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Universal Access to Health and Universal Health Coverage

A comprehensive response to the challenges of NCDs

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Director, Department of Health Systems and Services

The NCD *Tsunami* facing our Health Systems (I)

- In 2010, four NCDs (cancer, cerebrovascular disease, ischemic heart disease and diabetes) accounted for approximately half of all deaths in the Caribbean.
  - 4 risk factors (poor diet, physical inactivity, tobacco use, and use of alcohol) account for 40% of all DALYs lost to NCDs in the Caribbean

- Current NCD management is treatment centered; diagnostics, long-term medicine use, and high service utilization constitute a major threat to household and health systems sustainability;
  - Economic cost for diabetes estimated to exceed per capita health expenditure by 3 : 1 (GUY, TRT and JAM);
  - Indirect costs of poor health / disability combined with risk of catastrophic household expenditure has direct economic impact; eg an estimated 3.6% of GDP in Jamaica in 2007
  - A growing aging population compounds the burden of NCDs, with a growing dependency ratio posing a threat to future health financing

The growing burden of costs for NCD Medicines

Medicine	SF Price (US$)*	Country 1 **		Country 2 **	
		Price (US$)	% Diff	Price (US$)	% Diff
Cytarabine (100 mg, Pwdr for Inj)	$3.40	$12.74	275%	$3.51	3%
Docetaxel (20 mg/ml, Inj)	$5.95	---	---	$89.00	1395%
Doxorubicin (50 mg, Pwdr for Inj)	$8.35	$8.80	5%	$13.75	65%
Etoposide (20 mg/ml, Inj)	$2.38	$3.60	52%	$3.56	50%
Ifosfamide (1 g, Pwdr for Inj)	$17.76	---	---	$28.00	58%
Vinblastine (10 mg, Pwdr for Inj)	$2.94	$9.94	238%	$5.20	77%

* PAHO SF price is an estimate of the cost based on Long Term Agreements (LTAs) with manufacturers including freight, shipping and insurance up to port of delivery. Also includes 3% contribution to the PAHO Capitalization Account and 1.25% PAHO administrative fee. In all cases product are subject to a quality assurance process.

** Country prices reflect cost of delivery to port and does not include taxes/fees from customs and delivery.

List of medicines and LTA prices available at www.paho.org/strategicfund

The NCD *Tsunami* facing our Health Systems (II)

- NCDs pose a major challenge to health systems organization and service provision;
  - Fragmented health systems with inadequate coordination between public, private and mixed sub-systems; segmentation between income tiers;
  - Shared governance results in limited stewardship of the health sector, in particular of the private sector
  - Principally hospital centric, however decentralization ongoing, with limited results in efficiency and quality (JAM, BAR, TRT, BEL);
  - Small island economies inability to finance progressively expanding comprehensive health services;
  - Inadequate availability and distribution of human resources eg. TRT 11.8 doctors / 10,000, BEL 8.3, with constant emigration of nurses to the North;
  - Low perception of quality in health service provision (2014)

An Increasing Social Demand to Improve Health and Wellbeing

PRESSURES FOR CHANGE:

- ✓ Social transition: more services for more people, of higher quality;
- ✓ Demographic transition: urbanization and mobility;
- ✓ Epidemiological transition:

Universal health coverage

Coverage

- Capacity of health system to meet the population's needs;
- Availability of infrastructure, HR, health technologies, and financing.

Universal Coverage

Organizational mechanisms and financing sufficient to **cover** the entire population.

Universal coverage alone is not sufficient to ensure health, well-being, and equity in health.

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Universal access to health

Access

- Access is the **capacity to use** comprehensive, appropriate, timely, quality health services.
- In accordance with **needs.**
- Addresses **SDHs with a multisectoral approach.**
- Active participation of **individuals and communities.**

Universal access

No geographical, economic, sociocultural, organizational, or gender barriers preventing **anyone** from using **comprehensive health** services.

