

Sri Lanka and other hybrid systems

Country ranked by public spending effort	Public health spending (%GDP)	Skilled birth attendance (%)	IMR	Life expectancy
Sri Lanka	1.4	99	8	74
Malaysia	2.2	99	7	75
Mauritius	2.4	99	12	74
Mexico	3.3	96	12	77
Jamaica	3.4	99	14	73
Thailand	3.7	99	11	74
Brazil	4.7	98	12	74
Australia	6.0	100	4	82
Ireland	6.0	100	3	81
United Kingdom	7.8	99	4	81
Cuba	8.2	100	5	79

Common Elements

1. Political economy (democracy) that has maintained long-term pressure (>1931 in Sri Lanka) for pro-poor access and financial risk protection to guide resource allocation
2. Progressive expansion of coverage with focus on universalism in public package
 - Public package universally available from Day 1 – then expanded in depth/quality
 - No magic bullets or innovative financing
3. Reliance on pro-rich private spending/provision to fill funding gap, but public provision that is consistently pro-poor and adequate quality
 - Consumer quality rationed in favor of equitable access to clinical services
4. Politically driven set of policies to ensure pro-poor public provision
 - Minimal user fees, Good physical access
 - Emphasis on FRP in allocation – typically high hospital allocations
 - Strong management/efficiency in public integrated delivery in L/MICs
 - Physician management culture of “*doing more with less*” (not asking for more money)