

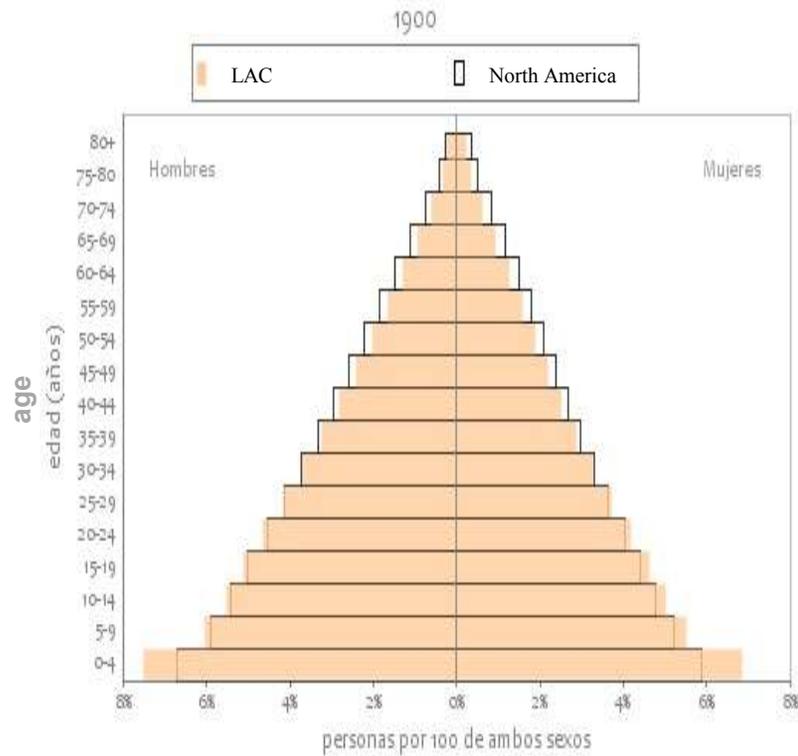


UNIVERSAL HEALTH COVERAGE IN THE AMERICAS

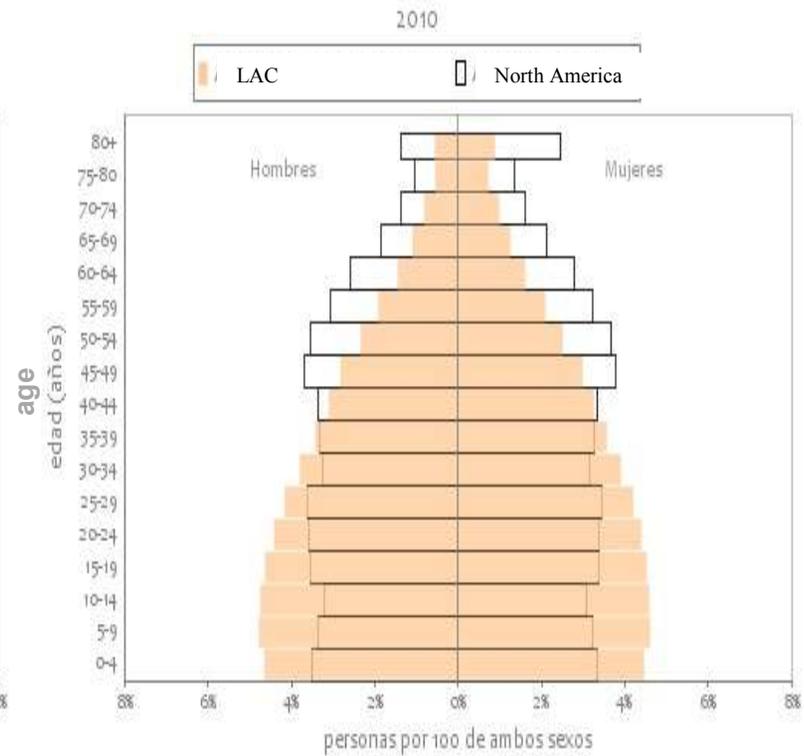
Dr. Carissa F. Etienne
Director PAHO/WHO



