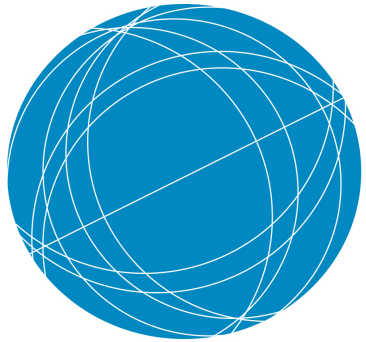


SIGHT.

SWEDISH INSTITUTE FOR
GLOBAL HEALTH TRANSFORMATION

KUNGL.
VETENSKAPS-
AKADEMIEN

THE ROYAL SWEDISH ACADEMY OF SCIENCES

Exploring Universal Health Coverage (UHC)

Sida seminar: Network education on health systems

October 12th, 2017

Goran Tomson, Sara Causevic

Universal Health Coverage (UHC)

"At least 400 million people have no access to essential health services and 40% of the world's population lacks social protection".

The Sustainable Development Goal 3.8 sets the following target by 2030:

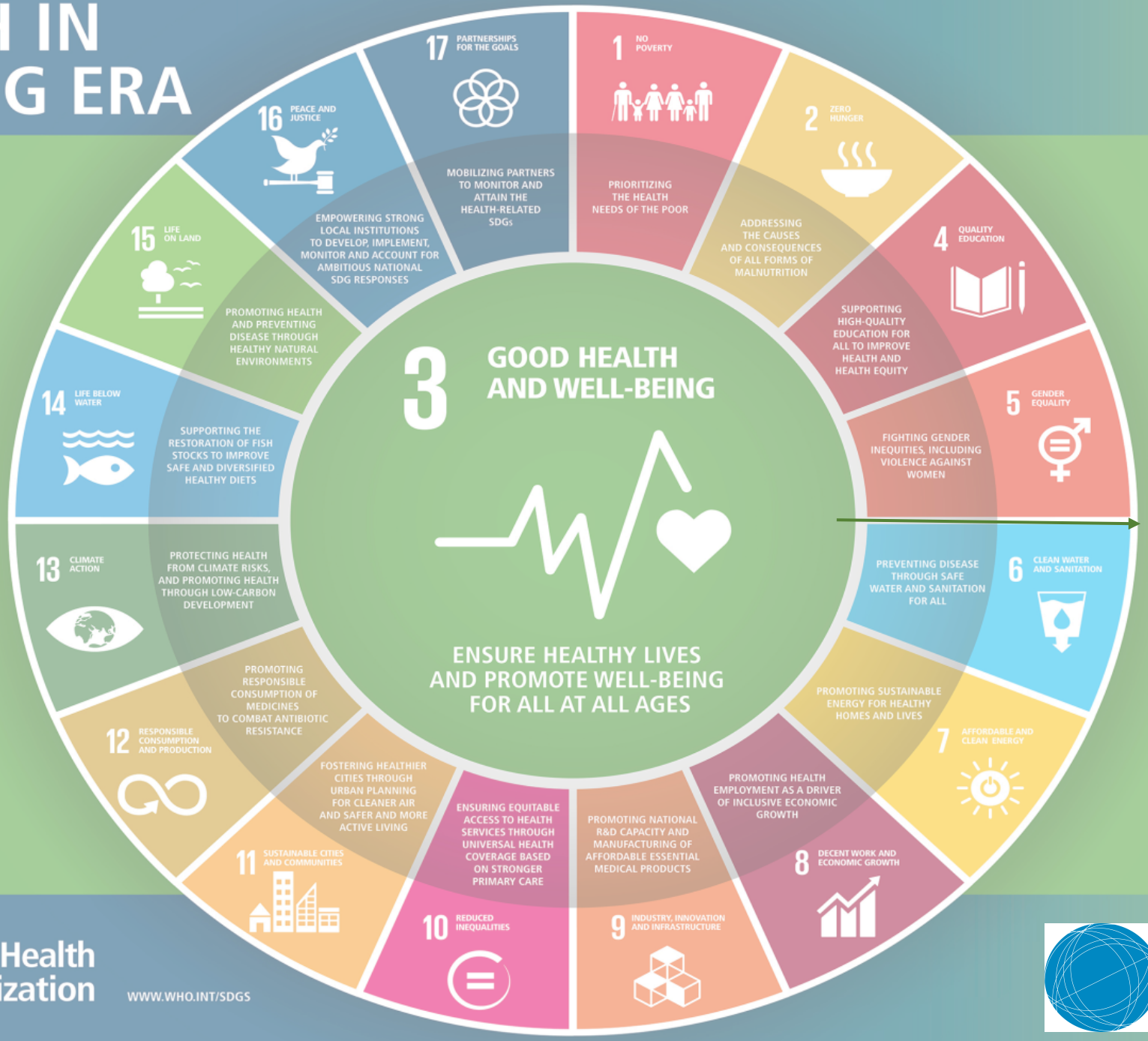
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, quality, and affordable essential medicines and vaccines for all.

