Universal Health Coverage and Sustainable Development

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Outline

1. What is Universal Health Coverage (UHC)?
2. Strategies for moving closer to UHC
3. UHC and the post MDG development agenda
4. Goals, Indicators, Targets
Formal Definition of Universal Coverage

World Health Assembly Resolution 58.33, 2005:
Urged countries to develop health financing systems to:

☑ Ensure all people have access to needed services
☑ Without the risk of financial ruin linked to paying for care

Defined this as achieving Universal Coverage:

Coverage with health services;
Coverage with financial risk protection;

For all
The Three Dimensions (policy choices) of Universal Coverage

Towards universal coverage

Population: who is covered?

Coverage mechanisms

Reduce cost sharing and fees

Extend to non-covered

Include other services

Financial protection: what do people have to pay out-of-pocket?

Services: which services are covered?
Monitoring and evaluation results chain for UHC

Inputs & processes
- Health Financing
- Health workforce
- Infrastructure
- Information
- Governance

Outputs
- Service access and readiness
- Service quality and safety
- Service Utilization
- Eligibility for financial risk protection

Outcomes
- Effective coverage of interventions
- Risk factors

Impact
- Health status
- Financial risk protection
- Responsiveness

Level and distribution (equity)
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Strategies

1. **Factors outside the health system** – reduce inequalities in income and education and social exclusion associated with factors such as gender and migrant status.

2. **Strengthen health systems**: Sufficient health workers, right types, close to people; medicines and health technologies; quality service delivery; good information systems; strong government leadership.

3. **Strengthen health financing systems**. The other parts (health system building blocks) cannot function if the financing system is weak.
HEALTH SYSTEMS FINANCING
The path to universal coverage
Three Fundamental Health Financing Challenges for Achieving Universal Coverage

1. Raise sufficient funds for health;

2. Ensure/maintain financial risk protection – i.e. ensure that financial barriers do not prevent people using needed health services nor lead to financial ruin when using them;

3. Minimize inefficiency and inequity in using resources, and to assure transparency and accountability.
WHR 2010 Conclusions: Domestic Financing

Every country could do something to move closer to universal coverage or maintain the gains they have made, through:

- **Raising more funds for health** AND/OR
- **Reducing financial barriers to access and increasing financial risk protection** AND/OR
- **Improving efficiency and equity.**

**BUT:** must be complemented by improvements in the health system particularly service delivery
WHA Resolution 64.9, 2011

Sustainable Health Financing Structures and Universal Coverage

1. Increased, predictable funding for health;

2. Reduce transaction costs on countries and in international aid architecture

3. Support countries to review UHC, health financing systems, and implement changes designed to move more rapidly

4. WHO has developed an action plan as requested by WHA64.9 of 2011 (Sustainable health financing structures and UC) – country support; upstream activities such as methods, information exchange on best practices; data to track progress – role for NGOs and all external partners
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UHC and Sustainable Development

1. Good health: allows people to earn; children to learn – contributes to development, helps people escape from poverty

2. Financial risk protection – stops 100 million people being pushed into poverty each year

So UHC: reduces poverty, promotes social harmony, contributes to economic growth in addition to increasing welfare directly through health improvement
**The Post-MDG Agenda**

1. Initial Rio+20 "feeling": health has had "too much" attention in MDGs – time for climate change, poverty eradication, economic growth – all non-health agendas to take precedence.

2. Health was mentioned only 3 times in zero draft of Rio outcome document – (once was "healthy soils").

3. Finally with help of NGOs talking to country negotiators – health and UHC achieved appropriate prominence

4. However, post MDGs: political consideration: unlikely to have 3 health specific goals. How to deal with this and the pressure to add NCDs?
UHC as Organizing Principle

Proposition: Strategically better to argue for 1 goal – UHC – which can then include targets and indicators for "tracer" health interventions and can include financial risk protection.
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**Level and distribution (equity)**
Possible Global Indicators – Health Service Coverage

Service Coverage:

1. HIV, TB, malaria, maternal, child – as with MDGs – mix of prevention, treatment
2. NCDs – what? Incidence of hypertension?
3. Quality – readmissions for asthma? 5 year survival for specific cancer?
Possible Global Indicators – Financial Risk Protection

1. Proportion of population pushed into poverty because of out-of-pocket health payments

(Possible alternatives: incidence of financial catastrophe; deepening of poverty; "deepening of financial catastrophe")