

**CALL FOR
ABSTRACTS,
Dead line, July
31th, 2010**

**Basic Information on
Asia Pacific Summit on Health Insurance (APSHI)
Main Theme
Universal Coverage: Challenges and Opportunities
Sanur Paradise Plaza Hotel, Bali, October 21-23 2010**

Background : In 1993, the United States was trying to catch up health care coverage by issuing a program named Health Security for America. This program was led by former First Lady Mrs. Hillary Clinton, now the State Secretary. Tremendous efforts had been made, yet the universal coverage in the US was failed. For the last 30 years, the US has been behind other developed countries in ensuring universal access to health care for its people. Yet, the US already spent more than US\$ 7,000 per capita per year or almost 17% of its GDP for health care. The President Obama has just successfully remedy the ailing US health care system to ensure universal coverage. This is a world landmark that finally all developed countries will achieve universal access to modern health care. Developing countries will follow. But, there have been tremendous lessons to be learnt by other countries in the Asia and Pacific Region if the country would achieve universal coverage.

Several developing countries have achieved universal health coverage at relatively low income settings. Sri Lanka for example has been providing free health care at public hospitals to all citizens since 60 years ago. This country uses the National Health Service system (the Beveridge model) that has been practiced in the United Kingdom after the World War II. Although the income per capita of Sri Lankan has been below Indonesia's income per capita, the commitment to continue providing universal coverage in Sri Lanka remains firm.

Malaysia, another former British Colony, also copied the UK system by providing almost free health care to all citizens in the government health facilities since its independence in 1957. All Malaysian pay only a nominal copayment of only RM 3 for outpatient care and only RM 5 for each day of hospitalization. The copayment covers everything from specialist consultation, laboratory examination, intensive care, radiology examinations, and all drugs. It is virtually free for the average per capita income of more than 7,000 international dollars.

Thailand also following Malaysian to provide universal health coverage for all citizens since 2001 through a combination of social health insurance and a government funded scheme. Before the universal coverage system was implemented in Thailand, the Thai government had been trying various schemes to cover health care for the poor and near poor for about 20 years. However, all of innovations to mobilize financial sources from the informal sector were in vain.

The Philippines started to implement social health insurance since 1960 by mandating all salaried workers to join two separate national social health

insurance schemes for private and public sectors. The coverage increased rapidly after the government unified the scheme into a National Health Insurance Program managed by PhilHealth started in 1997. Obstacles faced in the early periods such as fraud, lack of participations, shortage of fund and other operational problems in a decentralized government were succeeded finally. Nowadays the PhilHealth covers all formal sector workers, family members, overseas Filipino workers and their dependants.

Indonesia actually has started a social health insurance scheme since 1968 when all civil servants were mandated to contribute 5% of their salary to finance health insurance. This scheme is now known as Askes. But why, after more than 40 years, health coverage in Indonesia remains low? Almost 20 years ago, Indonesia introduced optional mandatory scheme of Jamsostek and health maintenance scheme modeled after the commercial Health Maintenance Organizations in the US. Indonesia also has introduced various schemes to cover the poor since the big crisis of 1998. In 2004, Indonesia enacted the National Social Security Scheme aimed at paving the road for universal coverage. However, until now, there is no workable and feasible road map that can be used for guiding all stakeholders to achieve a universal coverage. Politically, the current Government has launched its will to achieve universal coverage by 2014, but how?

Developing countries in Asia need to learn from experiences of its neighbors to establish a universal coverage. By learning from neighbors, Asian countries could prevent for making unnecessary mistakes. The lessons would be very important for especially Indonesia that recently announces its commitment for universal coverage. Other countries in Asia are also struggling to provide universal coverage. Lessons of failures and successes from one country need to be shared to other countries in term of strategies, costs, purchasing, controlling, and ensuring quality of care.

To facilitate taking lessons and exchange of information from Asia-Pacific regions, the Indonesian Association of Health Insurance and Managed Care (PAMJAKI) will conduct the Asia-Pacific Summit on Health Insurance with the Main Theme of “**Universal Coverage: Challenges and Opportunities**”. The Summit will be held in Sanur Paradise Plaza Hotel, Bali, October 21-23, 2010.