Source: All roads lead to universal health coverage**,** Ghebreyesus, Tedros Adhanom, The Lancet Global Health, Volume 5, Issue 9, e839 - e840

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

HEALTH IN THE SDG ERA



SDG3: Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

World Health Organization

WWW.WHO.INT/SDGS

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN
THE ROYAL SWEDISH ACADEMY OF SCIENCES

Universal Health Coverage (UHC)

"Universal health coverage means all people receiving the health services they need, including health initiatives designed to promote better health (such as anti-tobacco policies), prevent illness (such as vaccinations), and to provide treatment, rehabilitation, and palliative care (such as end-of-life care) of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship."

(WHO and World Bank, 2015)

Source: World Health Organization, http://www.who.int/health_financing/universal_coverage_definition/en/

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

Together on the road to UHC

”All roads lead to universal health coverage—and this is our top priority at WHO. For me, the key question is an ethical one.

Do we want our fellow citizens to die because they are poor?

Or millions of families to become impoverished by catastrophic health expenditures because they lack financial risk protection?

Of course not,

because universal health coverage is a human right.“

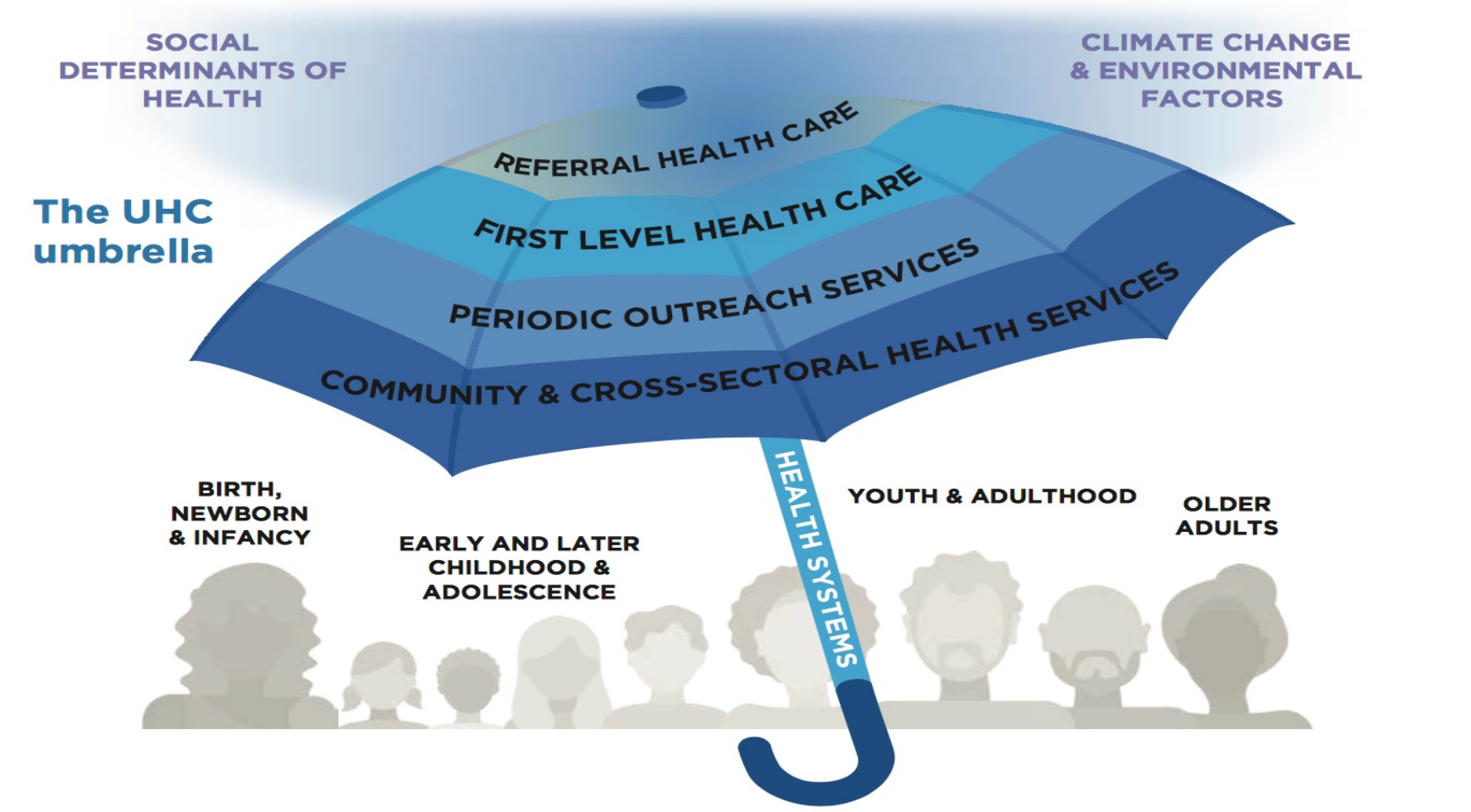
*(*Tedros Adhanom Ghebreyesus, Director-General, WHO*)*

