

Demystifying Universal Health Coverage (UHC)



Abt Associates Inc.

In collaboration with:

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)



Outline

- ▶▶ Objectives and Key Messages
- ▶▶ What is UHC?
- ▶▶ Why UHC?
- ▶▶ USAID's Contribution to UHC
- ▶▶ Additional Resources
- ▶▶ Annexes



Objectives

- ▶▶ At the end of this presentation, the audience will be able to:
 - ❖ Define universal health coverage (UHC) and understand the basic tenets of UHC
 - ❖ Identify how UHC fits in USAID's health and poverty reduction strategies
 - ❖ Effectively communicate to country stakeholders how USAID can support a country's progress towards UHC
 - ❖ Identify relevant UHC resources within the Office of Health Systems and USAID



Key messages: Understanding UHC

- ▶▶ UHC is a goal, not a health financing strategy
- ▶▶ Progress towards UHC is measurable
- ▶▶ Strengthening health systems to achieve UHC is valuable
- ▶▶ Both public and private sectors are involved
- ▶▶ There is no 'one-size-fits-all' approach



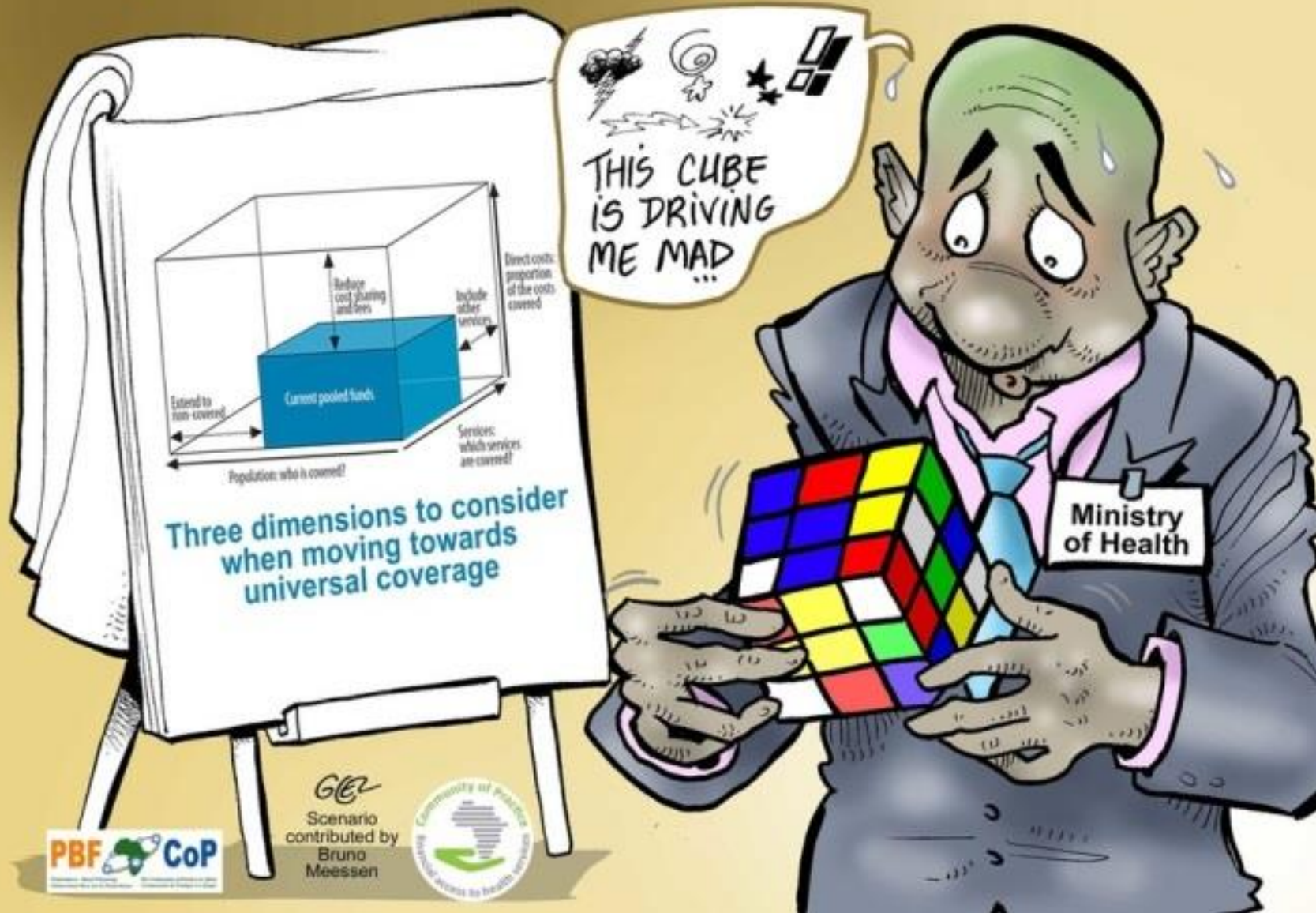
Key messages: USAID and UHC

- ▶▶ The goal of UHC aligns with USAID's development objectives
- ▶▶ Countries are driving momentum for UHC; Ministries of Health want USAID to help them achieve UHC
- ▶▶ USAID's investments in health systems contribute to countries' progress towards UHC
- ▶▶ There are many ways for USAID Missions to support UHC reforms



WHAT IS UHC?

Moving towards Universal Health Coverage... more difficult than expected



Source: <http://www.healthfinancingafrica.org/home/a-picture-is-worth-a-thousand-words-what-if-we-sketched-universal-health-coverage-together>



Setting the record straight

▶▶ **UHC is an aspirational goal:**

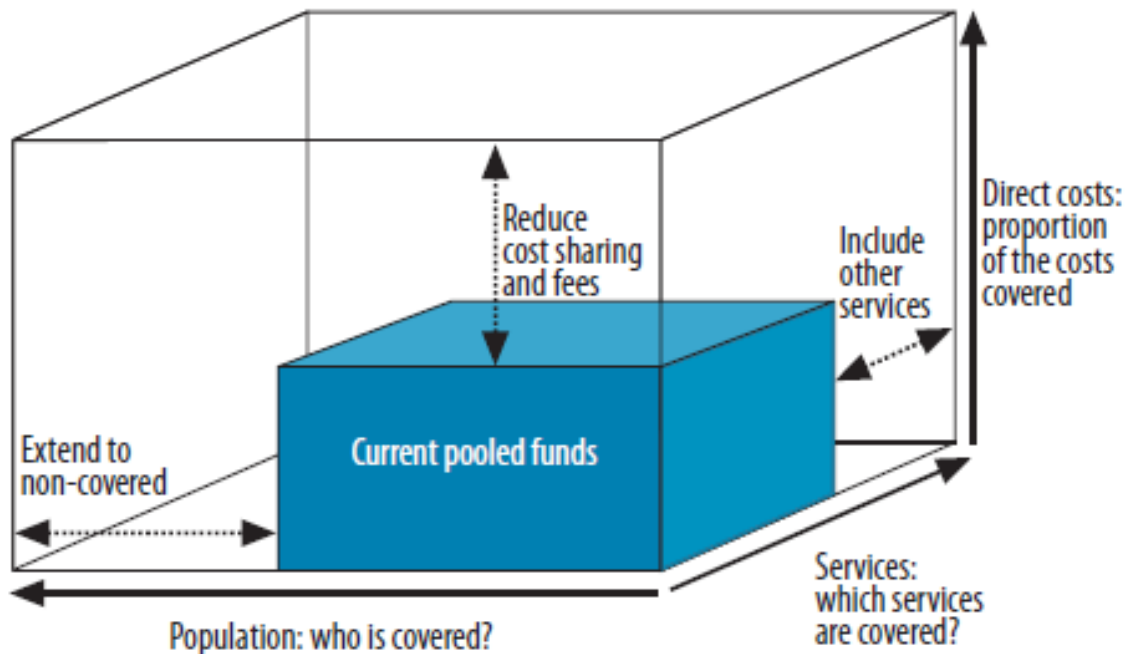
“UHC means all people receiving the quality health services they need, without being exposed to financial hardship.” – WHO/World Bank Tracking Report

▶▶ UHC is **NOT** equivalent to:

- ❖ Health Financing
- ❖ Health Insurance
- ❖ An Intervention
- ❖ A Strategy
- ❖ Privatization

