

Monitoring Universal Health in the Era of COVID-19

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INTRODUCING THE MONITORING FRAMEWORK FOR UNIVERSAL HEALTH IN THE AMERICAS

James Fitzgerald
Director, Health Systems and Services
PAHO/WHO

Webinar series on Essential Public Health Functions



PAHO



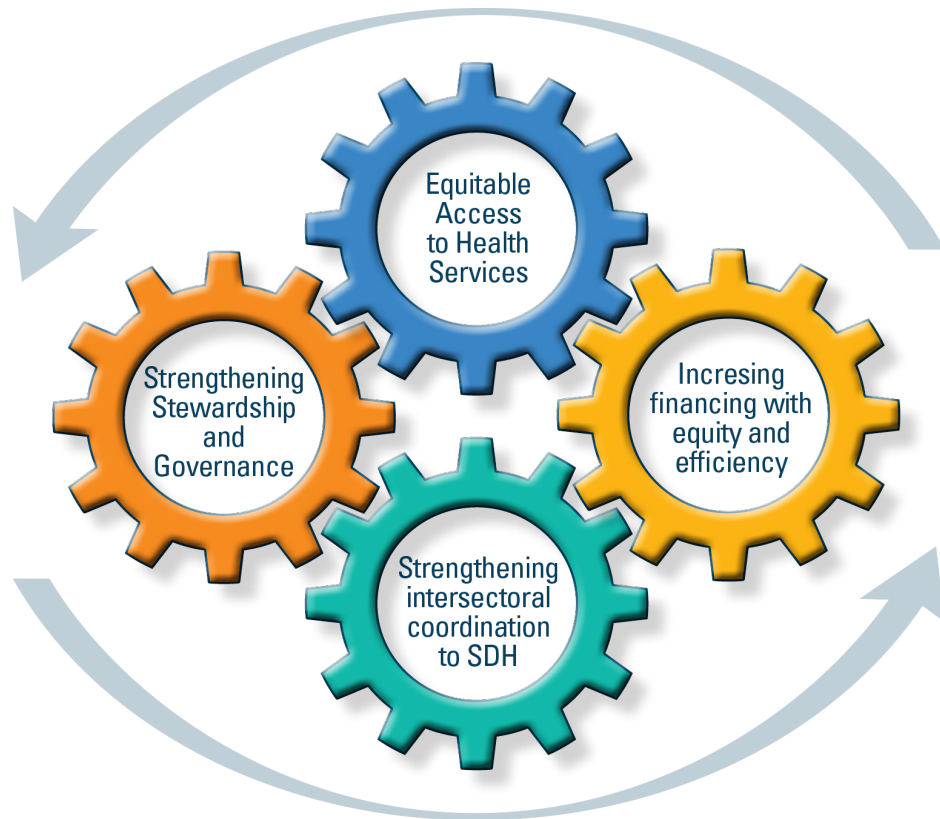
Universal health
Access and coverage for all

Content

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Universal health

Universal access to health and universal health coverage means that all people and communities have access, without experiencing any kind of discrimination to comprehensive, appropriate and timely, quality health services, without suffering financial hardship, and have access to interventions for a healthy living to allow their development and well-being



Universal health is not just about ensuring everyone is covered, but that everyone has access to health services when they need it, wherever they are, and interventions for healthy living to allow their development and well-being

Requires the involvement of all sectors of society in order to combat poverty, social injustice, and poor living conditions, among other factors that influence people's health.



It covers the full range of health services, including health promotion, disease prevention, treatment, rehabilitation, and palliative care, all of which should be of sufficient quality, comprehensive, safe, effective, and affordable for all.

Universal health in numbers

Challenges for the Americas



1.7 million

Estimated number of deaths that should not have occurred if there were accessible and quality services (1.3 million in LAC).



37.1

Absolute gap between subregions in the HAQ Index, from 54.2 (out of 100) in the Caribbean to 91.3 in North America; (70 in South America).



29.3%

Estimated percentage of the population that forgone needed care due to different access barriers (279 million people).



7.8%

Absolute gap between the poorest 20% and the richest 20% of the population forgoing care (31.5% vs. 23.7%).



40.6%

Estimated percentage of people who forgone appropriate care due to institutional barriers (financial, accommodation, availability and geographic).



57.9%

Estimated percentage of people who forgone appropriate care for personal and cultural reasons (beliefs, language, preferences, perception of their health, knowledge of health).



11.3%

Estimated percentage of people in 2015 with catastrophic OOP with respect to 10% of their income or expenses (109.8 million people); [1.8% (18 million), 25% threshold].



2,2%

Estimated percentage of people in 2015 who were impoverished by OOP with respect to the poverty threshold of 60% of per capita consumption (14.6 million people); [0.4% (4.2 million) poverty line \$ 3.20].