Population in LAC 1900-2010



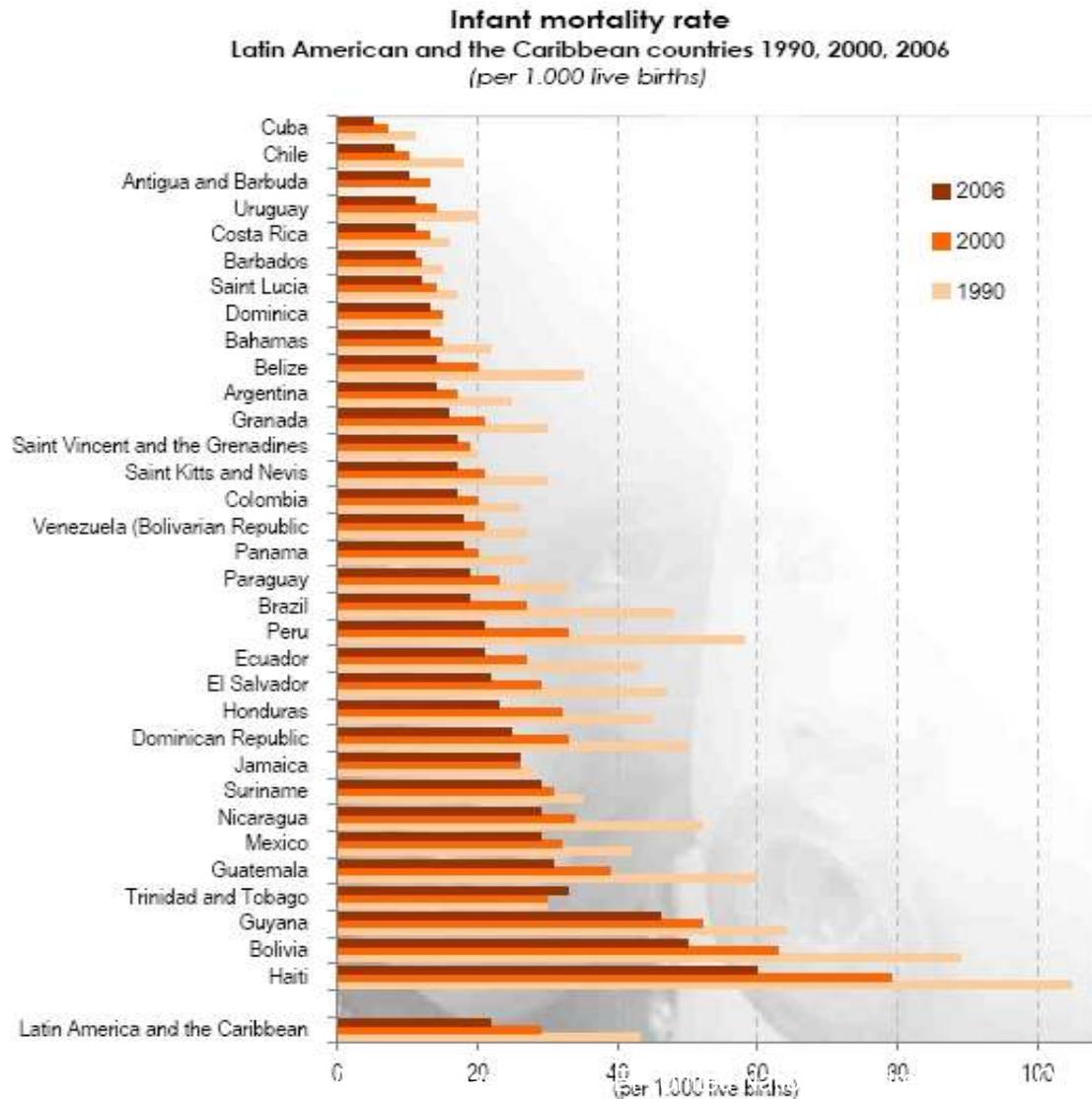
Number of people of both sexes



Number of people of both sexes



Social Inequalities in Health Care Access & Use



Social Inequalities in Health Care Access & Use

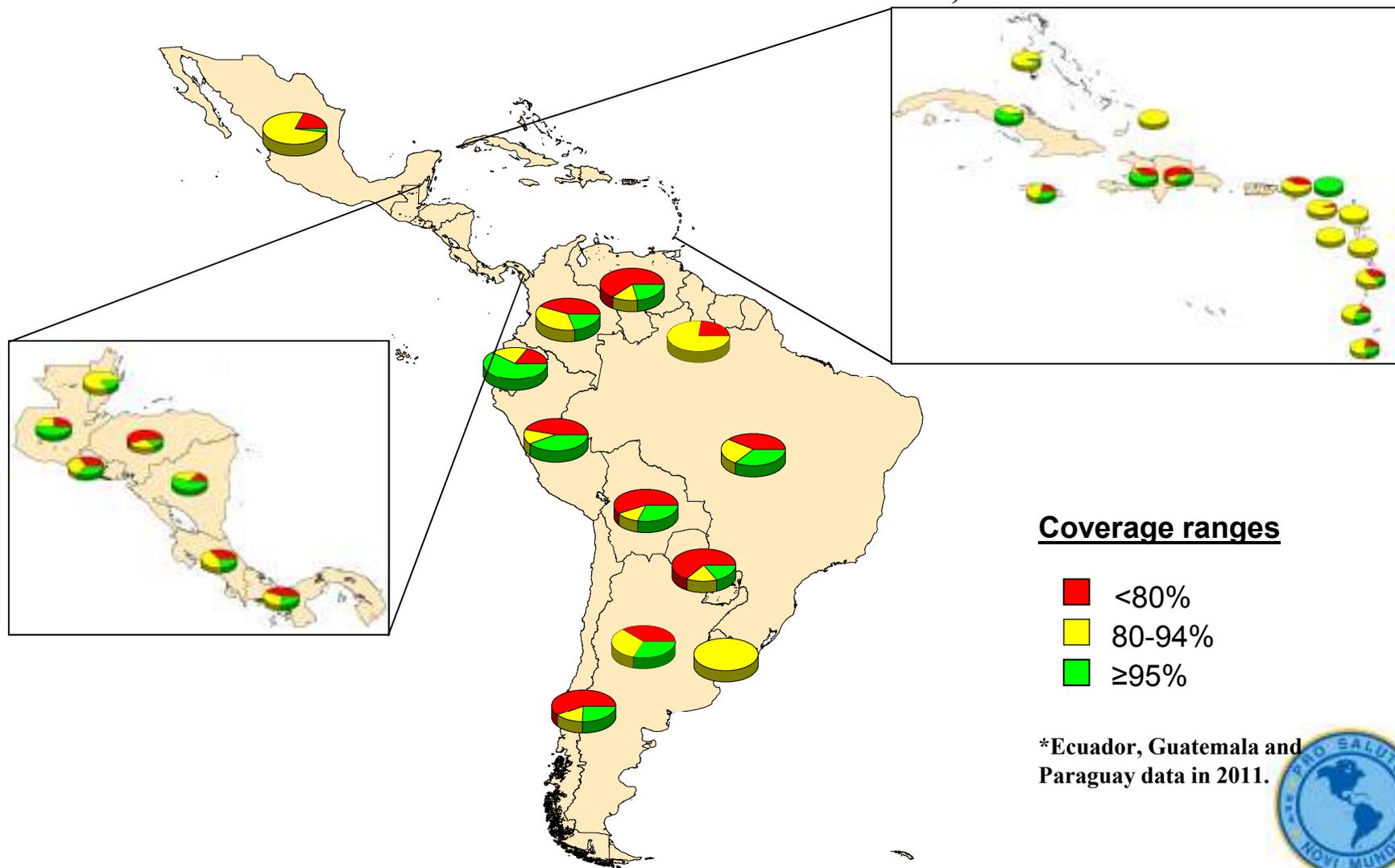
PAHO EquiLAC II studies 2013:

- The poor report worse health status and more physical limitations than the rich
- The rich report more chronic conditions than the poor
- Given the same need, the rich are more likely to seek and intensively use all types of health care compared to the poor



Social Inequalities in Health Care Access & Use within countries

Proportion of municipalities with different DTP3 coverage levels in children aged <1 year.
Latin America and the Caribbean, 2012*



Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF), 2012.



Social Inequalities in Health Care Access & Use

PAHO EquiLAC II studies 2013:

- Inequity in utilization of health services has reduced over the period of study in some countries, but not in others.
- Important gaps persist, affecting the poorest population in health status perception and utilization of preventive medical and dental services.



Inequalities & Health

- LAC: Not the poorest, not the richest: the most inequitable region in the world
- Inequality also impacts health conditions
- Inequality is a barrier for development
- Improving health care has strong redistributive impact



Scope of UHC: a Concept in Transition

“UHC is to ensure all people have access to needed services (prevention, promotion, curative, rehabilitation, and palliative care) with sufficient quality to be effective and without exposing individuals to financial hardship.”



WHO



From Alma Ata to UHC

Alma Ata
1978



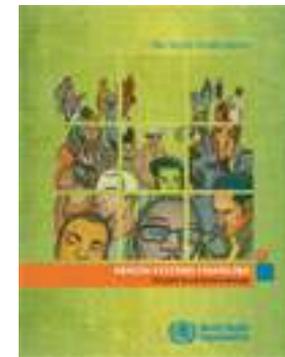
PHC renewal
2005



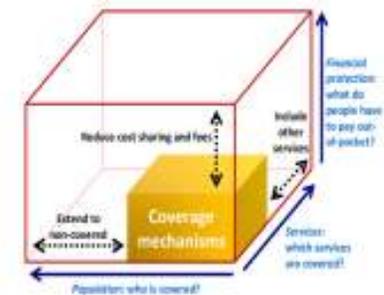
PHC Reforms
IMS 2008



UHC is a
development issue



Towards universal coverage



What UHC is not?

- UHC is not only about treatment
- UHC is not only about financial protection
- UHC is not a strategy which excludes priority health programs
- UHC is not about ensuring a minimum package of health services
- UHC is not about privatizing the health system