UHC 101: The UHC cube

- ▶▶ Three dimensions of UHC:
 - ❖ Population coverage (and equity)
 - ❖ Service coverage
 - ❖ Financial risk protection





Key concepts

- ▶▶ **Effective Coverage:** People who need health services obtain them in a timely manner and at a **level of quality necessary** to obtain the desired effect and potential health gains
- ▶▶ **Financial Risk Protection:** People who need services are not deterred from seeking them, and are not subject to catastrophic expenditures or impoverishment for doing so
- ▶▶ **Risk Pooling:** the accumulation and management of financial resources to ensure that the financial risk of paying for health care is borne by all members of the pool, not only by the sick
- ▶▶ **Equity:** Equity is central to UHC; different segments of the population should achieve equitable access to health services and levels of financial risk protection



Measuring UHC

▶▶ Health services coverage

- ❖ Promotion/Prevention tracer indicators: Family planning, ante-natal care, skilled birth attendance, DPT3 immunization, improved water, and improved sanitation
- ❖ Treatment tracer indicators: Anti-retroviral treatment and TB treatment

▶▶ Financial protection

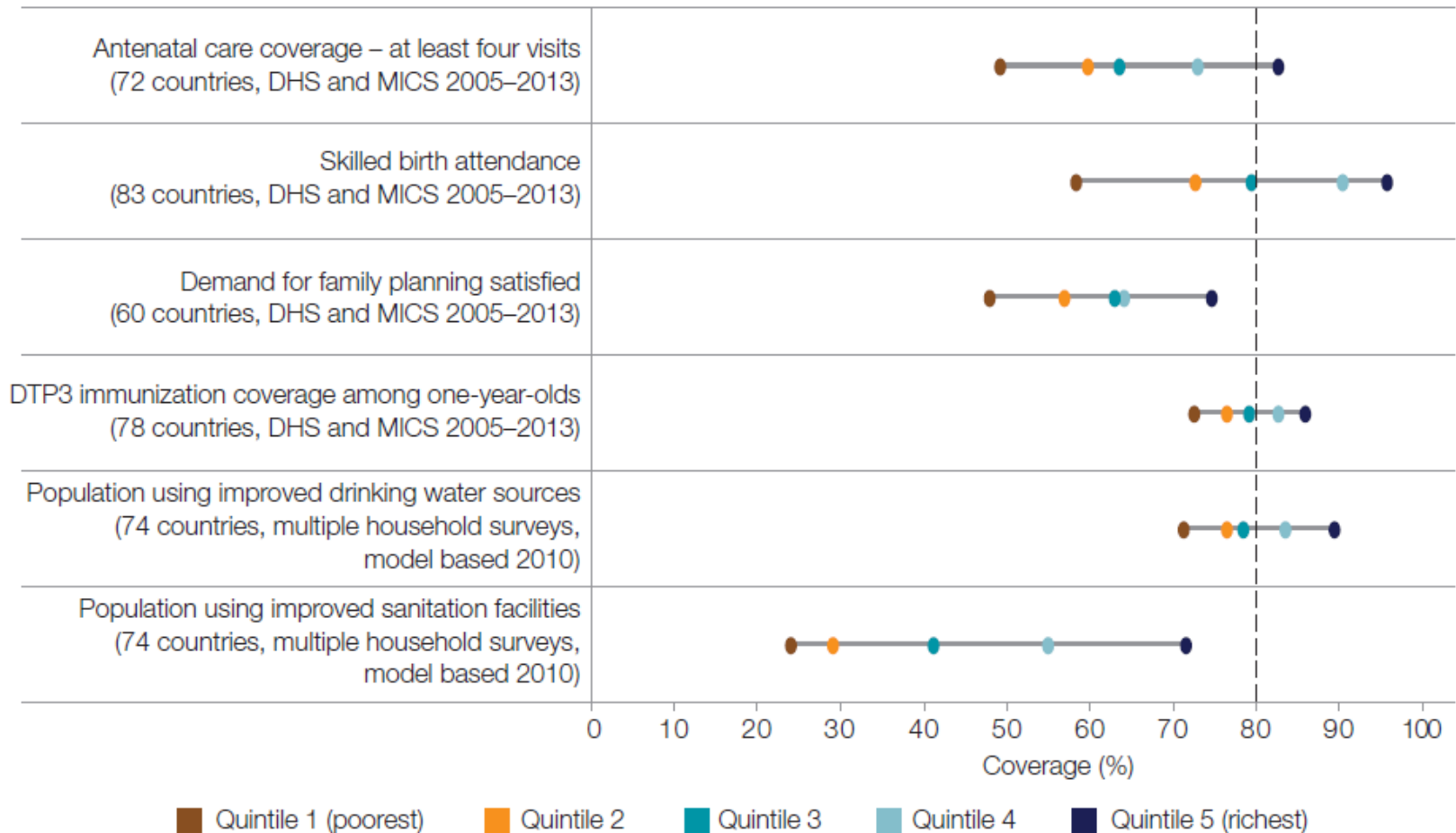
- ❖ Protection from health impoverishment
- ❖ Protection from catastrophic health expenditures

