The Short Story of Universal Health Coverage

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Millennium Development Goals 2000-2015

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
Impact of the health MDGs

**Successes...**
- More money for health
- More progress since 2000 than ever before: e.g. 3.3 million deaths malaria (2000-12) and 22 million deaths TB averted
- Influenced political discourse at highest levels
- Driven by concrete measurable goals and targets

**Shortcomings...**
- Too little focus on equity
- Human rights aspect missing
- Contributed to a more fragmented approach to health: big disease silos, little overall health system strengthening
MDGs 2000-2015: evolving context

- Dramatic rise of non-communicable diseases (NCDs) - principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases.

- Also, vastly increased evidence of the financial cost of accessing health services & link with impoverishment.
WHA Resolution 58.33 (2005)

Urged countries to develop health financing systems to:

- Ensure all people obtain the health services they need...
  
  "equitable and good quality health services"

- Without the risk of financial ruin linked to paying for care out-of-pocket

Defined as achieving Universal Coverage: coverage with health services; with financial protection; for all
Idea of UHC captured all these concerns and gained momentum

UNGA Dec 2012: called on governments to “urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality healthcare services“.
UHC put high on the political agenda

“I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.”

“The aims of universal coverage are to ensure that all people can access quality health services, to safeguard all people from public health risks, and to protect all people from impoverishment due to illness…Every country in the world can improve the performance of its health system in the three dimensions of UHC.”
UHC is nothing without its multiple perspectives
People, services and cost go hand-in-hand
e.g. free maternal and child health services

Population: who has access

Proportion of the direct costs covered

Services: to which services people have access

MCH services

Extend to non-covered

For everyone in target groups

Reduce cost sharing and fees

Free at point of use
What UHC does (and does not) include

- **All health services:** prevention, promotion, treatment, rehabilitation, palliation – **NOT JUST TREATMENT**
- Coverage with services of **good quality. QUALITY is KEY**
- Coverage of **MDG health interventions** as well as other country health priorities: **NOT ABANDONING MDGs**
- **Progressive realization** of increasing services and financial protection: **NOT JUST A MINIMUM PACKAGE**
- All parts of the **health system** must work together to respond: **NOT JUST HEALTH FINANCING**
- UHC is fundamentally about tackling and eliminating inequity: **EQUITY**
UHC is about tackling inequities
UHC inspired by, and inspiring, real action

SERVICE DELIVERY
- Mandatory rural service for doctors (early 70’s)
- Capital investment in hospitals frozen for 5 years
- Extensive expansion of rural facilities in 1980s
- RHC (3-6 nurses, 2000-5000 population)
- RCH (2-8 doctors, 30-100,000)
- Established Hospital Accreditation Institute

FINANCIAL PROTECTION
- Formal / mandatory schemes for civil servants / private sector
- Series of efforts (low income card, CHFs, voluntary card scheme), merged into UC scheme using budget funding.
- Acknowledged “direct contributory” approach will not make UHC progress for non-salaried pop.
UHC inspired by, and inspiring, real action

MEXICO: established Seguro Popular – fully budget funded insurance programme, for uninsured / informal sector. Ensured all Mexicans had access to services & hence addressed system level inequity.

MOLDOVA / KYRGYZSTAN: Reforms fundamentally changed the basis for allocating funds through changes to pooling & payment policies. Corrected structural inequities effectively designed into the system.

CHILE: Acceso Universal con Garantías Explicitas - AUGE introduced in 2005 for 56 (now 80) interventions, for all Chileans, whether covered by public or private health insurance scheme. Guarantees: max. waiting times, min. quality, and max. patient co-payment. Funded largely through an earmarked 1% increase in VAT.
UHC is a direction, a universal aspiration
but also about delivering effective coverage

• No country fully achieves UHC (new technologies; increasing population demands; aging (sometimes increasing) populations; changing disease patterns – pressure on costs everywhere). And much harder for poorer countries.

• But all countries strive to reduce meet unmet needs / improve service quality / improve financial protection.

• And all people want the assurance that the health services they might need are available, good quality and affordable.

• Moving “towards Universal Coverage” is something that every country can do.
Thanks