Source: All roads lead to universal health coverage, Ghebreyesus, Tedros Adhanom, The Lancet Global Health, Volume 5, Issue 9, e839 - e840

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

UHC is people-centered and politically smart



Source: World Health Organization, Together on the road to universal health coverage. A call to action http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

Priority setting and the right to health

Prioritization of health issues and expenditures still a challenge – *e.g.* which services to expand first, whom to include first, and how to shift from out-of-pocket payment towards prepayment;

- Three principles to inform choices on the path to UHC:
  1. The coverage should be based on need;
  2. The coverage should aim to generate greatest total improvement in health;
  3. Contributions should be based on the ability to pay.

- Priority setting and right to health are irreconcilable.

Source: Rumbold, Benedict et al., Universal health coverage, priority setting, and the human right to health, The Lancet, Volume 390, Issue 10095, 712 - 714

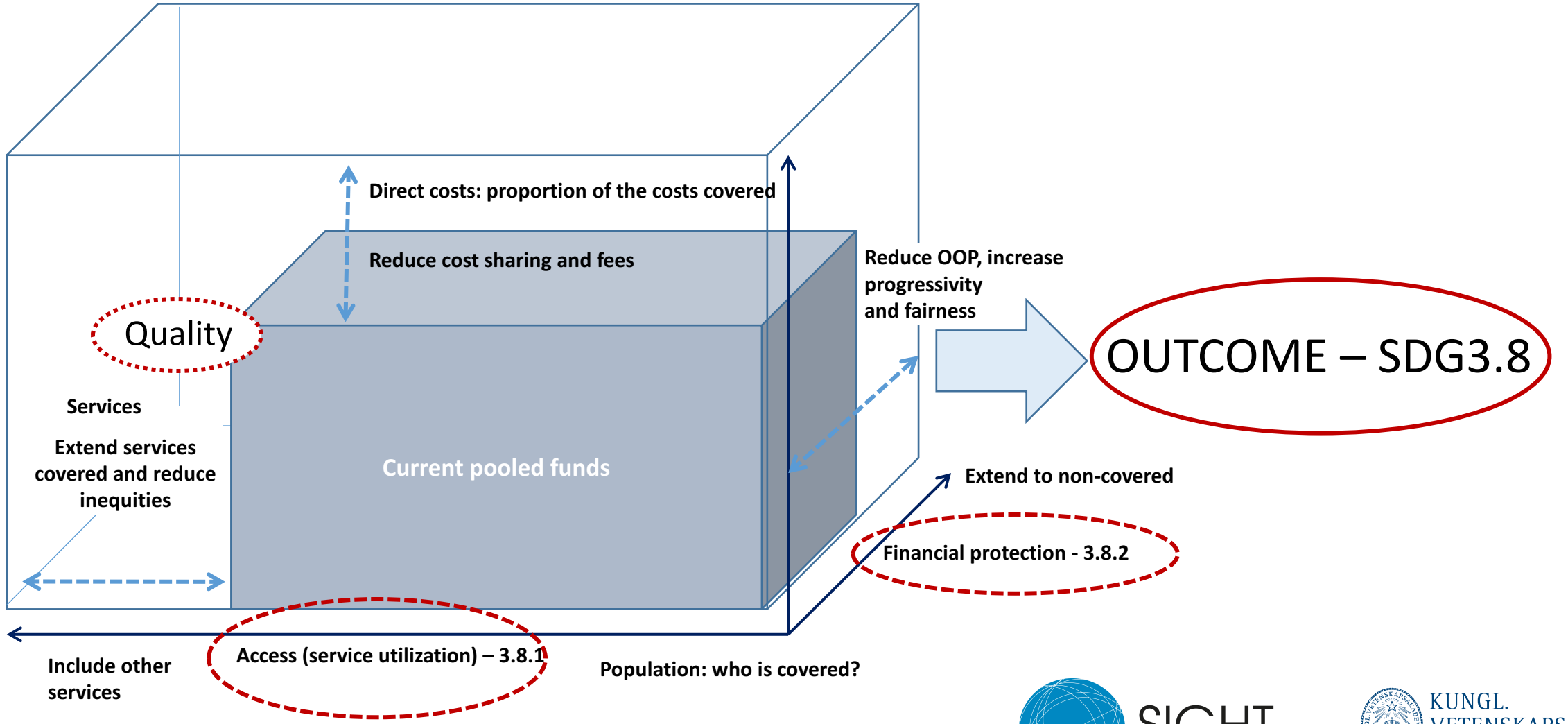
c-d

Three-steps process to support individuals' right to health and set priorities in health-care system:

1. Key stakeholders to support the right to and financing of UHC and enable a fair and accountable priority setting process;
2. A transparent and participatory process to ensure fair allocation of resources devoted to health, and an organization for assessment of new and existing technologies;
3. The right to health under national law to have an acceptable interpretation of the context and obligations under the right, leading to reappraisal of budgets.

Source: Rumbold, Benedict et al., Universal health coverage, priority setting, and the human right to health, The Lancet, Volume 390, Issue 10095, 712 - 714

Universal Health Coverage



Source: World Health Organization, Three dimensions to consider when moving towards universal coverage Source: World Health Report 2010, p.12 [2]

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

SDG3 and UHC

SDG3: Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Indicators:

3.8.1: Coverage of essential health services

3.8.2: Financial protection when using health services