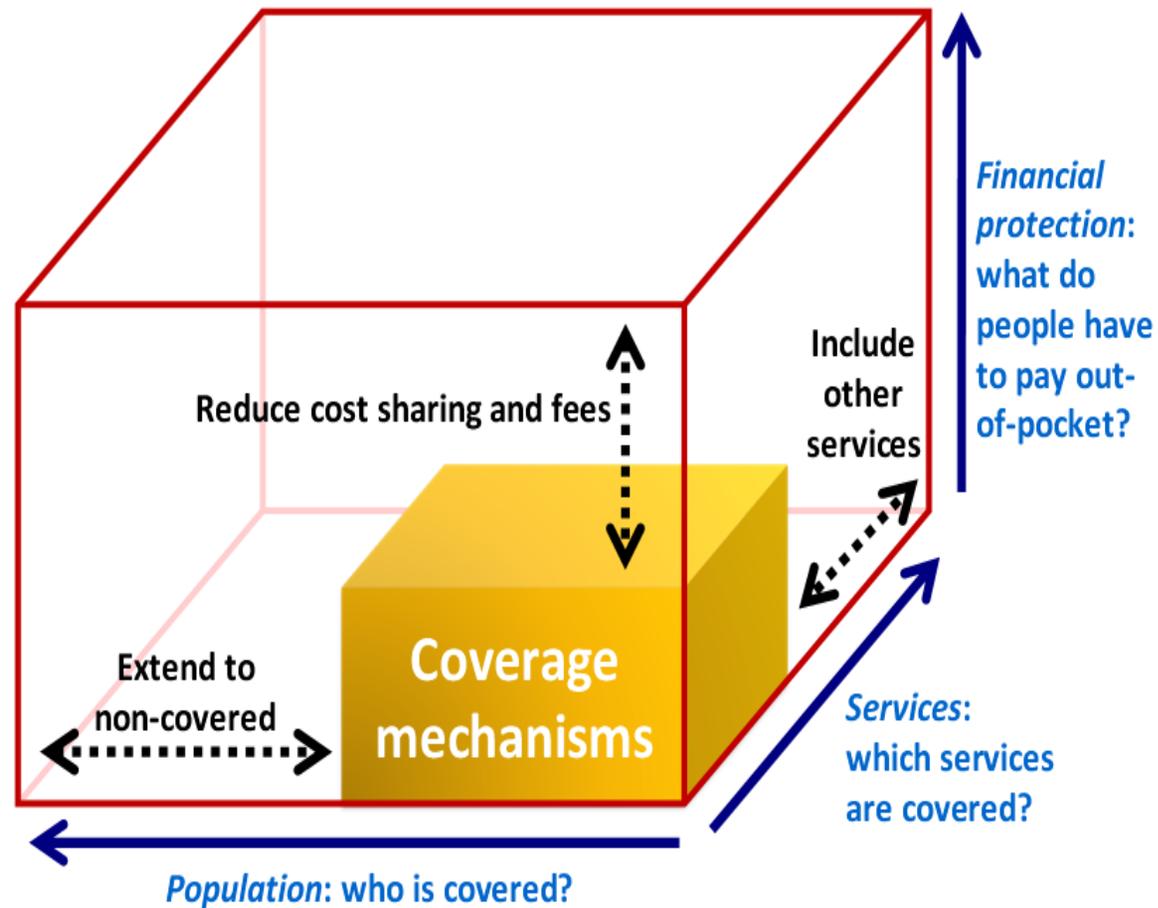


UHC Umbrella

- Primary health care
- Social determinant of health
- Priority programs' agenda (HIV, TB, Malaria, MM, IM..)
- Health systems' new challenges (NCDs, violence, epidemiological and demographic transition, etc.)
- People centered, comprehensive models of care
- Quality of care



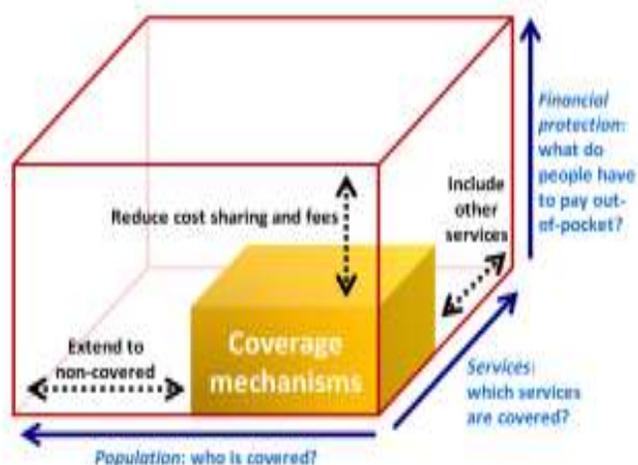
Towards UHC: Three Dimensions Policy Choices



Overcoming obstacles to UHC

Some examples

Towards universal coverage



Axis 1. How to extend access to health services

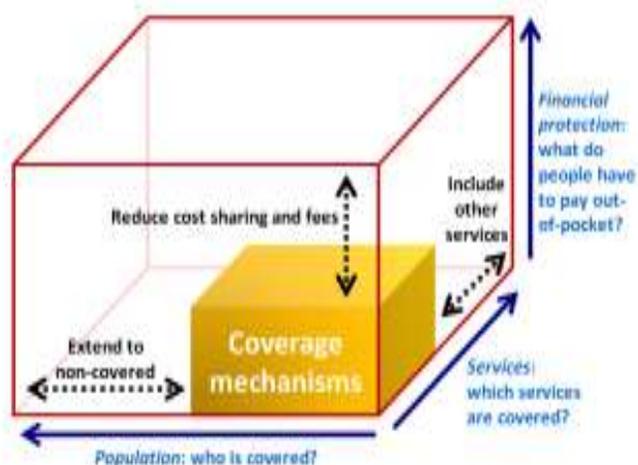
- Effective governance & regulation
- Sustainable expansion of PHC
 - HRH: scarcity, retention, motivation, training
 - e-health
- Strategies to extend access to unreached populations
- Sound legal framework
- Citizens inclusion into health policy dialogue



Overcoming obstacles to UHC

Some examples

Towards universal coverage



Axis 2. How to provide quality health services

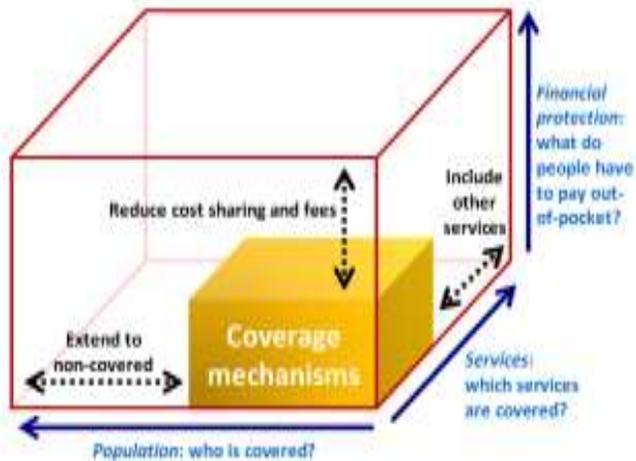
- People centered models of care
- Continuity of care through integration among healthcare levels
- Quality and resolution capacity of health care, especially at 1st level
- Needs-based packages of guaranteed services