Universal health in numbers

Challenges for the Americas



49% of countries in the Americas reported disruptions to essential health services



Primary care services (including promotion and prevention) are the most affected (with **51% of countries reporting disruptions**)



Fear and distrust of the community (**60%** of countries), restrictions on mobility (**56%**), users' absentee (**52%**) and financial difficulties caused by the landlock (**48%**) are the most reported barriers to demand



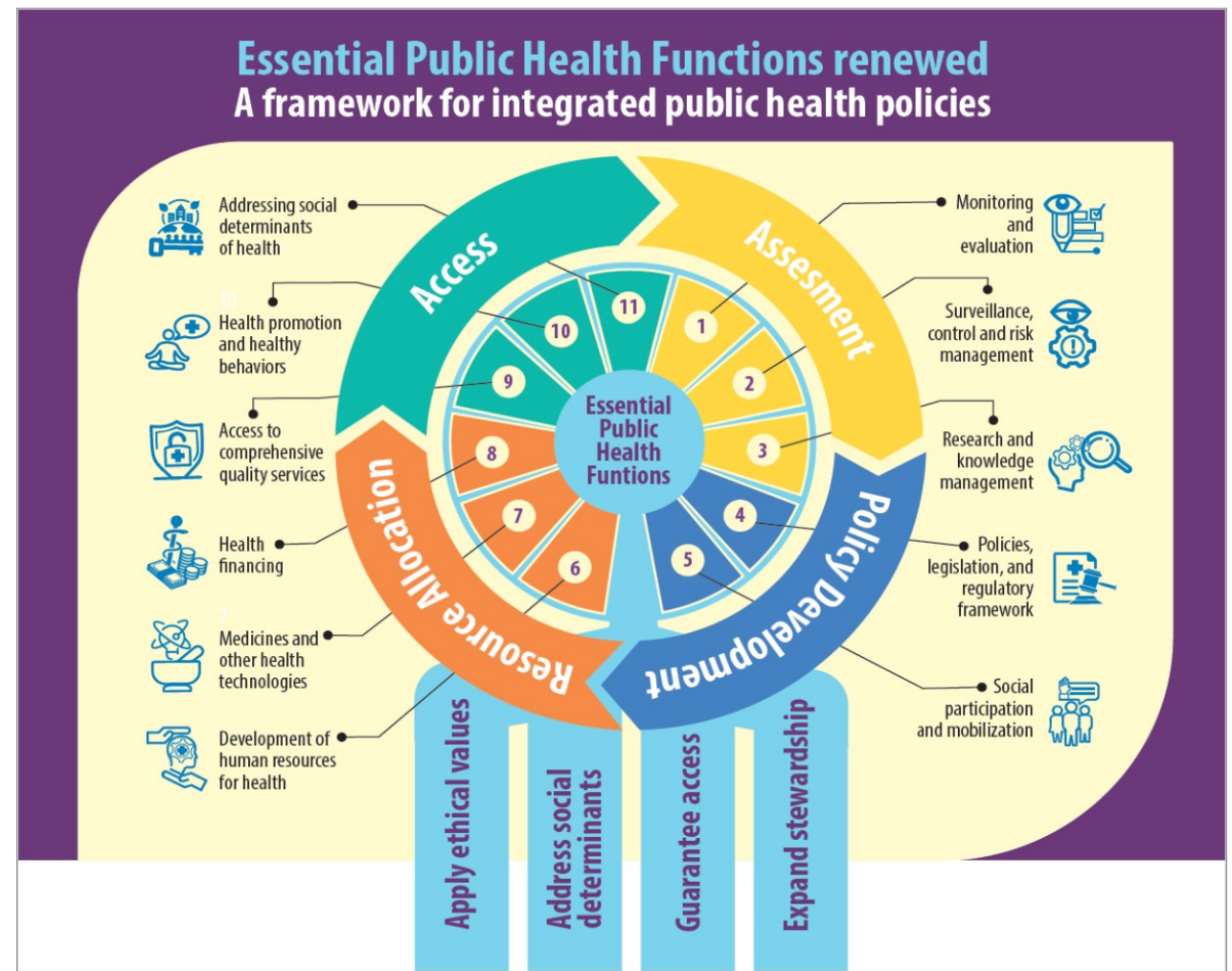
Deployment of health personnel for COVID-19 response (**64%**), cancellation of elective surgery (**56%**), and insufficient availability of personnel (**44%**) are the most reported supply barriers

The need

- Monitoring and evaluation is important to understand what health system policies work and what do not work
- Renewed emphasis on the need to transform health systems in the Americas that guarantee equitable and universal access to health
- Consensus-based analytical frameworks that facilitate collaborative efforts and regional learning in the Americas.
- Need for a tool that considers the institutional, political, and intersectoral mechanisms inherent to health system transformation processes.
- Until now, there is no regional proposal for the Americas that fully identify both access and coverage conditions.