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PAHO Resolution CD53.R14

Organización Panamericana de la Salud — Organización Mundial de la Salud, Américas

53.º CONSEJO DIRECTIVO

66.ª SESIÓN DEL COMITÉ REGIONAL DE LA OMS PARA LAS AMÉRICAS

Washington, D.C., EUA, del 29 de septiembre al 3 de octubre del 2014

CD53.R14
Original: español

RESOLUCIÓN

CD53.R14

ESTRATEGIA PARA EL ACCESO UNIVERSAL A LA SALUD Y LA COBERTURA UNIVERSAL DE SALUD

EL 53.º CONSEJO DIRECTIVO,

Habiendo considerado la *Estrategia para el acceso universal a la salud y la cobertura universal de salud* presentada por la Directora (documento CD53/5, Rev. 2);

Tomando en cuenta que la Constitución de la Organización Mundial de la Salud establece como uno de sus principios básicos que "el goce del grado máximo de salud que se pueda lograr es uno de los derechos fundamentales de todo ser humano sin distinción de raza, religión, ideología política o condición económica o social";

Consciente de que el acceso universal a la salud y la cobertura universal de salud implican que todas las personas y las comunidades tengan acceso, sin discriminación alguna, a servicios de salud integrales, adecuados, oportunos, de calidad, determinados a nivel nacional, de acuerdo con las necesidades, así como a medicamentos de calidad, seguros, eficaces y asequibles, a la vez que se asegura que el uso de esos servicios no expone a los usuarios a dificultades financieras, en particular a los grupos en situación de vulnerabilidad;

Reconociendo que las políticas e intervenciones que abordan los determinantes sociales de la salud y fomentan el compromiso de toda la sociedad para promover la salud y el bienestar, con énfasis en los grupos en situación de pobreza y vulnerabilidad, son un requisito esencial para avanzar hacia el acceso universal a la salud y la cobertura universal de salud;

- ✓ Resolves to **adopt** the *Strategy for Universal Access to Health and Universal Health Coverage*.
- ✓ Urges Member States to **take action**, each country taking into account its national context and priorities.
- ✓ Requests the PAHO Director to **take action and develop tools** to help implement the Strategy.

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Universal access to health and universal health coverage:

All people and all communities should have access, without discrimination, to comprehensive, appropriate, timely, quality health services, while ensuring that using these services does not expose users to financial hardship.

Values:

- ☑ **Right to health**
- ☑ **Equity**
- ☑ **Solidarity**

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SL1: Expanding equitable access to comprehensive, quality, people- and community-centered health services.

- Take steps to progressively expand universal access to comprehensive health services; explicit guarantees for integrated (not vertical) NCD management;
- Identify the different unmet health needs in the population, as well as the specific needs of groups in conditions of vulnerability; opportunities for networks between States;
- Improve and increase the response capacity of the primary care level coordinated in IHSs; decentralization and regionalization;
- Invest in HR at the primary care level, increasing employment opportunities, especially in underserved areas.