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

SDG3: Target 3.8, Indicator 3.8.1
Coverage of essential health services

- **Definition of 3.8.1** - an average coverage of essential services based on 4 tracer indicators in each of the 4 categories:
  - Reproductive, maternal, newborn and child health
  - Infectious diseases
  - Non-communicable diseases
  - Service capacity and access

  ➡ For service delivery, the proposed target is to ensure that at least four out of every five of the people in the lowest income groups in every country have access to essential health services.

- Data sources :
  - Household surveys, Facility surveys, Administrative records and a combination of all these sources

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

SDG3: Target 3.8, Indicator 3.8.2
Financial protection when using health services

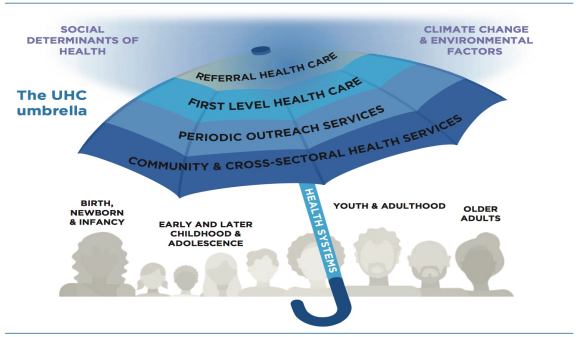
- **Definition of 3.8.2** = Proportion of the population with large household expenditure on health as a share of total household expenditure or income (e.g. greater than 25%)

➡ For financial protection, by 2020, the proposed target is to reduce by half the number of people impoverished due to out-of-pocket health care expenses. By 2030, no one should fall into poverty because of such expenses.

- Monitoring :
  - Nationally representative survey that contains information on the household expenditure on health and household total expenditure (e.g. Household Budget Surveys, Living Standard Measurement Survey and country-specific household income and expenditure surveys)

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES



Designing benefit packages

- Type of services included in UHC and the delivery methods to be determined by country priorities and resources;

  ➡ All countries can reach some level of universality by:

  - Creating enabling and health-promoting environments for households and communities, through ***community and cross-sectoral services***;
  - Ensuring that all people benefit from life-saving prevention services, even when it requires establishing ***periodic outreach services;***
  - Ensuring ***first-level health services*** to respond to illnesses and health events;
  - Building functional ***referral services*** that protect from health shocks.