▶▶ Equity

- ❖ All indicators above stratified by gender, place of residence, wealth quintile

UHC service coverage indicators

Median coverage of selected interventions by wealth quintile, in low- and middle-income countries



Source: WHO/WB 2015



WHY IS UHC IMPORTANT TO USAID MISSIONS?



Global momentum for UHC

▶▶ **Post-2015 Development Agenda**

❖ Sustainable Development Goal (SDG) 3

“Ensure healthy lives and promote well-being for all at all ages”

❖ SDG Target 3.8

“Achieve UHC, 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.”

▶▶ **Dr. Margaret Chan, WHO Director-General:**

❖ *“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.”*

UHC enables USAID's development objectives

USAID priorities	UHC synergy
Ending preventable maternal and child deaths	<ul style="list-style-type: none">• Prioritization of cost-effective RMNCH interventions• Integrated primary health care services effectively reduce preventable mortality
Creating an AIDS-free generation	<ul style="list-style-type: none">• Comprehensive benefits plans and approaches to service delivery can include priority diseases such as HIV and Malaria• UHC focus on financial protection reduces barriers to access care, including preventive services
Ending extreme poverty	<ul style="list-style-type: none">• Reduced financial barriers to care and increased access to services lead to improved health outcomes and, ultimately, to economic growth and poverty reduction
Health Systems Strengthening	<ul style="list-style-type: none">• USAID HSS efforts focus on financial protection, essential services, population coverage and responsiveness, which are closely aligned with UHC



The returns on investing in health

- ▶ **UHC reduces and mitigates the effects of out-of-pocket (OOP) spending to improve access to health services, reduce poverty, and contribute to economic growth**
- ▶ Investments in health in LMICs yield returns **9-20** times more than the costs
- ▶ Each year, **17%** of the global population is pushed into or further into poverty as a result of OOP spending (WHO/World Bank 2015)
- ▶ **26%** of families resort to borrowing or selling assets in order to pay for health (Kruk et al. 2009)



HOW CAN USAID HELP COUNTRIES ACHIEVE UHC?

Possible elements of UHC reform

▶▶ Health financing

- ❖ Increased public financing
- ❖ Insurance
- ❖ Provider payment reform
- ❖ Results-based financing
- ❖ Subsidization of the poor and the informal sector

▶▶ Institutional re-organization

- ❖ Purchaser/provider separation
- ❖ Redefining governance and stewardship roles
- ❖ Consolidation of insurance schemes

▶▶ Human resources for health

- ❖ Increased production of competent health workers
- ❖ Incentives and deployment in rural areas


▶▶ Service delivery

- ❖ Prioritization of primary health care
- ❖ Benefits package reform
- ❖ Contracting the private sector



Examples of USAID support of UHC Reforms

- ▶▶ Providing technical assistance in the development of benefits plans and essential packages of health services (Peru)
- ▶▶ Piloting innovations and new initiatives, such as performance-based financing (Senegal)
- ▶▶ Conducting implementation research of strategies and programs that aim for UHC (Indonesia)
- ▶▶ Supporting countries to measure their progress towards UHC, such as with Demographic and Health Surveys and National Health Accounts (Namibia and Burkina Faso)



USAID support of UHC measurement: Health Accounts and DHS

▶▶ Demographic and Health Surveys (DHS)