The need

- **ASSESSMENT** is necessary for strengthening health authorities' capacities to understand health system's capacity to respond to population health needs.
- It provides the **necessary input for decision-making and policy development** for public health
- It entails community mobilization and educating the public about health issues.



The purpose



The purpose of this framework is to provide a consensual analytical tool for universal health coverage and universal access in the Americas.



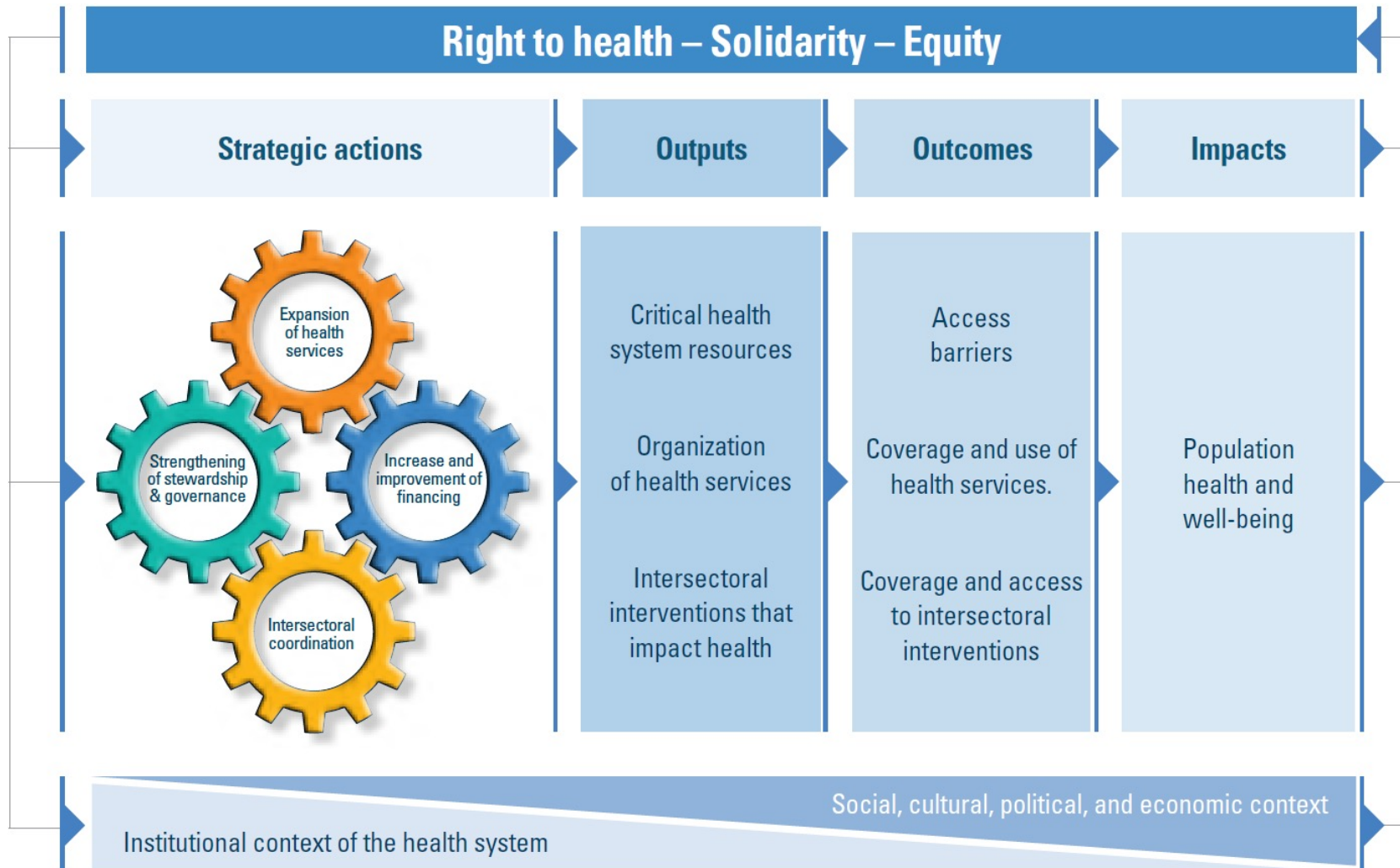
Help us and health authorities understand the effect of health system policies on access and coverage conditions in the Americas.



Facilitate engagement of national stakeholders and policy decision-making towards universal health.

