Swiss TPH

Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Department of Epidemiology & Public Health

Universal Health Coverage

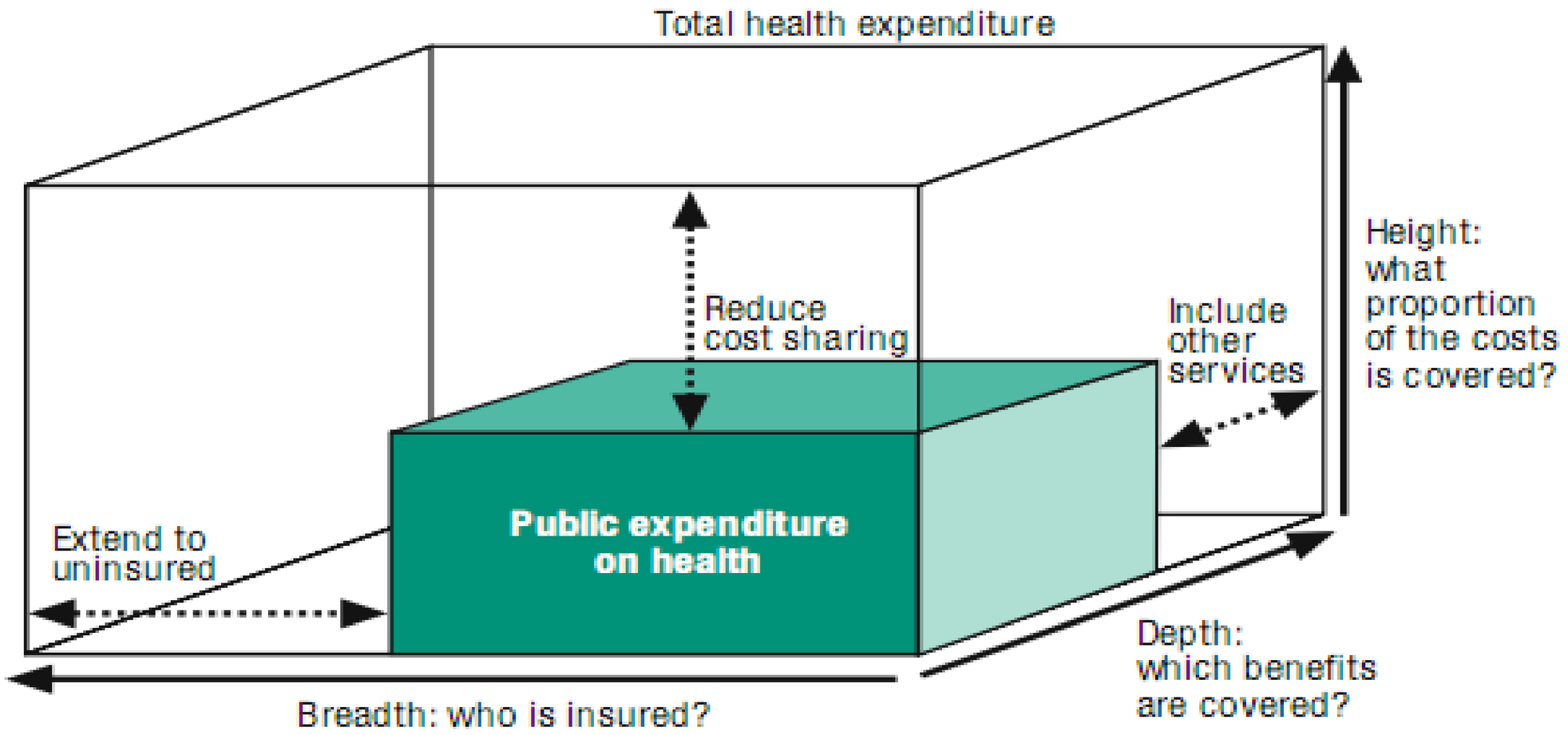
Fabrizio Tediosi

Department of Epidemiology and Public Health, Swiss TPH
fabrizio.tediosi@unibas.ch – twitter @fabrizio2570