- ❖ 300 surveys in over 90 countries
- ❖ Indicators allowing countries to track access to health services

▶▶ Health Accounts

❖ Namibia

- ▶ In 2007/08, reproductive health spending was **10%** of total health expenditures; Health accounts highlighted the need for investment in reproductive health
- ▶ By 2012/2013, reproductive health spending grew to **38%**

❖ Burkina Faso

- ▶ In response to health accounts findings of high OOP spending, policymakers decided to subsidize key medical services such as deliveries and emergency obstetric care, improving access and financial protection



Peru: Insurance and benefits package design

▶▶ **Context:**

- ❖ Eliminated user fees to reduce barrier to access among the poor and informal sector
- ❖ Decentralized Ministry of Health service delivery network

▶▶ **USAID support:**

- ❖ Policy dialogue and building consensus around health sector reform and decentralization
- ❖ Design of insurance and benefits package
- ❖ Inputs to legislation consolidating UHC reforms, including creation of a supervisory body and a minimum benefits package



Senegal: CBHI and PBI

▶▶ **Community-based health insurance (CBHI)**

- ❖ CBHI reforms intended to improve financial protection
- ❖ USAID developed training manuals on the creation of insurance *mutuelles* and on their administrative and financial management

▶▶ **Performance-based incentives (PBI)**

- ❖ USAID supported Ministry of Health's PBI pilot at 108 health facilities in 7 health districts
- ❖ Promising results leveraged additional investment from other partners
- ❖ With World Bank and USAID support, Senegal now scaling up PBI and evaluating its impact



Indonesia: Implementation research

▶▶ Context

- ❖ “JKN” National Health Insurance program initiated in 2014; ambitious goal of UHC by 2019
- ❖ Diverse and populous country with 13,000 islands

▶▶ USAID Implementation research

- ❖ Purpose: to explore the planned and unintended effects of UHC reforms at the primary care level; to generate ongoing data on what is and is not working, what can be done to improve JKN



Points to remember on policy and reform

- ▶▶ Policy reform processes to advance UHC are inherently political and encounter many challenges
- ▶▶ Social movements can elevate UHC to the political agenda
- ▶▶ Economic crises can provide impetus for reform
- ▶▶ Entrenched interests will often attempt to block reform
- ▶▶ **Strong and adaptive leadership from country stakeholders is necessary to drive reform; USAID can be a valuable ally**



Additional resources

- ▶▶ USAID Financing Framework to End Preventable Child and Maternal Deaths: <https://www.usaid.gov/cii/financing-framework-end-preventable-child-and-maternal-deaths-epcmd>
- ▶▶ WHO/World Bank Tracking UHC Report: http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/
- ▶▶ WHO/World Bank UHC Monitoring Framework: http://www.who.int/healthinfo/universal_health_coverage/en/
- ▶▶ World Health Report 2010: <http://www.who.int/whr/2010/en/>
- ▶▶ Lancet Global Health 2035 Report: <http://globalhealth2035.org/>
- ▶▶ UHC Annotated Bibliography: <http://rabinmartin.com/report/universal-health-coverage-annotated-bibliography-2-0/>
- ▶▶ World Bank UNICO UHC Series: <http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series>
- ▶▶ World Bank Universal Health Coverage for Inclusive and Sustainable Development: <http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-for-inclusive-sustainable-development>