SL2: Strengthening stewardship and governance

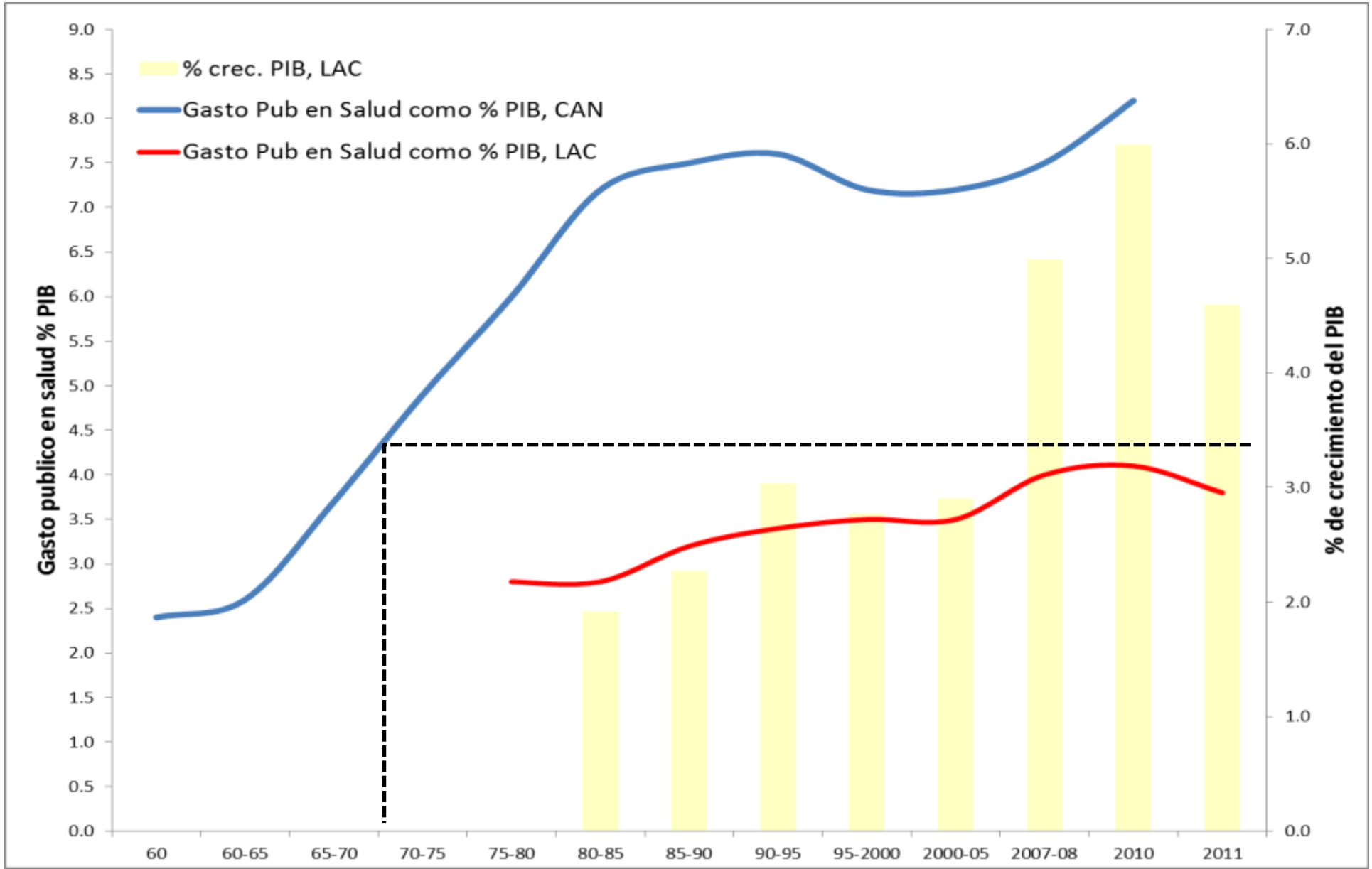
- Formulate and implement a set of actions to strengthen stewardship and governance of the health sector, in particular the MOH: (i.e., public health functions, legal and regulatory framework);

- Establish and/or strengthen formal mechanisms for social participation and accountability;

- Reduce the system's level of fragmentation and segmentation, progressively and equitably expanding universal services.
  - Through public, mixed and private service providers
  - However avoid fragmentation in the pooling of financial resources!!

SL3: Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment

Progressive and Increased Investment: the case of Canada.