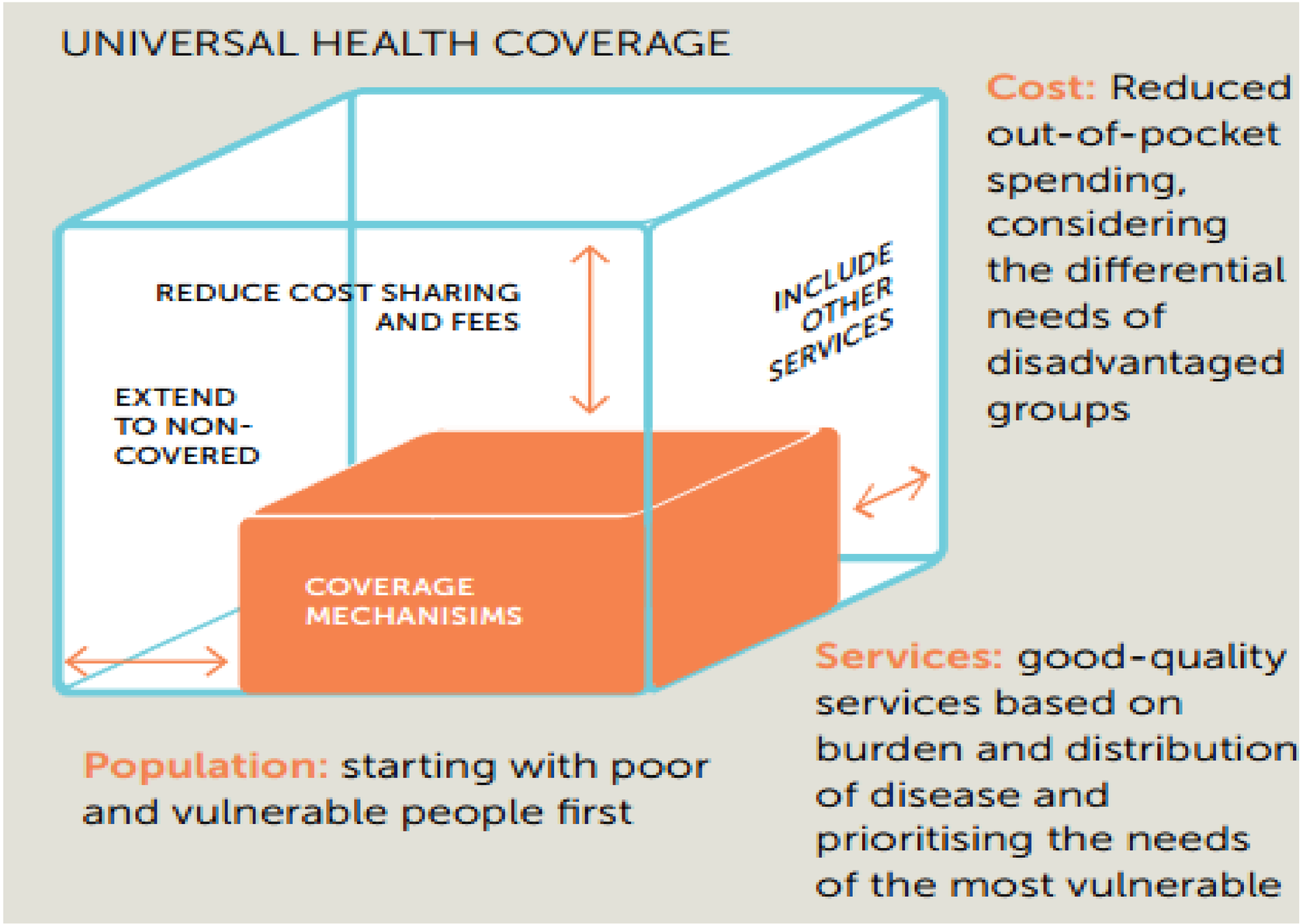
Universal Health Coverage (UHC) defined…

- A major goal (process or policy) of health reform and health systems …
- UHC ensures that **all** people have access to **needed** promotive, preventive, curative and rehabilitative **health services**, of sufficient **quality** to be **effective**, without suffering **financial hardship**. (WHO, 2010)

Towards Universal Health Coverage



Towards Universal Health Coverage



Universal Health Coverage: A commitment to close the gap (2013) Rockefeller, SC, WHO, UNICEF

Universal Health Coverage (UHC) defined…

UHC embodies 3 related objectives:

- **equity in access to health services** - those who need the services should get them, not only those who can pay for them;
- **quality** of health services is good enough to improve the health of those receiving services; and
- **financial-risk protection** - ensuring that the cost of using care does not put people at risk of financial hardship

Universal Health Coverage

- No country fully achieves all the coverage objectives with constantly moving target - new technologies; increasing costs; aging (and increasing) population; changing disease patterns

But all countries want to:

- Reduce the gap between need and utilization
- Improve/maintain quality
- Improve financial protection

UHC as a movement

- 2003: WHO Department of Health System Financing suggested UHC as the goal of health system financing strategies

- **2005: World Health Assembly Resolution where UHC was accepted as goal of health financing systems requesting WHO to help countries**

- **2010: World Health Report 2010**. Health Systems Financing: The Path to Universal Coverage – introduced the UHC Cube to a broader audience

- **2011: WHA Resolution: UHC objective of all health system development – broader than financing**