Thank you

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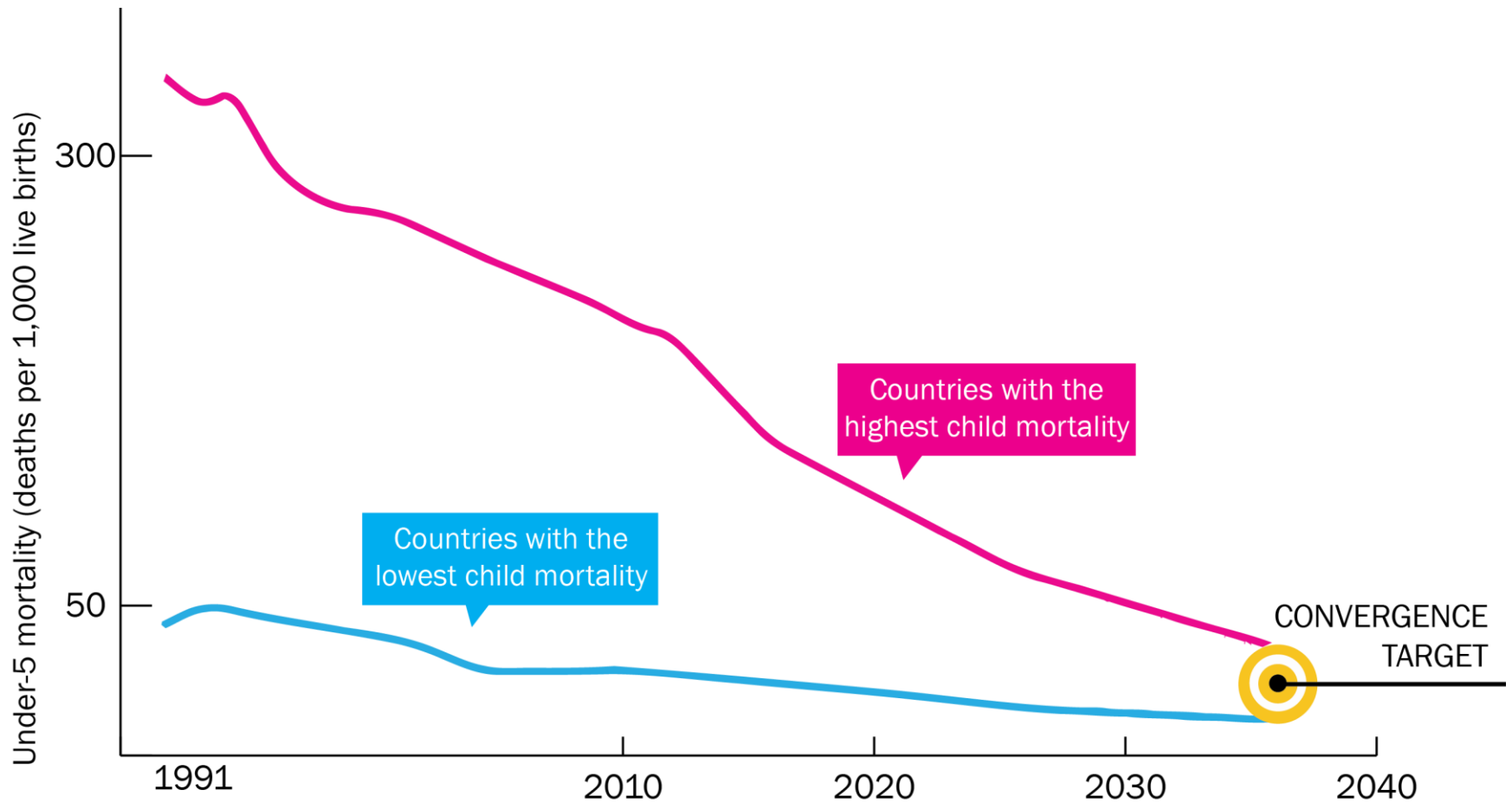
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ANNEXES