Overcoming obstacles to UHC

Some examples

Towards universal coverage



Axis 3. How to guarantee financial protection

- Equitable Financing Mechanisms
- Prepayment and pooled funds
- Elimination of fees at the point of services delivery
- Reduction of OOP for healthcare
- Prioritization on resources allocation
- Increase efficiency



Overview of the Situation

Axis 1. Coverage to access to health services

| | | |
|---|--|--------------|
| Access for all the population | With a comprehensive set of guaranteed services | 15 countries |
| | Without a comprehensive set of guaranteed services | 20 countries |
| Focused on vulnerable populations | | 13 countries |
| Difficult to reach population like informal workers or inmigrants | | 8 countries |

Source: PAHO, 2013



Overview of the Situation

Axis 2. Providing quality health services

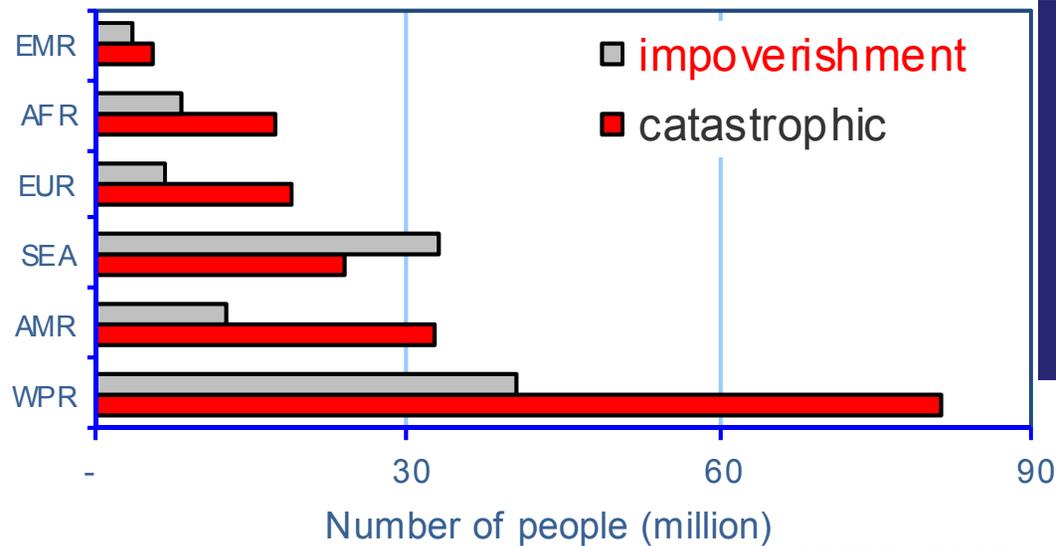
- Matching population needs
- Defining quality indicators
- Ensuring patient satisfaction
- 9 countries have explicit policies to organize their health systems on INHSD based on renewed PHC



Overview of the Situation

Axis 3. Ensuring financial protection

- OOPs/THE: averages 29.6% in Caribbean countries in 2010
- Above 25% in all except Cuba 9%. Above 30% in 7 countries.

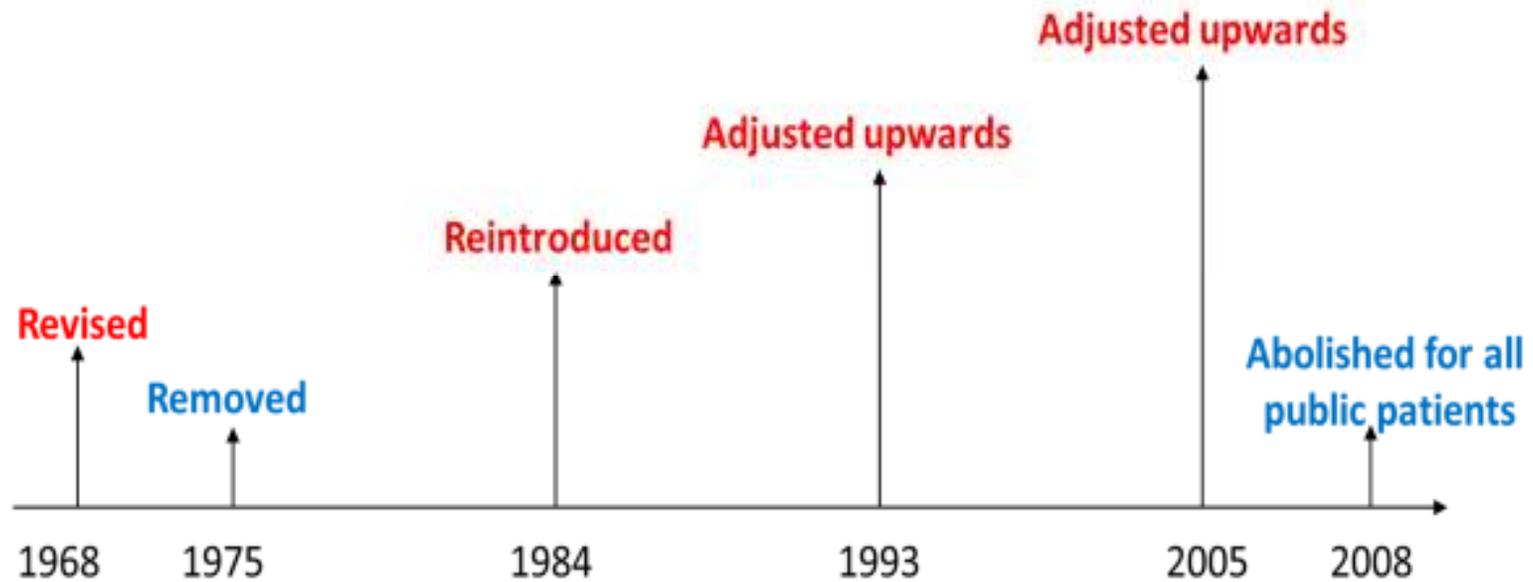


WHO, 2013

**The challenge is to
eliminate fees
at point of service
delivery**



User Fees in Jamaica



Enabling Conditions: More & Better Funding

More funding, and more predictable external funds for health, are urgently needed in order to:

- Increase allocation for health in the National Budget
- Eliminate out-of-pocket payments at the point of service
- Increase "prepayment" through health insurance and/or taxes with pooling – aim for 15-20% Out of Pocket Payments (OOPs) as % of Total Health Expenditure (THE)



Enabling Conditions: More & Better Funding

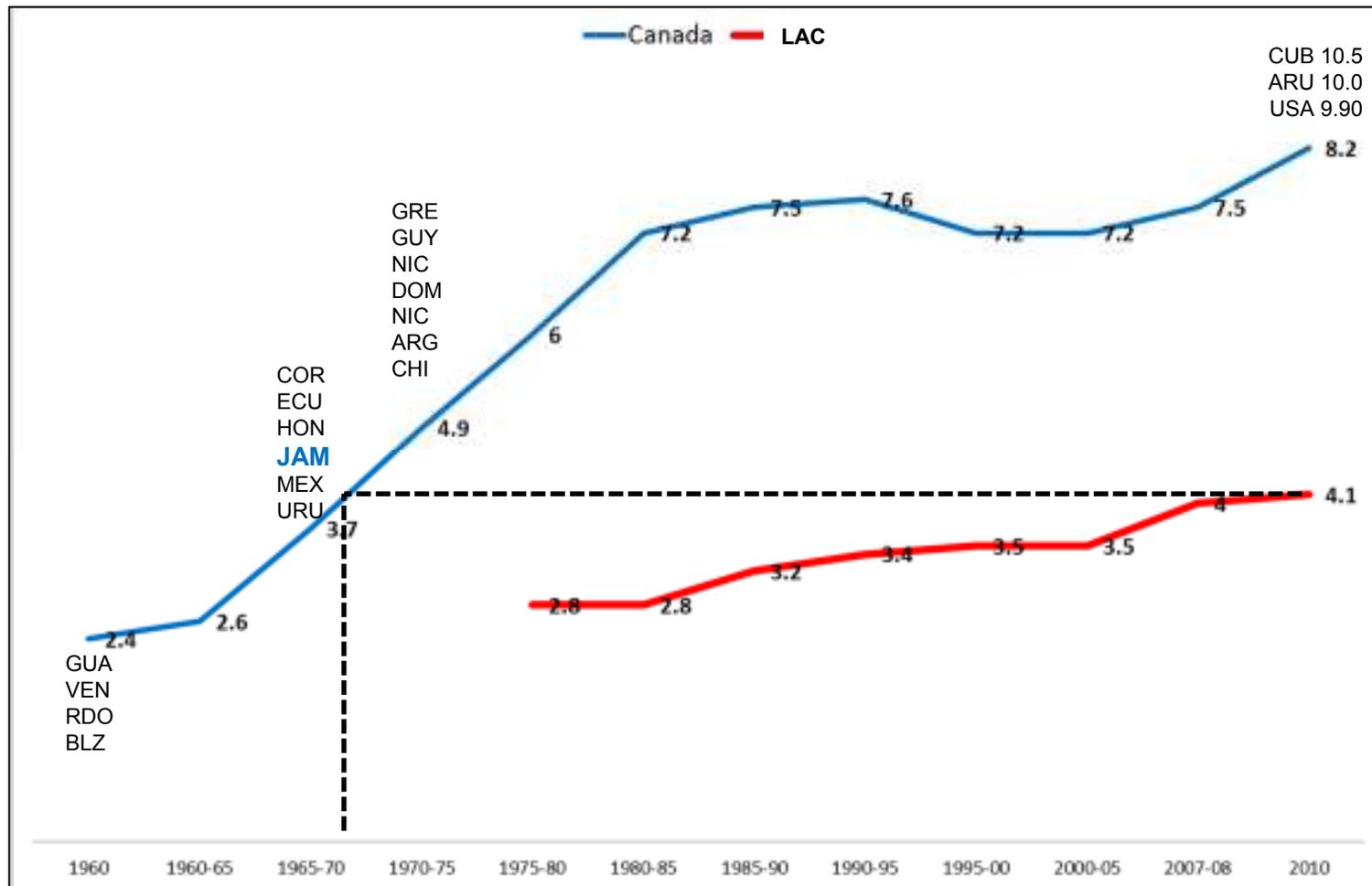
More funding, and more predictable external funds for health, are urgently needed in order to:

- Find new or diversified sources of funds
 - Sales taxes
 - Sin taxes, particularly on tobacco and alcohol
 - A currency transaction levy would be feasible in many countries
 - Solidarity levies



Enabling Conditions: More & Better Funding

Evolution of Public Health Expenditures as % of GDP 1960-2010 in Canada & LAC 1975-2010