Source: World Health Organization, Together on the road to universal health coverage. A CALL TO ACTION http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

c-d

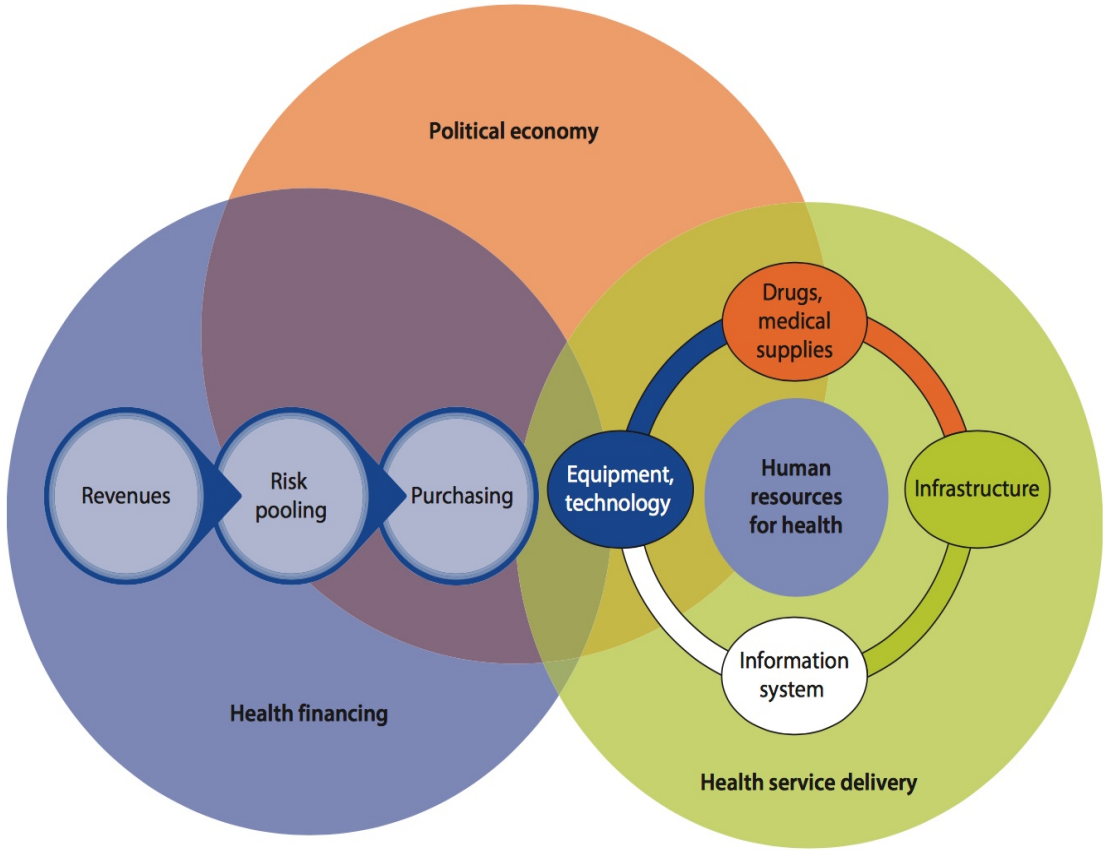
Community and cross-sectoral services	Periodic outreach services	First-level healthcare	Referral healthcare
Health promotion– community, family, individual and living, learning, work, leisure environments, including m-health solutions	Immunization, large scale preventive treatment for NTDs, vitamin supplementation	Comprehensive health status assessment	Comprehensive specialized health status assessment
Social mobilization and support for health	Surveillance, screening and monitoring	Integrated case management including emergency services	Integrated, specialized case management including emergency and surgical services
Health taxes and subsidies	Targeted discrete services, including follow up	Referral to health and social services	Links across health and social services, including for long-term care
Prevention and control of disease and hazards, including environmental			
Risk management preparedness and resilience			

Source: World Health Organization, Together on the road to universal health coverage. A CALL TO ACTION http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

Moving towards UHC: lessons from 11 country studies



Focus on three aspects of the health system:

1. The **political economy** and its implications for the process of policy formulation, the decision making, and implementation;
2. **Health financing** policies to enhance health coverage;
3. **Health service delivery** system requirements, with a focus on **human resources**;

Source: Moving towards universal health coverage: lessons from 11 country studies http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

c-d

Political economy

- Plays a major role in shaping and implementation policy decisions;
- Technical solutions have little practical effect if political economy concerns are ignored;
- Policies inevitably involve political trade-offs, conflicts, and negotiations.