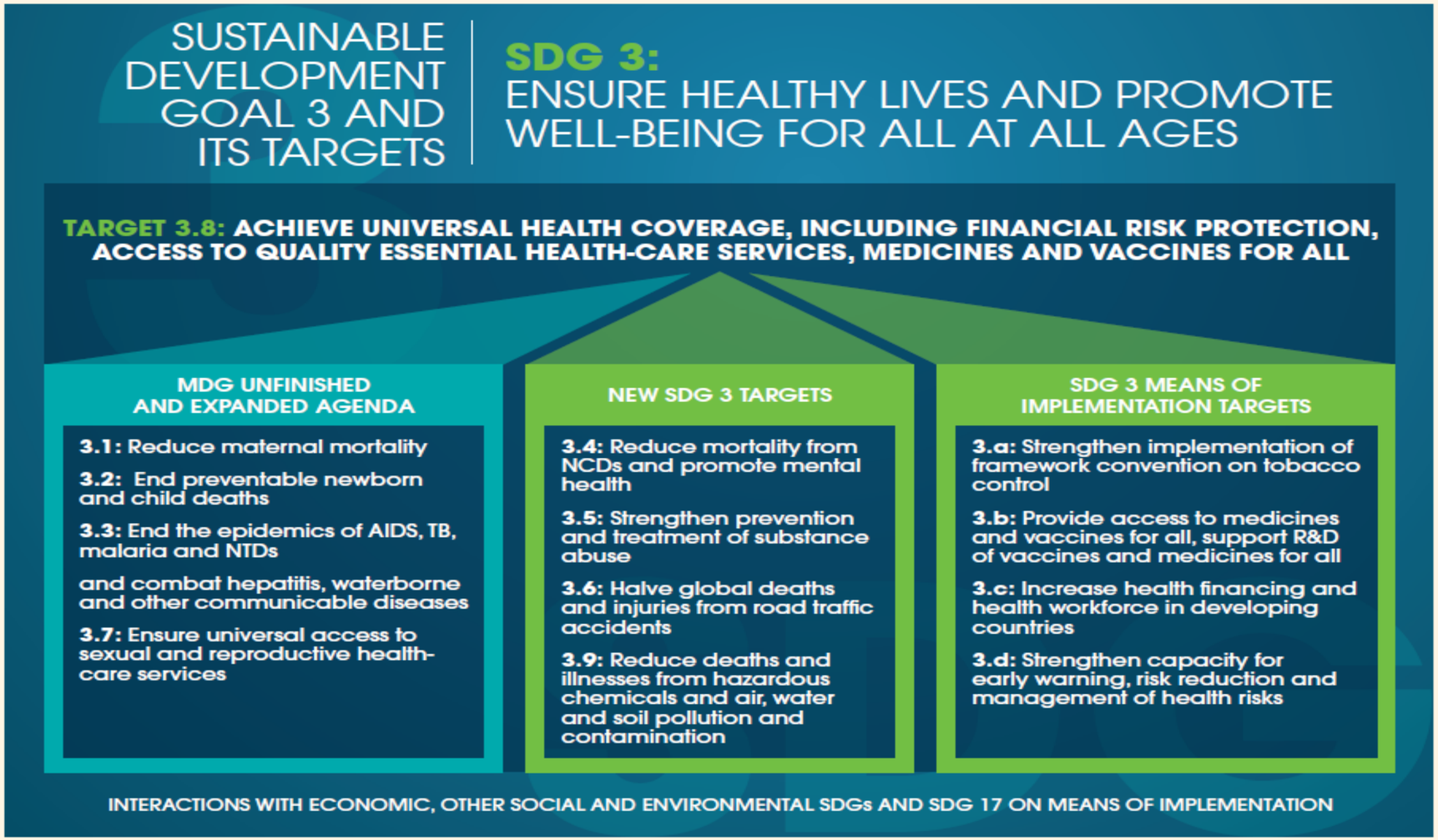
UHC as a movement

- 2012: Bangkok Statement, Mexico Declaration, Tunis Declaration, Kigali Ministerial Statements on UHC
- 2012: Rio Declaration on Sustainable Development
- **2013: Joint WB/WHO Ministerial Meeting on UHC; WB/WHO Joint Monitoring Framework**
- 2014: Lancet commission on Investing in Health
- 2015: WHO/WB Tracking Progress towards UHC. First Global Monitoring Report
- **2015: Sustainable Development Goals**

Health in Sustainable Development Goals

Health in Sustainable Development Goals

Figure 9.1
A framework for the SDG health goal and targets

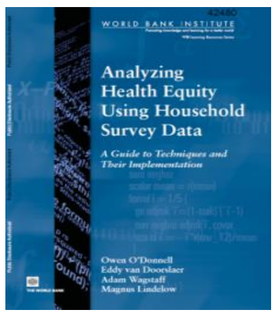


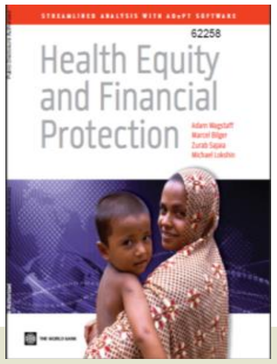
Measuring financial protection

- Financial protection means *no* financial hardship when accessing needed quality health services.

- The concern is with the **opportunity cost** of OOPs

Measuring financial protection in health





Catastrophic health expenditure
= OOP > X% of household's budget / capacity to pay

Impoverishment *due* to OOP payments
Changes in poverty due to OOPs

Measuring financial protection in health

Catastrophic health expenditure
= OOP > **%** of **household's budget or capacity to pay**

Household's budget= total income or total consumption

Capacity to pay = hhd's resources to pay for health care (disposable income or discretionary consumption)

Opportunity cost = when this happens **other basic needs might be forgone** such as education tuitions; food necessities, housing and utilities

Ethical concern = No one, **at whatever income level**

Measuring financial protection in health

- Common definitions of catastrophe (difference concepts of capacity to pay):
  - Health spending > 10% (sometimes 25%) of total income/expenditure
  - Health spending > 40% non-food expenditure
  - Health spending > 40% of non-subsistence expenditure (WHO definition = non-essential food expenditure)
  - Health spending > (40% of total expenditure – I$1.25/day)

Measuring financial protection in health

Impoverishment *due* to OOP payments:

Changes in poverty due to OOPs =

Poverty(net of OOP) – Poverty(gross of OOP)

Poverty concern = OOPs should not adversely affect living standards

Poverty can be absolute or relative

Absolute poverty refers to a **fixed standard** of what households should be able to count on in order to meet their **basic needs**= biological **necessities** (consumption needed to achieve a given level of calories intake) + other non-nutritional basic needs (e.g. water, clothing, housing, and sanitation).