Enabling Conditions: Reducing Inefficiencies

Reducing prevailing causes of inefficiency could bring more health for money:

- Shifting care from hospitals to the community
- Promoting rational use of medicines and health technologies
- Controlling Leakages and waste of resources
- Efficient Hospital care
- Motivating and reallocating health workers
- Appropriate mix between prevention, promotion, treatment, and rehabilitation, or between levels of care

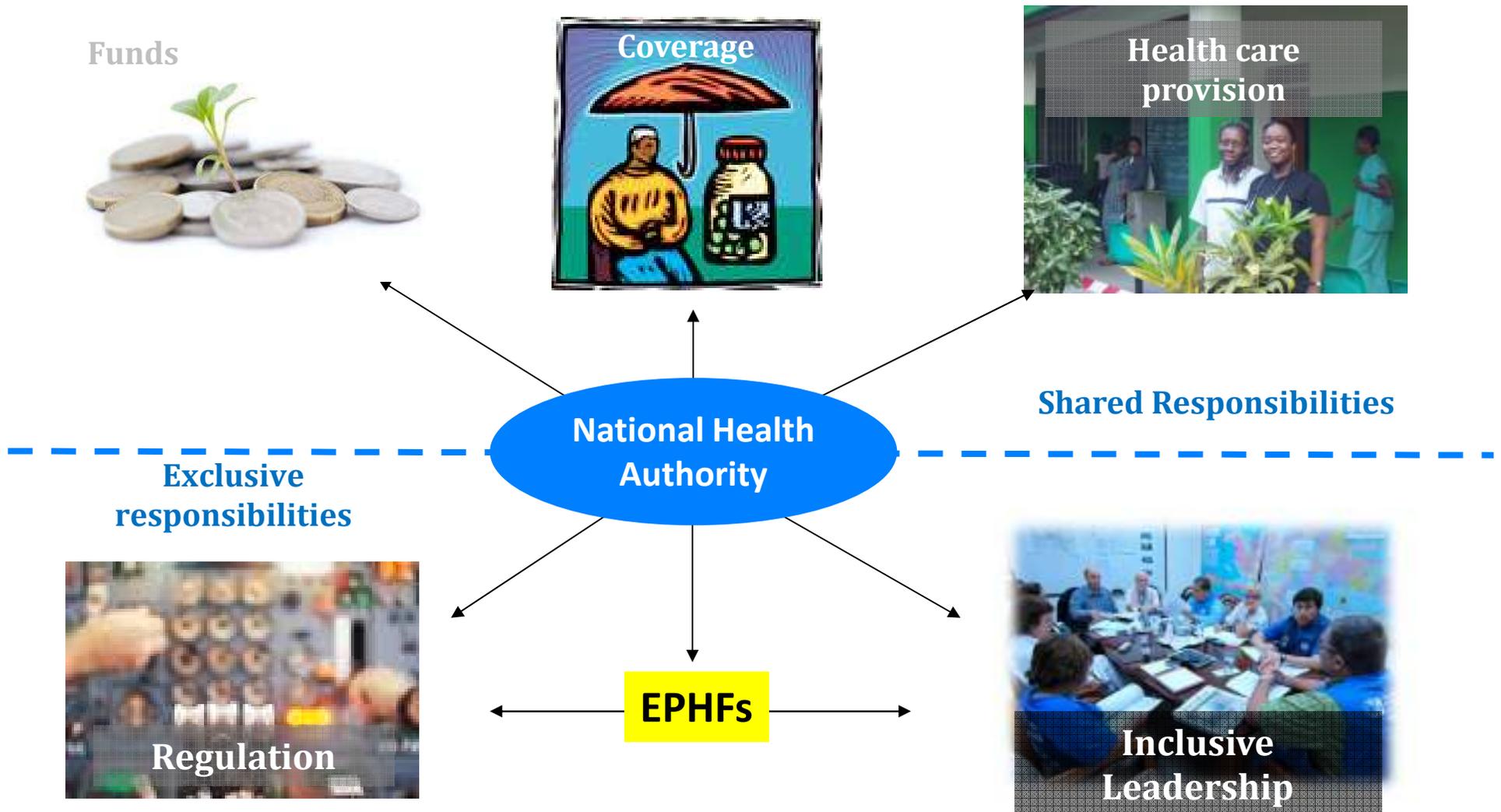


Enabling Conditions: Reducing Inefficiencies

- Address irrational use of medicines:
 - ✓ In developing and transitional countries, in primary care, less than 40% of patients in the public sector and, 30% of patients in the private sector are treated in accordance with standard treatment guidelines.
 - ✓ Antibiotics are misused and over-used in all regions. In developing countries while 70% of pneumonia cases receive an appropriate antibiotic, about half of all acute viral upper respiratory tract infection and viral diarrhoea cases receive antibiotics inappropriately
 - ✓ Patient adherence to treatment regimes is about 50% and lower in developing and transitional countries, where up to 50% of all dispensing events are inadequate.
 - ✓ Less than half of all countries are implementing many of the basic policies needed to ensure appropriate use of medicines, such as regular monitoring of use, regular updating of clinical guidelines and having a medicine information centre for prescribers or therapeutics committees in hospitals.