Three political economy challenges of moving towards UHC:

1. Adoption of UHC goals;
2. Expansion of health coverage; and
3. Reduction of inequities in coverage.

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

c-d

Health financing

- Covers a wide range of inputs (*e.g.* mobilize revenues for drugs, medical supplies, technology, and infrastructure), organize risk pools, and make payments for services;
- Revision of national experiences in three areas of health financing:
    1. Mobilization of revenues to expand and sustain coverage;
    2. Establishment of effective pooling and redistributive mechanisms to ensure equity and financial protection; and
    3. Building of capacities to manage expenditures.

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

c-d

Human resources for health

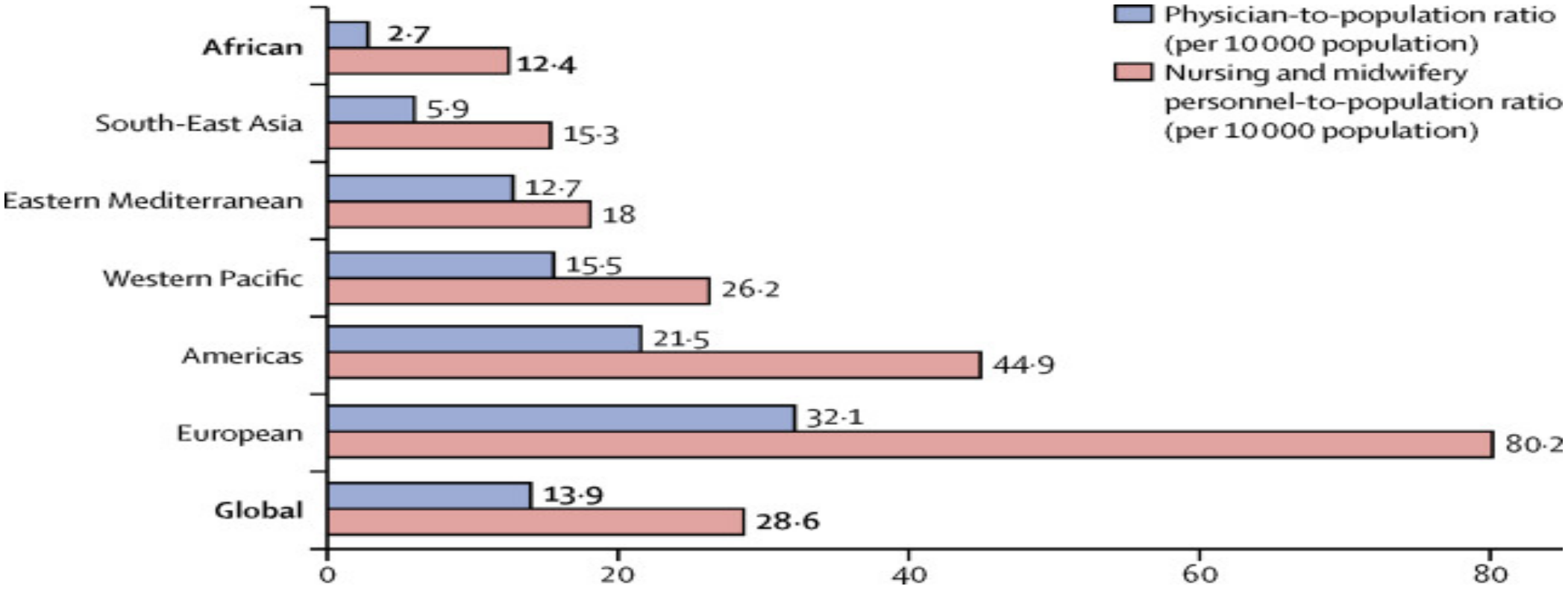
- Investments in health workers who play a central role in delivering services and mediating all aspects of health care is crucial;
- Changing patterns of health threats etc., require new educational approaches better attuned to the needs for both global awareness and local sensitivity;
- The shortage of health workers is a global challenge;
- The challenge is larger for countries in early stages of UHC adoption.