Opportunity cost = when this happens **basic needs not satisfied**

Measuring financial protection in health

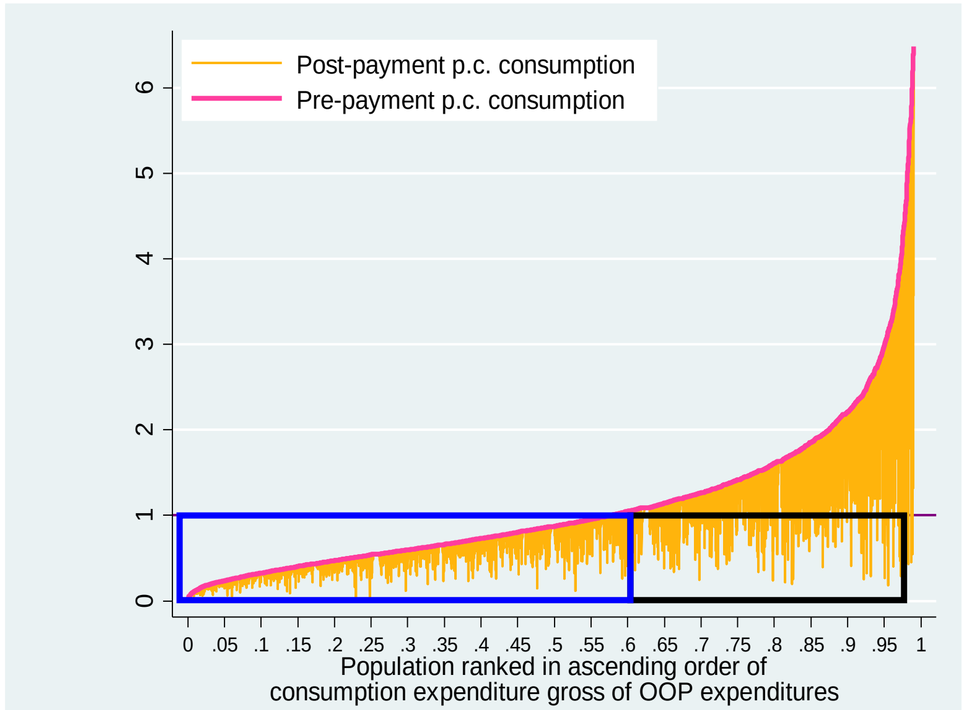
Impoverishment *due* to OOP payments:

Changes in poverty due to OOPs =

Poverty(net of OOP) - Poverty(gross of OOP)

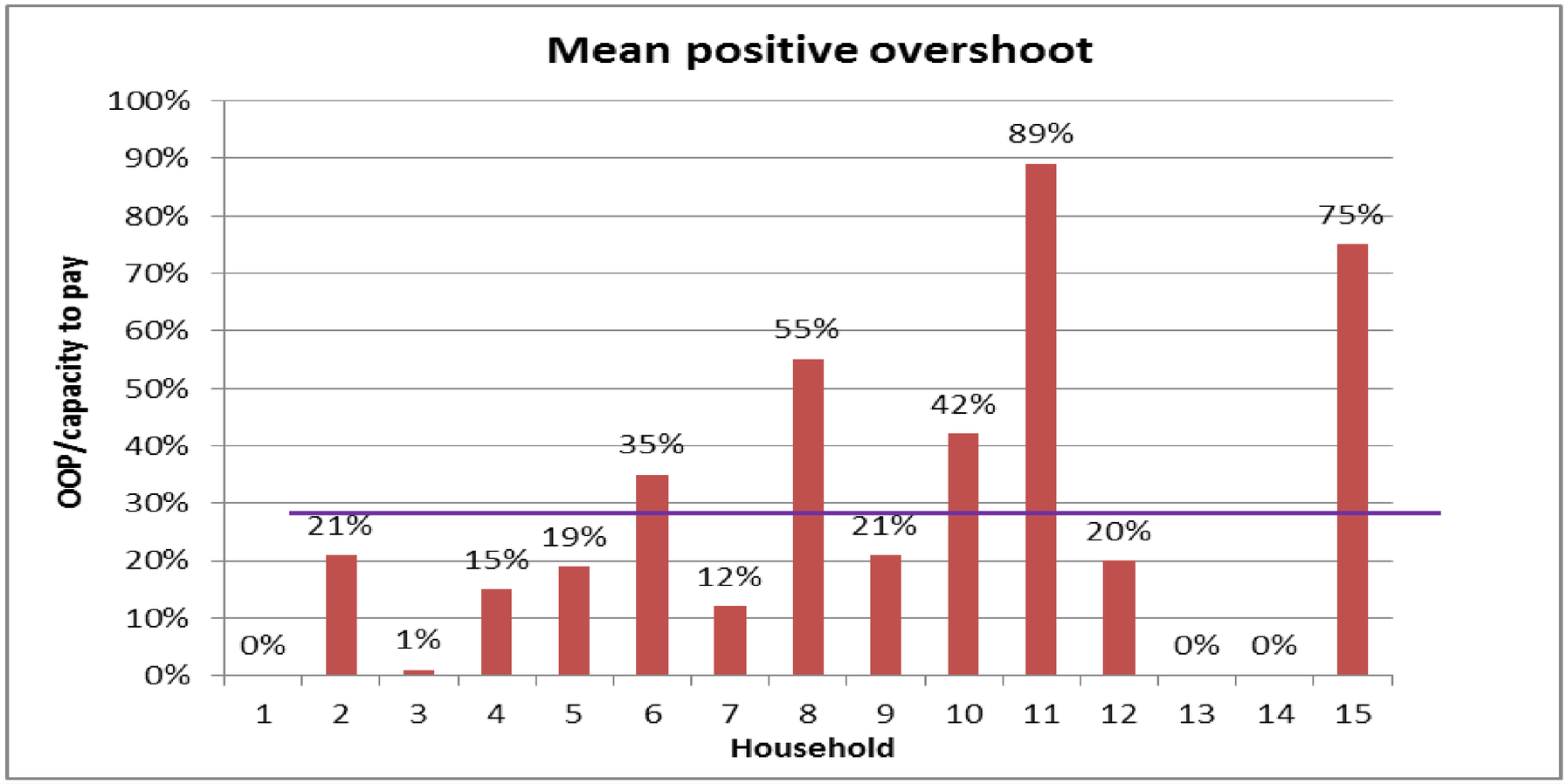
Changes in poverty can be measured in different ways:

- **Changes in the <u>incidence</u> of poverty** (focus on people crossing a poverty line)
- **Changes in the <u>intensity</u> of poverty** (focus on average changes in the extent to which people are below the poverty line)
- **Changes in the <u>severity</u> of poverty** (focus on the changes in depth of poverty – distribution sensitive)



Catastrophic health expenditure indicator

Mean positive overshoot (mean of the positive deviations above capacity to pay)

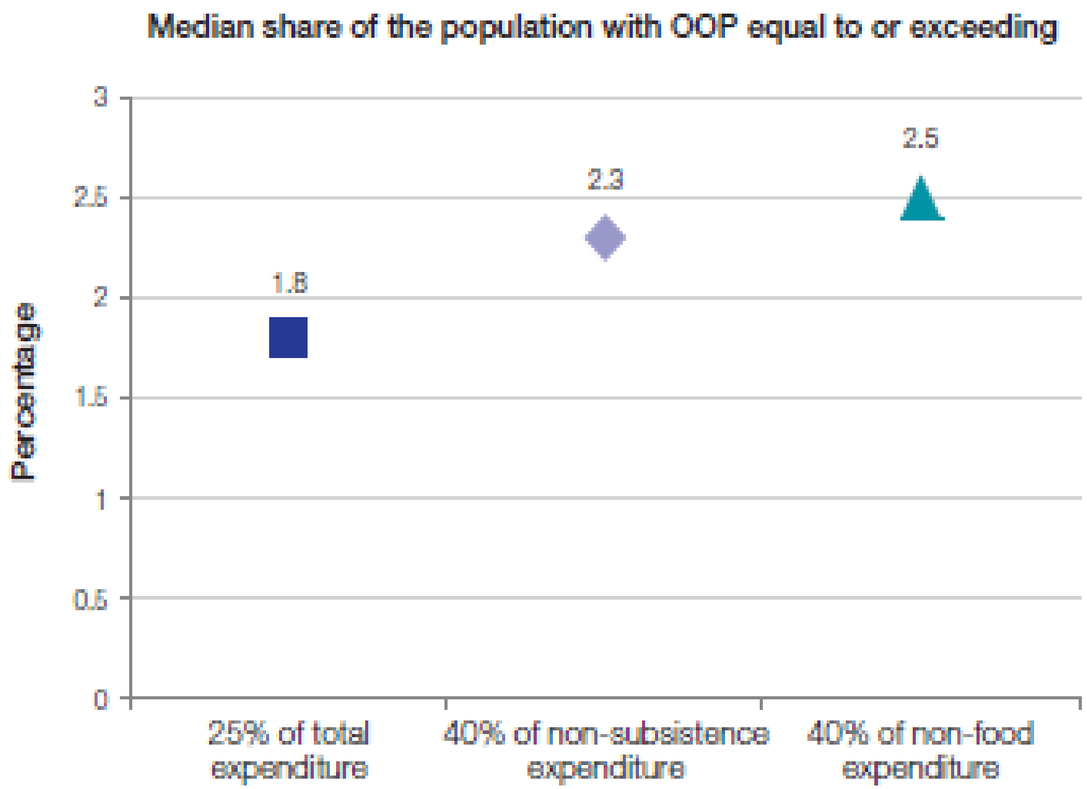


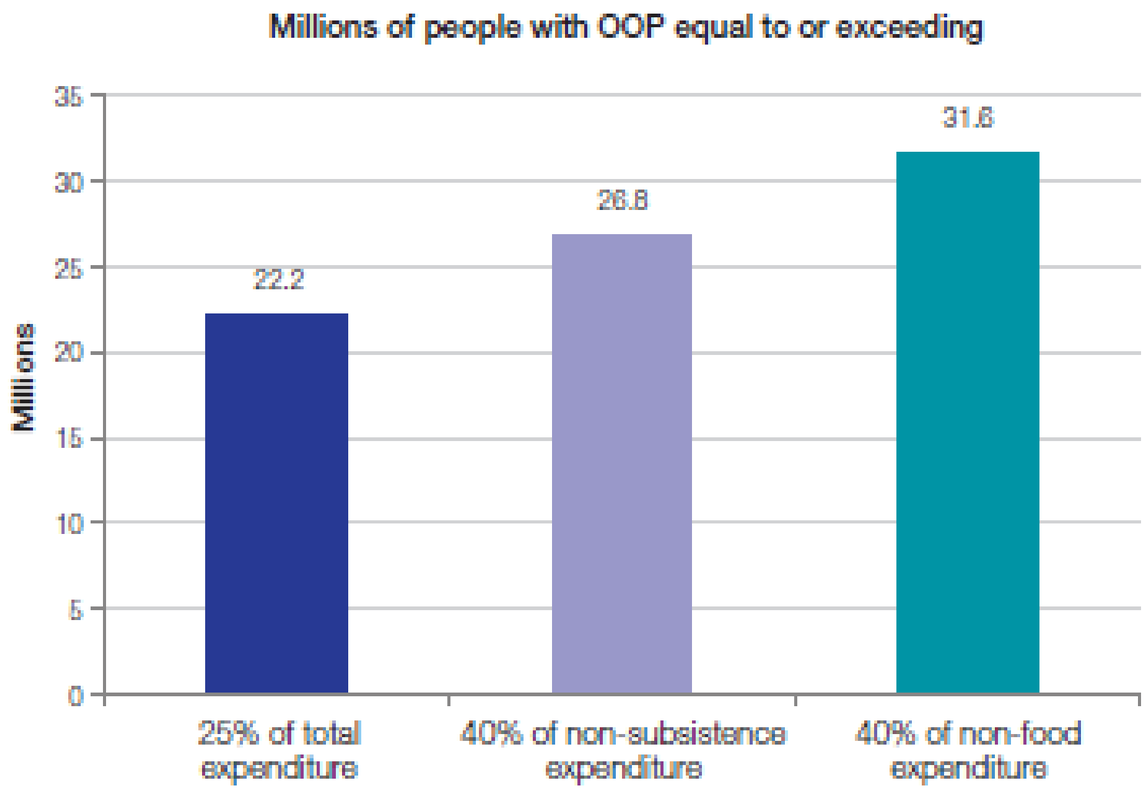
Challenges with impoverishment

- Choice of the poverty line (absolute, relative, international, national)
- Pushed (further) or not?

Catastrophic health expenditure

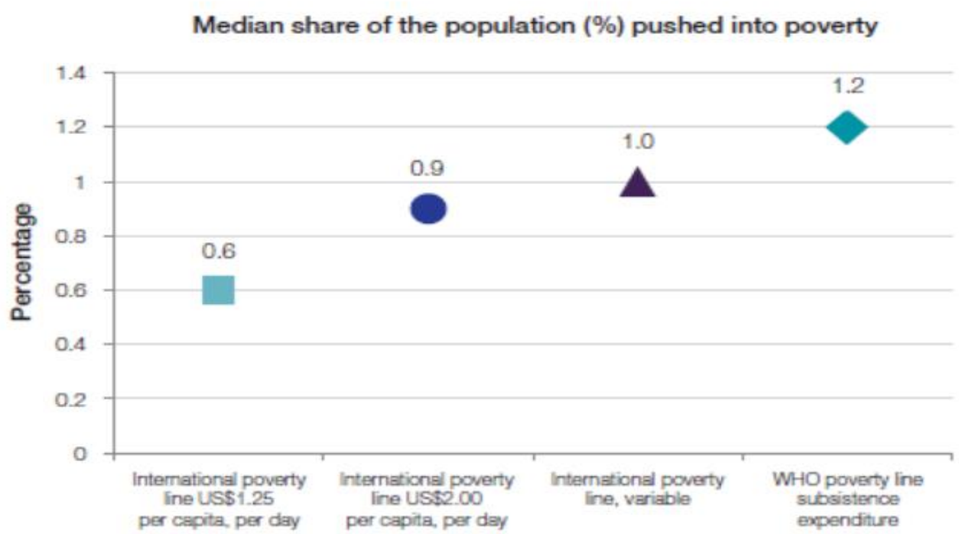
Figure A2.1. Median estimated catastrophic headcount ratios[a] and headcounts[b] across all 37 countries

