Universal Health Coverage: What is it and how can it be measured?

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Universal Health Coverage: a goal for health systems development

Coverage with:

☑️ needed services (of good quality)
☑️ With financial risk protection
☑️ For everyone

through a process of progressive realisation by countries
Defining coverage and access

- **Access:** the ability to use services and the ability to obtain a form of financial risk protection
  - Physical accessibility
  - Financial affordability
  - Social and cultural acceptability

- **Coverage:** whether the people who need an intervention actually receive it
  - **Quality:** whether the people who need the interventions obtain them in a timely manner and at a desired level of quality
Progressive realization:
The Three Dimensions (policy choices) of
Universal Health Coverage

Towards universal coverage

- **Coverage mechanisms**
  - Reduce cost sharing and fees
  - Include other services
  - Extend to non-covered

- **Population**: who is covered?
- **Services**: which services are covered?
- **Financial protection**: what do people have to pay out-of-pocket?
Axis 1
Coverage with needed health services

- Promotion, prevention, treatment, rehabilitation, palliative care
- Population-based and personal interventions
- Interventions at different levels of the system: community, primary, secondary, tertiary
- Quality needs to be included
Many possible interventions for countries to monitor – countries will make choices according to their own priorities and capacity to monitor.

Use of standard criteria for selecting indicators, to ensure technical soundness as well as good resonance with policy makers and general public.

For many areas related to MDG and NCD there is already a set of agreed indicators.
## Examples of Common Service Coverage Indicators

<table>
<thead>
<tr>
<th>Intervention area</th>
<th>Examples of tracer indicators</th>
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</thead>
<tbody>
<tr>
<td>Child vaccination</td>
<td>DPT3/pentavalent, measles; fully vaccinated children</td>
</tr>
<tr>
<td>Maternal care</td>
<td>Antenatal care (4+ visits); skilled birth attendance</td>
</tr>
<tr>
<td>Family planning</td>
<td>Met need for FP</td>
</tr>
<tr>
<td>Treatment of sick children</td>
<td>Suspected pneumonia taken to health facility</td>
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<tr>
<td>Malaria</td>
<td>ITN ownership / sleeping under ITN</td>
</tr>
<tr>
<td>TB</td>
<td>TB cure rate among all cases</td>
</tr>
<tr>
<td>HIV / AIDS</td>
<td>ART among adults and children</td>
</tr>
<tr>
<td>NCD</td>
<td>HPV vaccination; cervical cancer screening; Non-use of tobacco; Hypertension treatment; Depression treatment; vision correction</td>
</tr>
<tr>
<td>Injuries</td>
<td>Injury treatment</td>
</tr>
</tbody>
</table>
## Axis 2: Financial risk protection indicators

<table>
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<tr>
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<td>Incidence of catastrophic health expenditure due to out-of-pocket payments</td>
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<tr>
<td>Incidence of impoverishment due to out-of-pocket payments</td>
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</table>
An example: Putting service coverage and financial risk protection together
Axis 3
Population and Equity

- UHC is fundamentally about equity – all people get what they need and all people pay only an affordable price.

- On the path to UHC, focusing on inequalities is paramount.

- Each of the indicators described earlier needs to be disaggregated by key socioeconomic factors: income, age, sex, rural/urban, etc.

- There is also a need to develop general targets e.g. for the bottom 40%.
Determinants and Impacts

Countries will also want to measure

- determinants of UHC – e.g. access to essential medicines; availability and distribution of health workers; funding and health expenditures etc.
- Outputs – utilization, service readiness, availability of prepaid pooled funds

AND

- Impacts on human welfare – health status (and inequalities) and financial welfare of households (and inequalities)
Measurement Challenges

- Indicators for health service coverage and financial risk protection are measureable – i.e. progress towards UHC is measureable
  - This will have to include an equity dimension

- But there are major data gaps for many indicators that need to be addressed as part of UHC monitoring, especially in low income countries
  - This will have to include regular household surveys and well-functioning health facility reporting systems
## Bringing together global and country perspectives

<table>
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<tr>
<th>Global</th>
<th>Country</th>
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<tr>
<td>- One monitoring framework, one common small set of targets and indicators</td>
<td>- No one-size-fits-all approach, but use of flexible global framework and guidance</td>
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<tr>
<td>- Regular standardized reporting and review of progress using the common indicators</td>
<td>- Country monitoring based on adapted set of tracer indicators (&quot;progressive realization of UHC&quot;)</td>
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<td>- Monitoring UHC aligned with country mechanisms of review of progress</td>
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Conclusions

- Progress on all three dimensions of the UHC cube is measurable – both average levels and inequalities.
- A global framework needs to build on country experiences and multiple consultations: WHO and World Bank are working together to facilitate such a process.
- Countries will need to decide which service coverage indicators to use: in many the unfinished agenda of MDGs, as well as NCDs will be important.
- More work needs to be done on ways to include quality.
- Strategies for strengthening country capacity to track a broad array of coverage indicators and inequalities need to be developed at the same time as goals, targets and indicators.
Thank you