Enabling Conditions: Reinforcing Governance & Regulation



Enabling Conditions: Defining a new Model of Care

- People centred
- Comprehensive health services
- Continuity of health care through IHSND based on renewed PHC
- Addressing social determinants
- Strong Social Participation
- Community knowledge about their benefits



Enabling Conditions: Scaling up HR (quantity & quality)

HR are crucial for attaining UHC

- Production & distribution
- Appropriateness
- Retention
- Migration
- Competencies
- Certification



Enabling Conditions: Medicines & Health Technologies

- Policies guiding access, quality and use
- Strengthen national regulatory capacity and regional regulatory convergence
- Extend coverage and access in benefits packages based on models of care, national formularies and health technology assessment
- Promote the use of generic essential medicines, when possible
- Promote rational use of medicines and health technologies, based on clinical practice guidelines



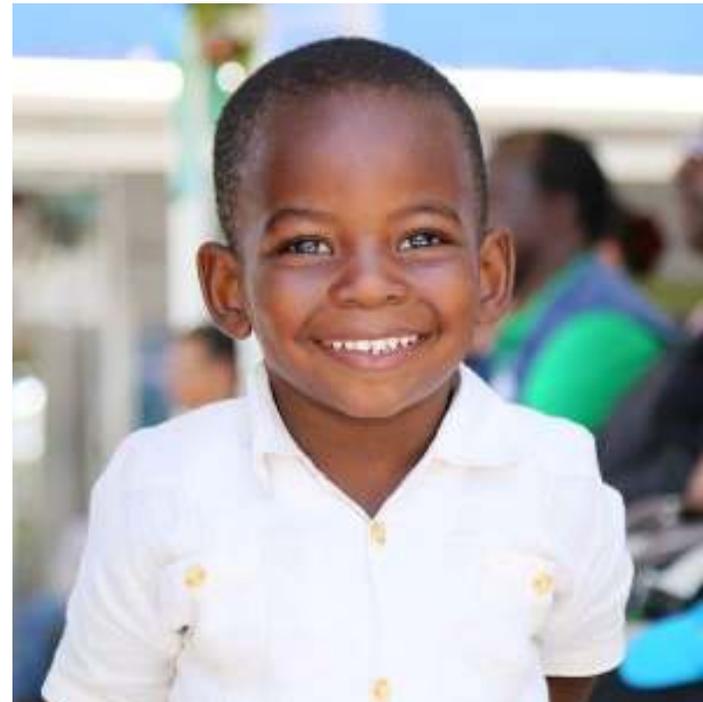
Enabling Conditions: Medicines & Health Technologies

- Value of medicines is lost if these...
 - ... are not developed
 - ... are not available / affordable
 - ... are not matched to the right patient at the right time
 - ... are not appropriately taken by the patient
 - ... are not used with the right capabilities in place



Enabling Conditions: Addressing Social Determinants of Health

- Whole of society approach
- Whole of government approach
- Health in all policies /
Multisectorial approach



Measuring, Reporting & Evaluating



Level and distribution (equity)

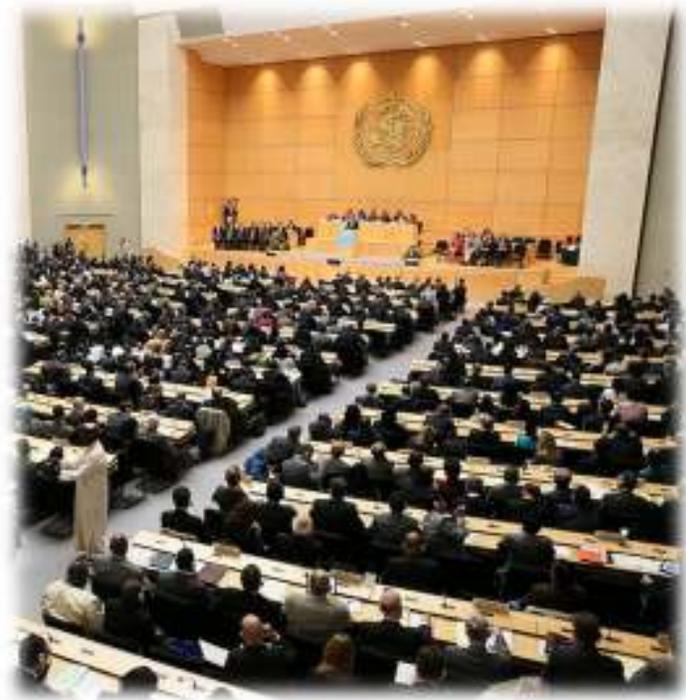


Social Determinants



Global/Regional Initiatives

- Sustainable development agenda
- Agenda post 2015
- UNICAT. WHO-WB
- World Health Assembly 2013
- Social Protection in Health
- PAHO Strategic Consultative Process



Key Messages

- UHC is the application of the right to health, equity and solidarity.
- UHC is much more than financial protection and should be built through expanding Social Protection in Health (SPH)
- Strong political will to engage on UHC is needed
- OOPs must be reduced



Key Messages

- Fees at the moment of seeking health care should be eliminated
- Public health investment should be greater than 5% of GDP and funds should be pooled
- Combined top-down with bottom-up strategies with an open-negotiation approach should be privileged



“UHC is the most powerful unifying single concept that public health has to offer, because you can realize the dream and the aspiration of health for every person irrespective of what class you belong to, whether you are a woman, or whether you are poor”

Dr. Margaret Chan
Director General, WHO



Each country needs to find its own way to UHC based on its own particular historic, social, and economic context, promoting a large social dialogue

Every country can do something to move towards UHC





**Universal Health Coverage
is a development issue**

HEALTH IS DEVELOPMENT

