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As the focus is moving from ‘efficiency’ in the past to the ‘equity’ recently in the distribution of health care resources, the ‘Universal Health Coverage (UHC)’ has become a major issue, being in the spotlight as a key issue at the post-MDG discussions.

Generally UHC is defined as access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access. The UHC system can be achieved through a multiple form of efforts. But as with most recent UHC-related research focusing on the health insurance, I will primarily look into the health insurance system.

The high-income countries are not the only nations capable of introducing the national health insurance, as shown in some successful cases of low-income countries. But in order for a developing country to introduce a national health insurance system successfully, it requires a political leadership as well as a health financial system, which allow it to operate the system efficiently at a relatively low cost. And to achieve the aim of an efficient care at low cost, a couple of measures, such as appropriate allocation of resources, creation of a favorable policy environment, and readjustment of relevant institutions, need to be taken. This is also where political leadership plays a vital role. The political leadership is a difficult area where donor institutions cannot easily assist with. However, constant efforts could be made through a council of donor nations, such as making requests to the recipient nation for consultation.

In addition, the health insurance system is established through a different process in each country, depending on the social, economic, and political environments. Thus, when giving a support with health insurance policy by means of aid programs to a developing country, it is necessary to understand first the context of

the recipient country and thoroughly analyze each nation's formation process, before making a proper intervention.

As for the multilateral organization WHO, it has its strength with its existing guidelines for a macro-approach or related research, and although it has general contents, they could be used as reference in terms of necessary procedures or points to be considered in the course of implementing a health insurance project. Therefore, we need to refer to these guidelines or materials in the stage of formulation of KOICA projects, to further reflect them in the organization of projects.

The bilateral organization GIZ is a technical collaboration institution, which has pursued various projects fitting for each nation's characteristics under the title of 'Social Health Projection.' The period for projects varies from the minimum 3 years to the maximum 15 years depending on the features of each project, and the projects mainly consist of programs for facilitating the 'execution by the recipient nations.'

PH4 is the only UHC-and-SHP-related support network, in which PH4 state and institutional members formulate a council in the relevant nations, share their knowledge and opinions, and make a policy suggestion to the government of a recipient nation through filing a brief report.

4-5 years ago, KOICA started medical insurance projects in multiple ways. The medical care-related projects are allowed various forms because KOICA has various supporting format such as technical cooperation, material support, and budget support, etc. For example, we are conducting a policy consulting project in case of Vietnam, and providing budget support in Cambodia, and policy consulting plus pilot projects in Nepal.

In the phase of formation and organization of KOICA projects, we need to refer to the common guidelines offered by WHO and reflect on the international trend; an active cooperation in the field with GIZ which has a long experience in the field of medical care is also worth consideration. In addition, we need to join a global network such as PH4, to derive timely information and collaboration.

On the other hand, given that the medical insurance project is not an easy business, building up experience could be difficult compared to the technological cooperation-centered GIZ, and compared to the technical cooperation, other business factors could heighten the risk for projects. In order to lower the risk, measures such as collaboration for each component of projects with local institutions (international organization or local INGO, etc.) with accredited capability, and allocation of sufficient business time period in the phase of organizing projects to give enough time and wait for the government of a recipient nation to prepare and execute, can be considered.

But most of all, in the phase of verification of the project's feasibility, the process such as confirmation of political leadership, and examination of whether the requested projects are necessary in the relevant nation, and if it is in the form that we can support, is most important.