The framework

MONITORING FRAMEWORK FOR UNIVERSAL HEALTH IN THE AMERICAS



The approach

Comprehensive mixed-methods approach

Quantitative tracer indicators to measure equity in access and coverage conditions

14 Strategic actions



Look at actions (plans, policies) through which universal health are achieved

15 Output Indicators



Measure the immediate effect of policies on health system capacity (service organization, critical resources, and inter-sectoral actions)

29 Outcome Indicators



Measure the influence of outputs on access conditions: barriers to access, use of health services, and access to intersectoral interventions

23 Impact Indicators



Provide an overview of the level of achievement of health and well-being objectives

Qualitative evidence to assess the extent of implementation of policies and actions

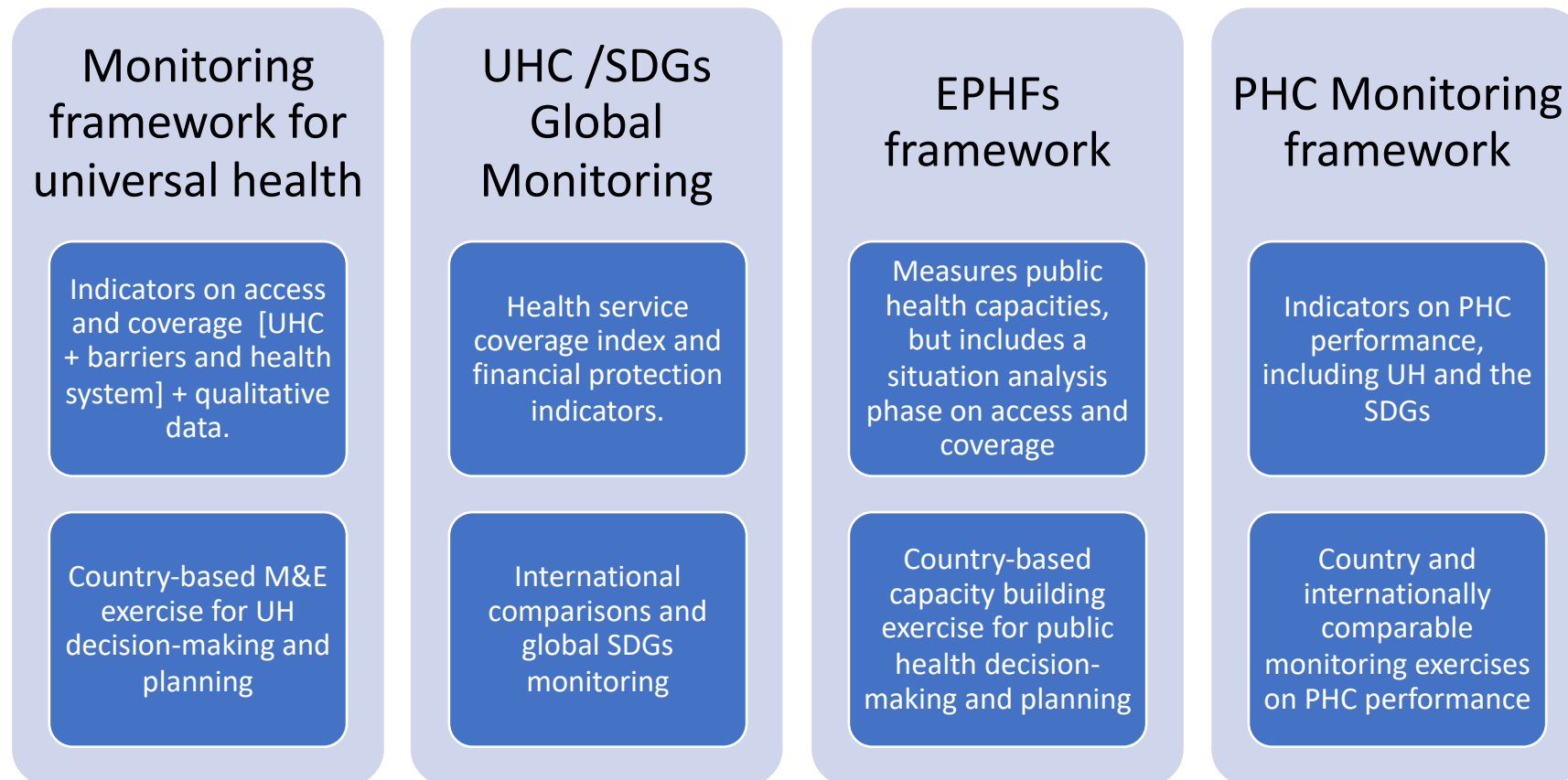
Application

Countries have been implementing the framework as part of national M&E, EPHFs and planning exercises:



Alignment with other tools

The framework has distinctive objectives, but aligns with PAHO's and WHO's indicators and monitoring tools:



Monitoring framework for universal health in the Americas



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