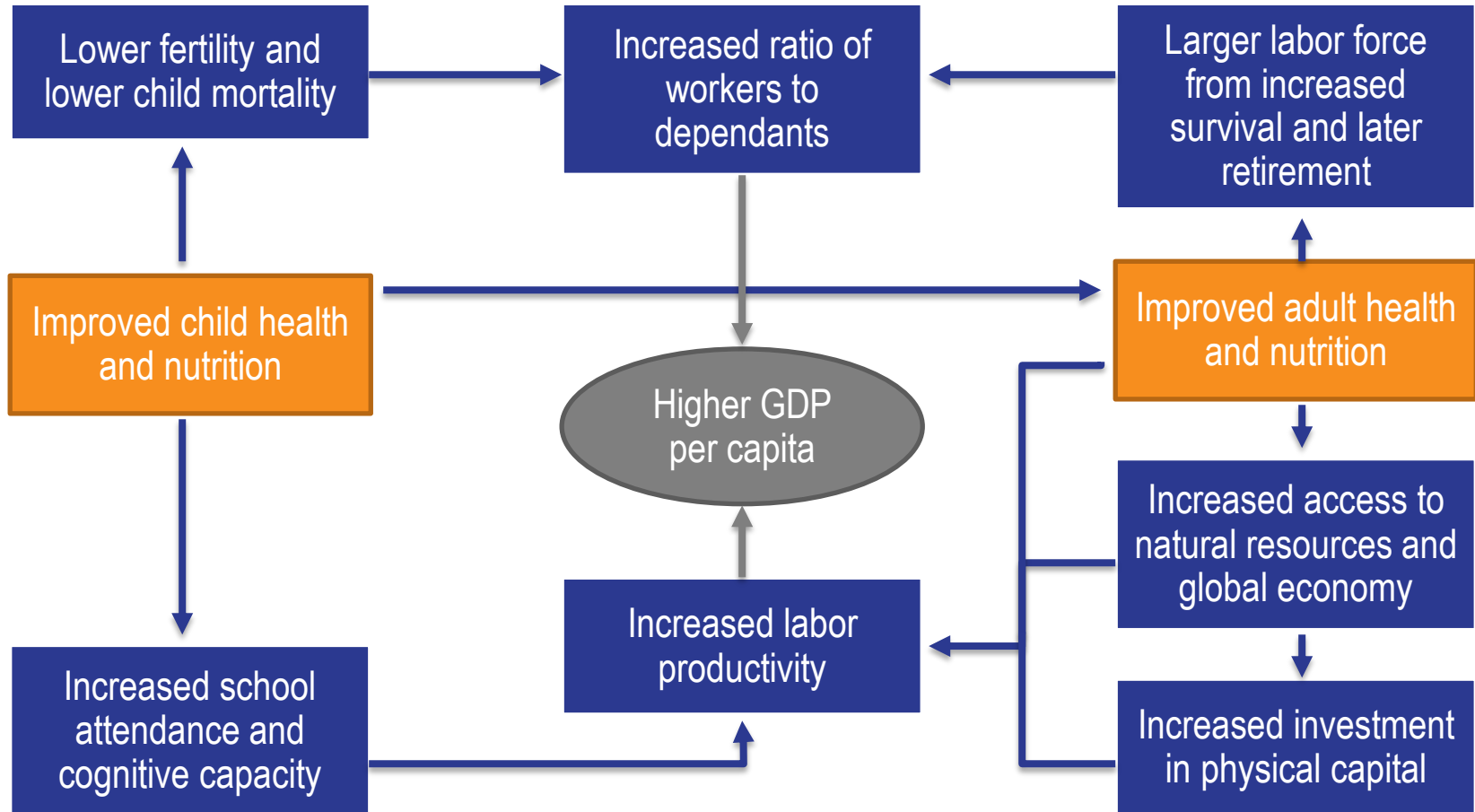


Lancet “Global Health 2035: a world converging within a generation”