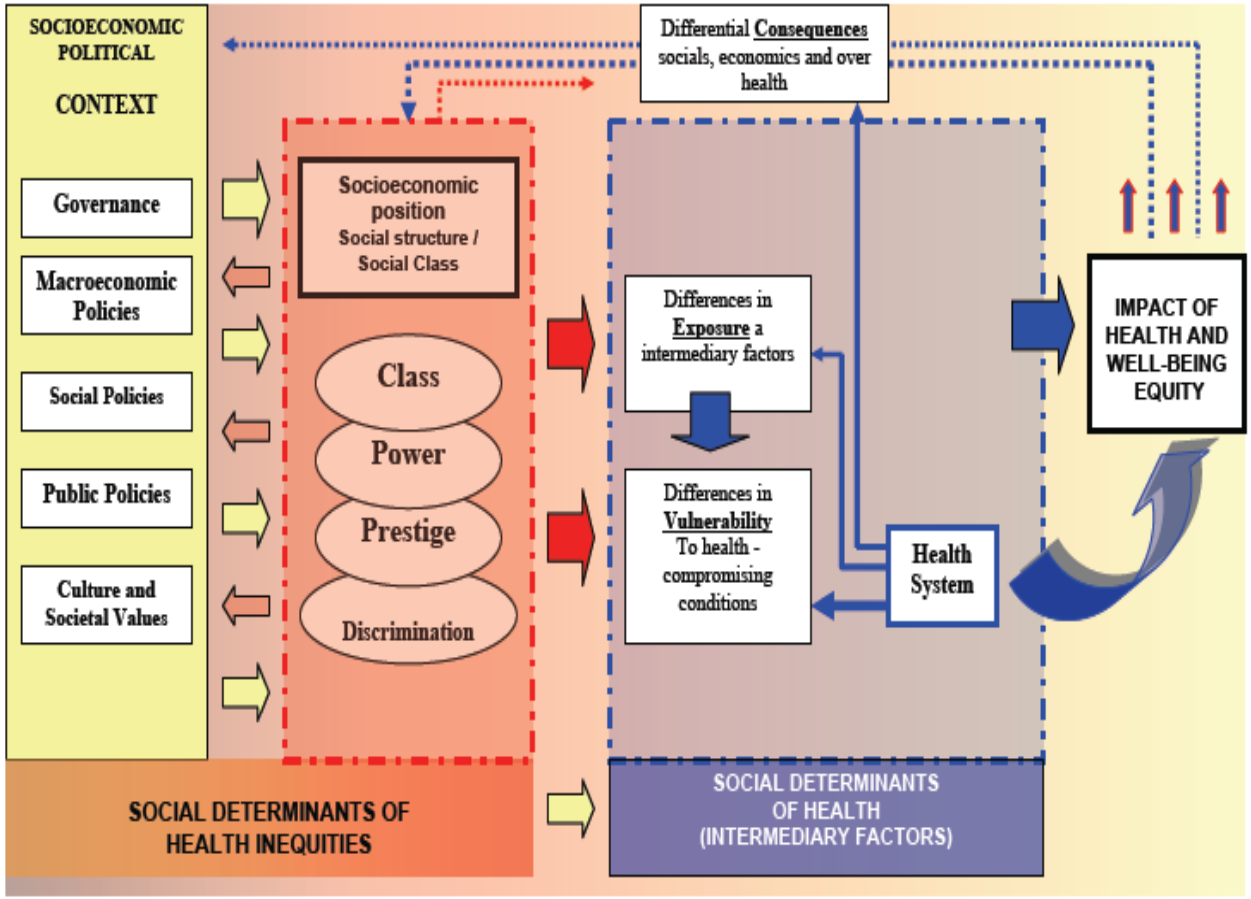


Identifying Efficiencies within Health Systems

- According to the WHR 2010, between 30-40% of total health spending is inefficient;

- Efficiencies in the organization of services and delivery of care:
  - Greater focus on quality and people centered comprehensive primary care;
  - Development of organized care networks, across islands
  - Evidence based medicine, promotion of generic medicines and investing in regulatory capacity;
  - Use of regional procurement mechanisms; the Strategic Fund
  - Pricing and procurement transparency /referencing; National Health Accounts
  - Appropriate incentives for primary care personnel;
  - Integration of sub-systems, pooling of resources and risks.
  - Effective implementation of the tax codes;

SL4: Strengthening intersectoral coordination to address the social determinants of health.



[1] **Figure** summary pathway and mechanism of social determinants of health inequities elaborated EQH/EIP 2006 (OPSH)

- Exercise leadership to impact policies, plans, regulations, and extrasectoral actions that address the social determinants of health.
- Implement plans, programs, and projects to help empower people and communities.

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Member States moving towards Universal Access to Health and Universal Health Coverage

- Plans of Action for Universal Access to Health and Universal Health Coverage in nine countries since October 2014;

- Various actions to strengthen health systems:
  - **Ecuador, Panama, and Honduras**: integration of subsystems (SS and MH);
  - **Belize, Bahamas**: progress towards national health insurance mechanism;
  - **El Salvador, Paraguay, Chile**: strengthening primary care level, coordinated in INHSD;
  - **Jamaica**: elimination of payment at point of service;
  - **Haiti**: national dialogue on health financing;
  - **Brazil**: incorporation of >14,000 physicians in primary care centers to ensure access to health services in decentralized areas;

- Regional Consultations 2015: (i) high level forum on organization of health services (ii) system quality; and (iii) health financing.

To respond to the Tsunami..
Build Resilient Health Systems

'Today we all face the urgent need for robust and resilient health systems, capable of responding effectively to health emergencies, while ensuring universal and equitable access to quality health services in a sustainable way. This is the fundamental objective behind the construction of resilient health systems, as highlighted by the Strategy for Universal Access to Health and Universal Health Coverage, approved by the Region in 2014.

Statement delivered by Minister A. Gaviria, Minister of Health Colombia, on behalf of WHO Member States from the Americas, at the 68th WHA, Friday May 22, 2015

Thank you

"We are obliged to act, given the moral imperative to improve equity and promote health and development…."

Dr. Carissa Etienne
Director of PAHO/WHO

Lancet, October 2014