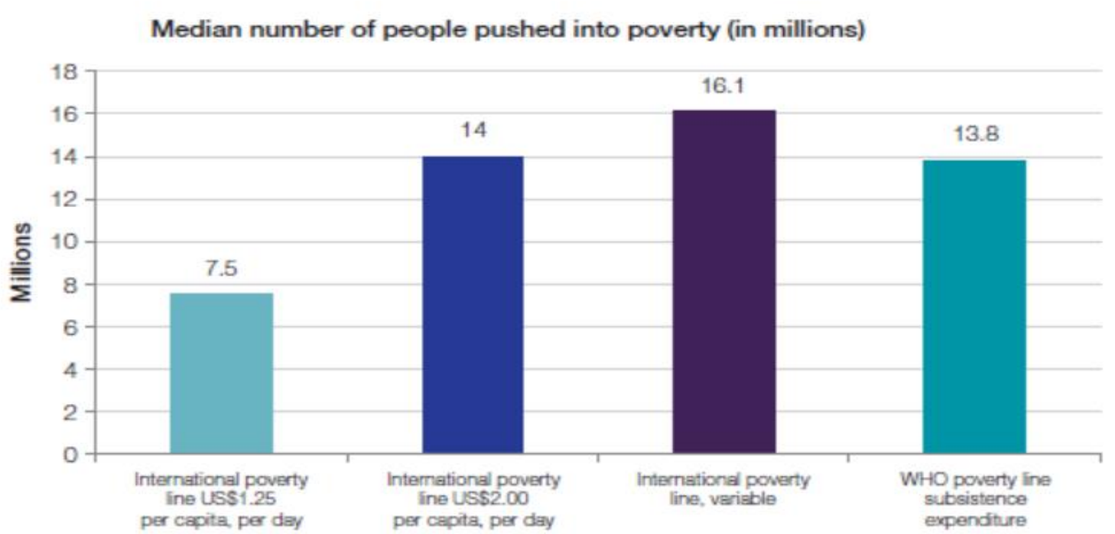




Impoverishment due to health payments: What poverty line?

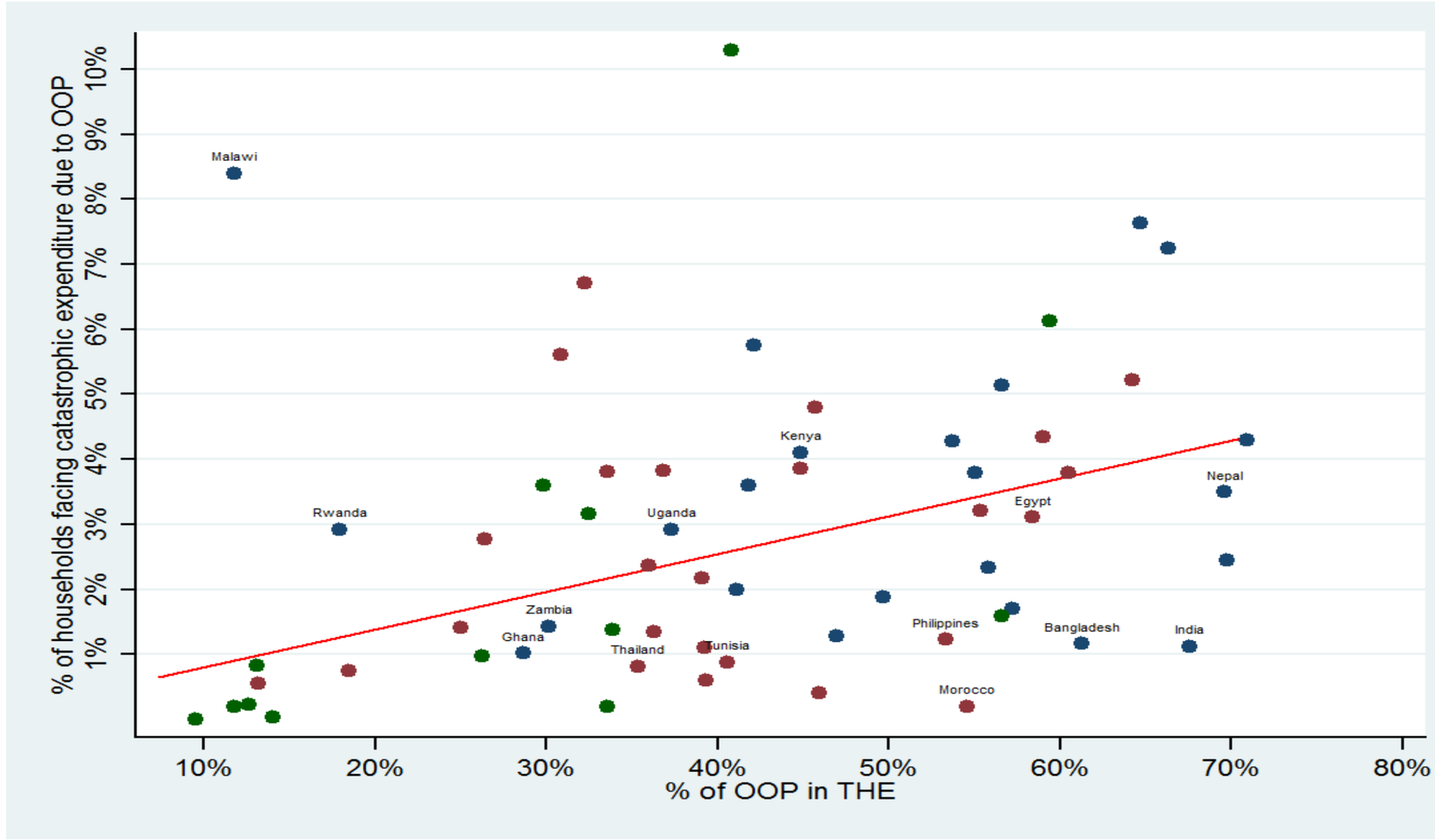
Figure A2.2. Median estimated impoverishing headcount ratios[a] and headcounts[b] across all 37 countries