Goal and Objectives : The goal is to disseminate experiences of countries in Asia and the Pacific in achieving universal coverage.

The Objectives are as follow:

1. Taking lessons from developed countries such as the United States, Germany, Japan, and South Korea in achieving universal coverage.
2. Taking lessons from developing countries such as Thailand, the Philippine, Taiwan, South America and others.
3. To discuss challenges and opportunities for developing countries in Asia to develop universal coverage
4. To share lessons from all countries on how the UC is financed, how much money is needed to finance UC, what are the strategies to develop UC in centralized and decentralized health care systems, how to purchase

and how much to purchase health care from public and private providers, how to control utilization and expenditures, how to provide the most cost-effective drugs, and how to control quality of care.

The Schedule : 21st - 23rd October 2010

Day 1: October 21st.

Opening address by the President/Vice President of the Republic of Indonesia.

Lessons learnt from developed countries: the US (it is expected that Mrs. Hilary Clinton will address the lessons), Germany, Japan and South Korea. Then eight parallel sessions will discuss technical details on specific topics on financing, purchasing, and payment system as attached schedule.

Day 2: October 22nd.

Lessons learnt from Middle Income and Developing Countries: Thailand, Philippine, South American, Indonesia, and others. The afternoon sessions will provide seven parallel sessions to discuss utilization control, decentralization, drugs formulary, and quality control.

Day 3: October 23rd

Workshop for special interested persons at no additional cost—Making Workable and Feasible Road Map for Universal Coverage in Indonesia. This is a special workshop for Indonesians, but foreigner is could attend the workshop. Other participants and participants from overseas will take field trip or take tour to various interesting tour sites in Bali.

Venue : Sanur Paradise Plaza Hotel, Bali, Indonesia

Languages : Official languages in English and Bahasa Indonesia. Concurrent translations will be provided

Target participants : We are expecting at least 800 participants, consist of officials of the Coordinating Ministry for People's Welfare, officials of the Ministry of Health, officials of the Ministry of Labor, state/Provincial and District governments, academicians, Staff of Social Security institutions, Professional Associations, and NGOs from various countries. It is expected that the Summit will be attended by at least 200 participants from America, Asia, Australia, New Zealand, and other countries of Europe, Africa, Central and South America.

For Further Information and to Submit Abstract, Please visit our website:

www.apshi2010.org

Or send your abstracts to sekretariat@pamjaki.org by July 31th, 2010.

Accepted abstracts will be announced by August 31th, 2010

Tentative agenda and expected speakers are as follow

DATE AND TIME	ACTIVITIES	ROOM
DAY 0, October 20th		
14.00 – 18.00	Hotel check in and registration	Front Desk
DAY 1, October 21st		
08.00 – 08.45	Registration	Foyer of Ballroom
08.45 – 09.00	Opening ceremony	Griya Agung Ballroom
09.00 – 09.20	Opening Address: The Commitment of Indonesia to Achieve Universal Coverage of Health Care By Susilo Bambang Yudoyono , President of the Republic Indonesia	
Plenary Session 1		Griya Agung Ballrom
09.20 – 10.40	Why WHO Recommends Universal Coverage by Guy Carrin , WHO Geneva Switzerland	
	Lesson learnt from the US - Long Battle for the Universal Coverage in the United States by Hillary Rodham Clinton , The Secretary of State, the USA	
10.40 – 11.00	Tea/Coffee Break, Exhibition and Poster Session	
Plenary Session 2		Griya Agung Ballrom
11.00 – 13.00	German: Cultural and Historical Perspectives to Achieve Universal Coverage (the speaker to be announced)	
	Japan: Using Claim Administration Office to Make Universal Coverage Efficient (the speaker to be announced)	
	South Korea: Integration to Ensure Equity of Universal Coverage by Bong-Min Yang , Seoul National University, School of Public Health	
13.00 – 14.00	Lunch Break, Exhibition and Poster Session	
Parallel Sessions	4 (Four) Break Out Rooms	
14.00 – 15.30	Detail topics will be based on abstracts submitted	
Session 1	Advantages and Problems in Implementing Tax Funding and Social Insurance Pooling	Griya Agung
Session 2	Experiences on Collecting Contributions from Formal and Informal Sector	Denpasar
Session 3	Payment to Providers: the Key for Sustainability and Efficiency	Negara
Session 4	Quality Assurance: How to Satisfy the Public	Legian
15.30 – 16.00	Tea/Coffee Break, Exhibition and Poster Session	
Parallel Sessions	4 (Four) Break Out Rooms	
16.00 – 17.30	Detail Topics will be Based on Abstracts submitted	
Session 5	Regulations and Problems of Compliances	Griya Agung Ballrom
Session 6	Referral System: Balancing Primary, Secondary and Tertiary Care	Denpasar