Source: Moving towards universal health coverage: lessons from 11 country studies http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf and Bhutta ZA, Chen L, Cohen J, Crisp N, Evans T, Fineberg H et al. Education of health professionals for the 21st century: a global independent Commission. The Lancet. 2010;375(9721):1137-1138. 10.1016/S0140-6736(10)60450-3

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

c-d



Source: The path to longer and healthier lives for all Africans by 2030: the *Lancet* Commission on the future of health in sub-Saharan Africa, Agyepong, Irene Akua et al., The Lancet , Volume 0 , Issue 0

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

c-d

	Group 1	Group 2	Group 3	Group 4
Status of UHC policies and programmes	Agenda-setting; piloting new programmes and developing new systems	Initial programmes and systems in place, implementation in progress; need for further systems development and capacity building to address remaining population not yet covered	Strong political leadership and citizen demand lead to new investments and UHC policy reforms; systems and programmes develop to meet new demands	Mature systems and programmes; continuous adjustments required to meet changing demands and rising costs
Status of health coverage	Low population coverage, at the early stage of UHC	Substantial share of population gain access to services with financial protection, but population coverage is not yet universal and coverage gaps remain in access to services and financial protection	Universal population coverage achieved but countries are focusing on improving financial protection and quality of services	Universal coverage with comprehensive access to health services and effective financial protection
Participating countries	Bangladesh and Ethiopia	Ghana, Indonesia, Peru, and Vietnam	Brazil, Thailand, and Turkey	France and Japan

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

Bangladesh

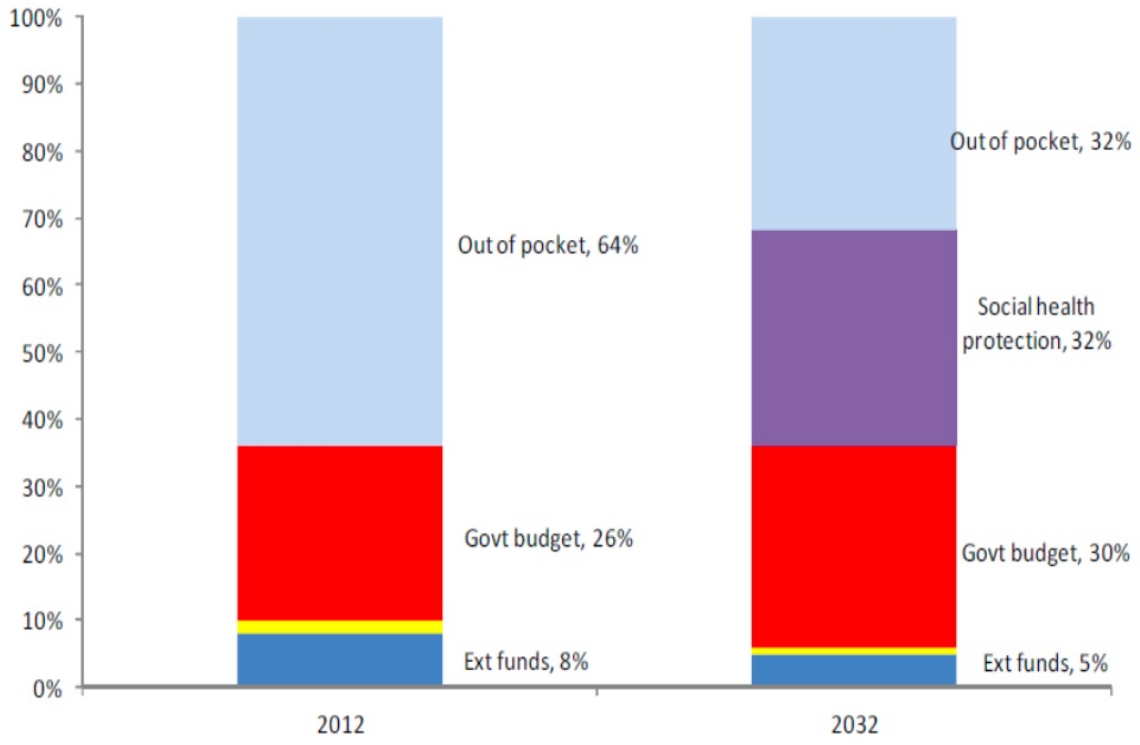
- Health care access embedded in the Constitution as a right made UHC a national objective;
- Subsidies targeting the poor: A voucher program entitles women to access free antenatal care, delivery care, emergency referral, postpartum care services;
- Challenge on financing UHC policies and programs on a sustainable basis:
  - Macroeconomic constraints and limited government capacity to raise revenues
  - Must rely on external assistance to finance a significant portion of health benefits at least in the medium term;
- Significant need for an increase in the number of skilled health professionals, representing a critical challenge for the country in the early stages of UHC adoption and implementation.