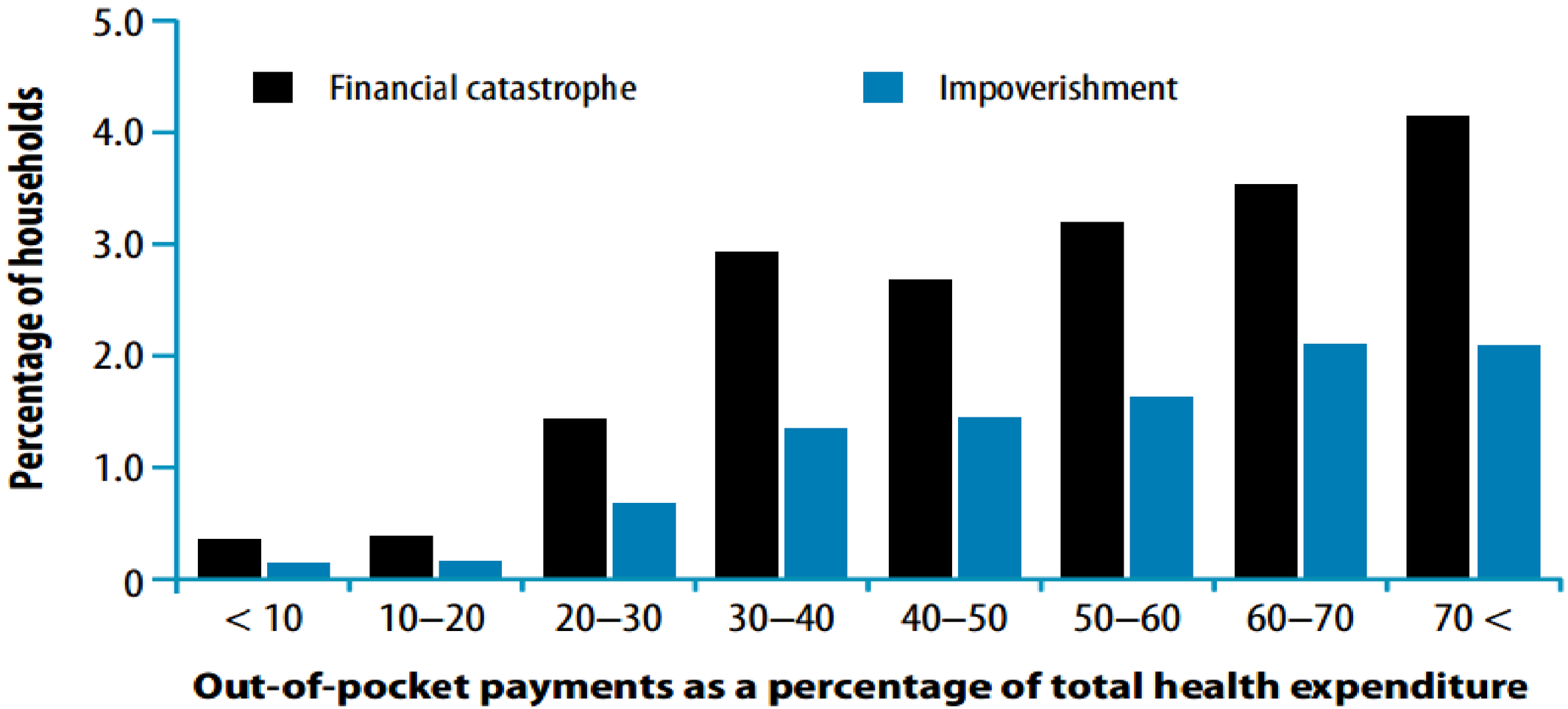
a Median values (unweighted).
b Number of people are matched to population of survey year.

Catastrophic spending by households
>40% non-food expenditures



Source: WHO

Financial protection



WHO Report 2010

Measuring financial protection

Saksena P, Smith T, Tediosi F. Inputs for universal health coverage: a methodological contribution to finding proxy indicators for financial hardship due to health expenditure. BMC Health Serv Res. 2014 Nov 25;14:577.

Abstract

Background: Universal health coverage is high on national health agendas of many countries at the moment. Absence of financial hardship is a key component of universal health coverage and should be monitored regularly. However, relevant household survey data, which is traditionally needed for this analysis is not frequently collected in most countries and in some countries, has not been collected at all. As such, proxy indicators for financial hardship would be very useful.

Methods: We use data from the World Health Survey and use multi-level modeling with national and household level characteristics to see which indicators have a consistent and robust relationship with financial hardship. To strengthen the validity of our findings, we also use different measures of financial hardship.

Results: There are several household level characteristics that seem to have a consistent relationship with financial hardship. However there is only one strong candidate for a proxy indicator at the national level– the share of out-of-pocket payments in total health expenditure. Additionally, the Gini coefficient of total household expenditure was also correlated to financial hardship in most of our models.

Conclusion: The national level indicators related only weakly to the risk of financial hardship. Hence, there should not be an over-reliance on them and collecting good quality household survey data is still a superior option for monitoring financial hardship.

Keywords: Universal health coverage, Financial hardship, Financial burden, Financial risk protection, Catastrophic health expenditure, Impoverishment, Out-of-pocket payments, Health payments, Health expenditure

Readings and tools

WHO/WB Tracking Universal Health Coverage. First Global Monitoring Report

http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/

WHO/WB UHC Monitoring Framework
http://www.who.int/healthinfo/country_monitoring_evaluation/UHC_WBG_DiscussionPaper_Dec2013.pdf

World Bank: ADePT – software tool
http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTPROGRAMS/EXTADEPT/0,,menuPK:7108381~pagePK:64168176~piPK:64168140~theSitePK:7108360,00.html

WHO: survey upload interface – can produce any indicator of ex post financial protection. Also technical support available on request