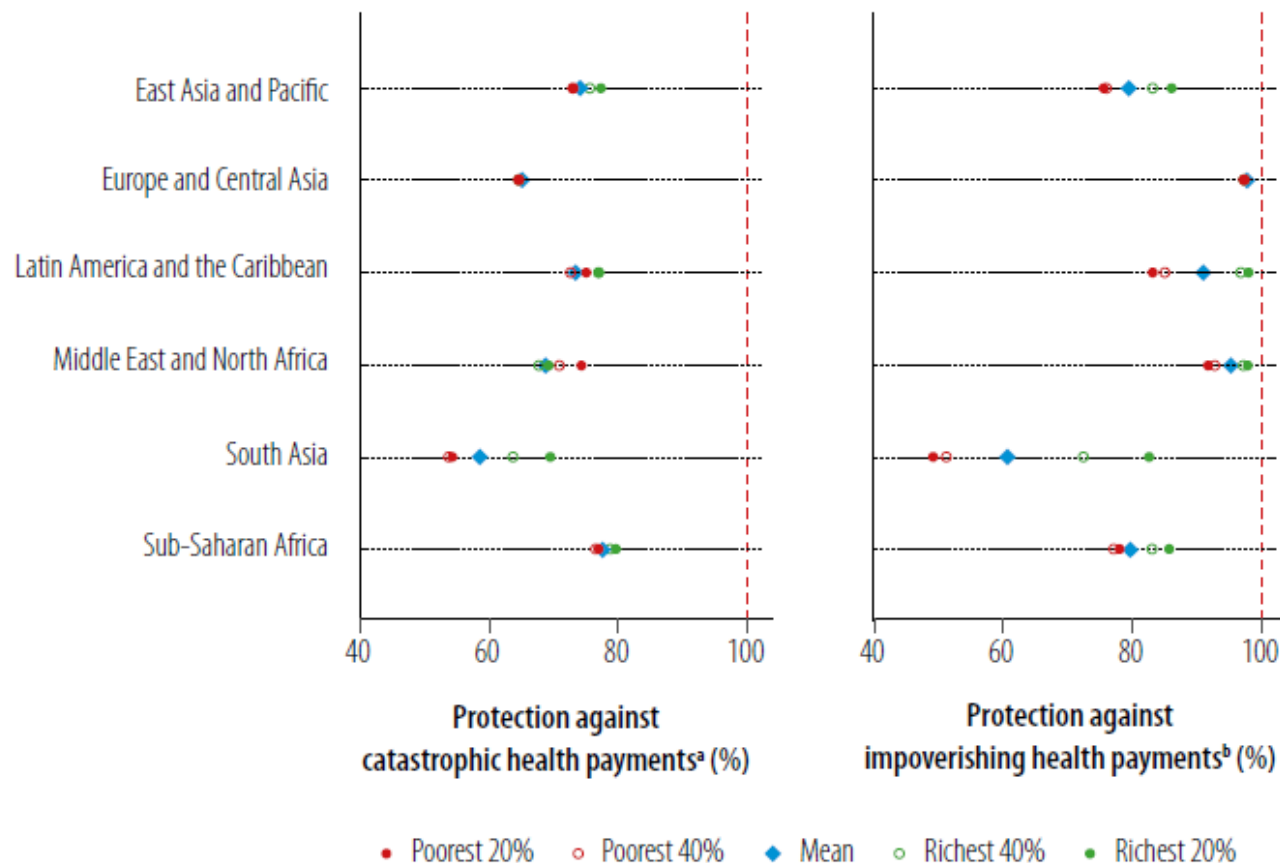
Source: Lancet Global Health 2035

Links between health and GDP per capita



Source: Lancet Global Health 2035

Financial protection measures against catastrophic and impoverishing health payments, by region



^a Percentage of the population not spending more than 25% of non-food expenditure on health care.

^b Percentage of the population neither impoverished by out-of-pocket payments nor pushed further into poverty by them.



Financing reforms

▶▶ Revenue generation

- ❖ Countries adopt diverse strategies to generate revenues, including general taxation, payroll deductions and mandatory enrollment in insurance schemes
- ❖ Economic growth facilitates health finance reform but is not sufficient

▶▶ Risk pooling

- ❖ Consolidating and integrating risk pools features in reform experiences including Brazil, Turkey and Thailand
- ❖ Expanding coverage to the informal sector often involves the creation of a new, subsidized insurance scheme, as in Mexico and Peru. In Chile, the public insurer has different levels of copays for different socioeconomic groups

▶▶ Purchasing

- ❖ In low-income countries, benefits packages must prioritize the most cost-effective RMNCH interventions.
- ❖ In middle income countries and those that have achieved high levels of coverage, efficiency and cost-containment are necessary to ensure sustainability



UHC Reforms: Beyond financing

- ▶▶ Financing for health is a **necessary but not sufficient condition** for progress towards UHC; the organization of the health system and equitable distribution of resources are critical to the success of health reform
 - ▶▶ The transition to insurance schemes often entails reorganizing purchaser/provider functions (e.g. Mexico, Thailand, Peru)
 - ▶▶ In many countries, including Ethiopia, Thailand and Bangladesh, the establishment of new insurance and financial protection schemes was accompanied or preceded by reforms to increase the availability of human resources in rural areas
 - ▶▶ The organization of service delivery networks around primary care is a common element of reform, particularly in the LAC region. In Brazil, the Universal Health Service (SUS) replaced a social security system and decentralized service provision with a special emphasis on expanding access to primary care services.
 - ▶▶ Results-based financing has also played a major role in countries like Rwanda and Argentina, creating incentives to increase coverage and improve quality