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

B c-d

- The Health Benefits Package could expand the coverage for an essential set of highly cost-effective interventions that affect the poor (including the treatment of high cost catastrophic events);
- Publicly financed interventions through a combination of tax revenues and payroll taxes;
- No user fees for the defined benefit package of publicly financed services, defined as fee-for-service charges at the point of care.

Figure 4. Proposed evolution of health financing



Source: Moving towards universal health coverage: lessons from 11 country studies http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES

Ethiopia

- The Health Extension Program (HEP), from 2003, adopted by Ethiopian government to achieve universal primary health care coverage of the rural population;
- Government providing financial protection through a combination of two health insurance programs;
- HEP provides a package of basic and essential promotive, preventive and curative health services targeting households in the community through health extension workers:
  - (a) Hygiene and environmental sanitation
  - (b) Disease prevention and control;
  - (c) Family health services: Maternal and child health; family planning; immunization; adolescent reproductive health; and nutrition;
  - (d) Health education and communication.
- Subsidies targeting the poor: Fee waiver system for poor households, selected through community participation;

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

Thailand

- Three main public schemes: the Universal Coverage Scheme (UCS), the Social Security Scheme (SSS), and the Civil Servant Medical Benefit Scheme (CSMBS);
- UCS provides comprehensive benefits packages for its 48 million members, including coverage of inpatient and outpatient care, surgery, and drugs. Funding from the central government;
- Payment mechanisms send strong cost-containment incentives to the providers;
- The UCS has power in its negotiation with providers and pharmaceutical companies to lower prices;
- Health Intervention and Technology Assessment Program (HITAP) essential for priority setting (the initial phase funded by Sida in TASSIT project).

Source: Moving towards universal health coverage: lessons from 11 country studies
http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

Moving towards universal health coverage: **useful** lessons from 11 country studies

Political economy	Health financing	Human resources for health
Take advantage of political opportunities for UHC adoption and develop a strategy to manage interest group pressure; Integration or harmonization of different systems, and approaches to reach the remaining uncovered groups - aligning payment incentives at all levels of the health system; Coverage expansion with emphasis on primary health care, Redistribution of resources to reduce inequities in coverage; Use supportive social movements to advance the UHC agenda and check interest group pressures;	The expansion of UHC to be done in a fiscally disciplined and accountable manner, including explicit budget earmarks and financial commitments; Investment in institutional capacity to use expenditure management during the design phase and at key junctures of system refinement is crucial; Early decisions can affect both the financial sustainability and equitable impact of UHC; Careful thinking when making decisions related to types of payment arrangements, regulation of the private sector, and the development of single versus multiple risk pools;	Broadening recruitment pool and offering flexible career opportunities, using monetary and non-monetary incentives; Time required to develop and deploy different staff types, their costs, also reaching underserved areas; Understanding of the job and labor market conditions, including education policies and labor market regulations; Concentrate attention on primary care services; Ensure quality and effectiveness of care;

Source: Moving towards universal health coverage: lessons from 11 country studies http://pubdocs.worldbank.org/en/279581440430453331/Moving-toward-universal-health-coverage-11-country-case-studies-Lancet-August-20-2015.pdf

UHC

- Universal means universal. The appropriate unit of analysis when planning or analyzing reforms is the entire population;
- Vision or utopia
- The services to reach the health-related SDGs through UHC have been estimated to require an additional US$ 134 billion to US$ 371 billion annually = US$ 58 per capita until 2030;
- Country-specificity means thinking of below objectives emphasizing progress towards (rather than full achievement of):
  - improving equity in the use of needed health services,
  - improving service quality, and
  - improving financial protection.

Source: Kutzin J. Health financing for universal coverage and health system performance: concepts and implications for policy. *Bulletin of the World Health Organization*. 2013;91(8):602-611. doi:10.2471/BLT.12.113985. and World Health Organization, Together on the road to universal health coverage. A call to action http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1

Final remarks

UHC is needed for people's health and sustainable development

UHC is possible and affordable for all countries

UHC is people-centered and politically smart

Source: World Health Organization, Together on the road to universal health coverage. A call to action http://apps.who.int/iris/bitstream/10665/258962/1/WHO-HIS-HGF-17.1-eng.pdf?ua=1

SIGHT. SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

KUNGL. VETENSKAPS-AKADEMIEN THE ROYAL SWEDISH ACADEMY OF SCIENCES