attendees tested for syphilis (%)	N/A	
AIDS-related deaths	8600		Deaths due to chronic hepatitis	22 180		Infected antenatal care attendees treated (%)	N/A	
Treatment coverage among people living with HIV (%)	50							

	HIV			Hepatitis B and C			STI		
	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes	Services	User Fees ^d	Notes
Prevention	Blood safety programme		Can be available free of charge at Global Fund supported sites only	Blood safety programme			PMTCT (syphilis)		No current programme
	Harm reduction programmes for PWID (needle syringe programmes and opioid substitution therapy)			Vaccination programme (Hepatitis B)		Part of national immunization programme	Condom use programme		Available at Global Fund supported provinces only
	Prevention of mother-to-child transmission (PMTCT)		Supported by Global Fund. Currently available in pilot/research settings	Post-exposure prophylaxis (PEP)		No current programme			
	Pre-exposure prophylaxis (PrEP)			Antenatal screening and antiviral for HBV		No current programme			
	Post-exposure prophylaxis (PEP)		Free of charge for occupational exposure						
	Condom use programme		Available at Global Fund supported provinces only						
Diagnosis	Screening and confirmatory test		Supported by Global Fund and The President's Emergency Plan for AIDS Relief (PEPFAR) for voluntary counselling and testing (VCT) or community-based testing	Screening and other serological markers		Covered by social health insurance with flat/percentage co-payments	Screening and confirmatory test		No current programme
Treatment and care	Drugs		Supported by Global Fund and PEPFAR, with co-funding from national government	Drugs		Covered by social health insurance with flat/percentage co-payments. Social health insurance will cover 50% of hepatitis C drugs.	Drugs		No current programme
	Laboratory tests		Only CD4 count/T-cell test and viral load are free of charge	Laboratory tests			Laboratory test		No current programme
	Management of co-morbidities		Covered by social health insurance. With flat/percentage co-payments	Management of co-morbidities			Outpatient/Inpatient care		No current programme
	Outpatient/Inpatient care		Covered by social health insurance. With flat/percentage co-payments	Outpatient/Inpatient care					

	Services are free of charge		Services with fixed or percentage user fees/co-payments		Services can be available in the country but full cost borne by patients
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^a UNAIDS global data

^b Global health estimates, World Health Organization (2015)

^c Report on global sexually transmitted infection surveillance, World Health Organization (2015)

^d User fees for services availed at public providers and other contracted private providers



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