Session 7	Designing and Adjusting the Benefit Package for Universal Coverage	Negara
Session 8	The Roles of Private Sector in Ensuring Universal Access to Essential Health Care	Legian (Combined)
19.00 – 21.00	Gala Dinner and Cultural Event	
DAY 2, October 22nd		
08.00 – 08.30	Registration	
Plenary Session 3		Griya Agung Ballrom
08.30 – 10.30	South Americas Experience on Universal Coverage by Pablo Gotrett , World Bank	
	Thai Experience on Universal Coverage by Pongpisut Jong-Udomsuk , Director, Health Systems Research Institute, Ministry of Public Health Thailand -	
	Taiwan Experience on Universal Coverage by Chih-Liang Yaung , Minister of Health, Executive Yuan, R.O.C, Taiwan	
	Philippines Experience on Universal Coverage by, President Director, PhilHealth.	
10.30 – 10.45	Tea/Coffee Break, Exhibition and Poster Session	
Plenary Session 4		Griya Agung Ballrom
10.45 – 12.00	Indonesian Commitment to Universal Coverage by Dr. R. Agung Laksono Minister of Social Welfare Republic of Indonesia	
	Road Map to Universal Coverage by Dr. Endang R. Sedyaningsih, Dr.PH Minister of Health Republic of Indonesia	
	Enrolling Private Employees to Join Universal Coverage in Indonesia by Drs. H. A. Muhaimin Iskandar, M.Si Minister of Labor Republic of Indonesia	
12.00 – 13.30	Lunch Break, Exhibition, and Poster Session	
Parallel Sessions	4 (Four) Break Out Rooms	
13.30 – 15.00	Detail Topics will be based on submitted abstracts	
Session 9	Controlling Cost and Quality via Information Technologies	Griya Agung Ballrom
Session 10	How to Expand Coverage to Informal Sector and Rural Communities	Denpasar
Session 11	Obstacles in controlling health care costs	Negara
Session 12	Fighting Fraud in Hospital and Primary Care	Legian (Combined)
15.00 – 15.30	Tea/Coffee Break, Exhibition and Poster Session	
Parallel Sessions	4 (Four) Break Out Rooms	
15.30 – 17.00	Detail Topics will be based on submitted abstracts	
Session 13	Role of Professional Association in Ensuring Compliance to Clinical and Management Standards	Griya Agung Ballrom
Session 14	Measuring and Ensuring Competency of Human Resources for Universal Coverage	Denpasar
Session 15	The Role of the National and Sub National Governments	Negara
17.00 – 17.30	Closing	

DAY 3, October 23rd		
Parallel sessions	2 (two) Break Out Rooms	
09.00 – 12.00	Session 16	Denpasar
	Workshop on Recommending Improvement of Road Map of Universal Coverage in Indonesia (interested and invited guests only)	
09.00 – 11.00	Session 17A	Negara
	PAMJAKI Organizational Meeting (revising charter, Election of President of PAMJAKI 2010 – 2014)	
11.00 – 12.00	Session 17B	Negara
	Inauguration of New Health Insurance Associates, persons who passed PAMJAKI's 5 and 10 Modules of Health Education Examinations.	
12.00	Closing Summit and Farewell Lunch	