The goals of universal coverage: An approach post-MDG for health sector development

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9th World Congress on Health Economics

Sydney, July 9, 2013

SHIELD
Strategies for Health Insurance for Equity in Less Developed Countries

Equitap
Equity in Asia-Pacific Health Systems

Financiamiento en Salud y Protección Social en América Latina y el Caribe
LAnet / LAred

Millennium Declaration, 2000

- Motivation
  - Reflected acceptance that development should encompass more than GDP growth and should address human capability
  - Reflected acceptance of the importance of **solidarity** – between rich and poor nations in banishing poverty
  - Built on international commitments to human equity and dignity
- Health MDGs 4, 5, 6 successful in part
  - Focused attention on maternal/child health, HIV/AIDS, malaria and TB
  - Shared burden at global level
  - Accelerated progress towards identified goals

Weaknesses of Health MDGs, 2013

- Narrow focus
  - International consensus that health outcomes are more than child and infectious disease, e.g., NCDs
- Lack of attention to equity
  - Risk of poorest being left behind with focus on aggregate indicators
- Lack of linkage to recent global consensus on desirability of UHC
- Focus on health outcomes means inadequate expression of core values that underpinned MDGs
  - Human dignity, well-being, solidarity, security

The growing concern with UHC

- Partial consensus that financially catastrophic/ impoverishing medical payments unacceptable
- Recognizes importance of health system as a means
  - Lack of access to services is barrier to achievement of better health
  - Lack of equity in outcomes hinders attainment of aggregate outcomes
  - Lack of financial protection causes poverty
- Recognizes importance of health protection as an end
  - Lack of risk protection is threat to human dignity and security
  - Importance of values of solidarity in providing protection

Conflicts about Post-2015 positioning of UHC

- Differing visions about what UHC is
  - ① UHC is about equal or adequate levels of health outcomes
  - ② UHC is about financial protection
  - ③ UHC is about healthcare access and financial protection

- Different views of why UHC is important
  - ① UHC is important as a <u>means</u> to achieve better health or poverty outcomes
  - ② Equity in outcomes or opportunities or risk protection are important as <u>ends</u> in themselves

Critical Issues in Health MDGs Post-2015

- Current health MDGs fail to address core motivating values of the Millennium and other international declarations
- **Human dignity**
  - Recognizes that inequalities in access to treatment or gross disparities in health outcomes creates indignity
- **Human security**
  - Recognizes that forced payments for healthcare are a source of insecurity
- **Solidarity**
  - Implies that the burden of funding healthcare be distributed fairly, and that the better-off should assist the worst-off

Major elements of GNHE concept of UC/UHC

Universal health coverage (UHC) involves:

- ***Adequate access to quality healthcare***
- ***Equitable access to quality healthcare***
- ***Financial risk protection***

This treats UHC as being important not only as a means to better health outcomes or reduced poverty, but also as an ends in itself because the existence of disparities in access or protection are such an affront to human dignity

Implications for Post-2015 MDGs

- UHC should be positioned as an overarching health goal in itself
  - To give full realization to the underlying international core values
  - To supplement the existing and other health MDGs
- Implies that UHC must be defined using measurable indicators
  - Indicators to define goals
  - Indicators to monitor progress

Requirements in measuring UHC

1. **Measures of ends**
   - Indicators that assess the extent of UHC attainment across countries in comparable and consistent manner to inform policy and research
     - To assess relative performance
     - To assess improvements
     - To help identify critical factors

2. **Measures of means**
   - Indicators that assess critical factors that enable or prevent attainment of UHC
     - E.g., Public financing, risk-pooling, etc.

Desirable characteristics of UHC indicators (1)

- Continuous indicators that can allow for progress in all settings
  - Categorical indicators might imply that once attained, UHC allows for no improvement, whilst continuous indicators allow for progress
- Must be independent of health system design and valid across all health systems and contexts
  - E.g., Financial protection cannot be defined on basis of third-party insurance coverage
- Should not focus on specific conditions, but reflect the wide range of outputs and populations that a health system is concerned with

Desirable characteristics of UHC indicators (2)

- Single or few in number
  - The objectives of simplicity and communication require a small number of indicators
- Practicality and feasibility
  - Measures must be feasible using available data across all countries or feasible with minimal effort
- Must have face validity
  - Implied differences between countries in performance must make sense

GNHE measurement approach

- Three domains of UHC attainment:
  1) Adequate access to quality healthcare
  2) Equitable access to quality healthcare
  3) Effective financial risk protection
- Each domain might be associated with one high level indicator that is composite of more detailed measures Each high level indicator to be continuous, but a threshold value to be set above which attainment would be classified as *adequate for UHC*
- Explicit recognition that recognition of UHC (like poverty) is relative and context and time-specific