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 Member States
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

**Coverage encompasses Access**
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?

Financial protection: what do people have to pay out-of-pocket?

Services: which services are covered?
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 as an overarching consideration
"Service characteristics" and Impact

Member States will also want to measure

● access to medicines; availability and distribution of health workers etc.

● utilization, service readiness, availability of prepaid pooled funds etc.

AND

● Impacts on human health status and welfare
Thank you
Axis 1
Practical considerations

- Member States will make choices on which intervention to monitor according to their own priorities and capacity to monitor.

- Indicators will be selected using standard criteria, 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>
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<tr>
<td>Maternal care</td>
<td>Antenatal care (4+visits); skilled birth attendance</td>
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<tr>
<td>Family planning</td>
<td>Met need for FP</td>
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<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>
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<tr>
<td>TB</td>
<td>TB cure rate among all cases</td>
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<tr>
<td>HIV / AIDS</td>
<td>ART among adults and children</td>
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<tr>
<td>NCD</td>
<td>HPV vaccination; cervical cancer screening;</td>
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<td></td>
<td>Non-use of tobacco;</td>
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<td></td>
<td>Depression treatment; vision correction</td>
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<tr>
<td>Injuries</td>
<td>Injury treatment</td>
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</tbody>
</table>
Axis 2: Financial risk protection indicators

Incidence of catastrophic health expenditure due to out-of-pocket payments

Incidence of impoverishment due to out-of-pocket payments
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

- Each of the indicators described earlier needs to be disaggregated by key socioeconomic factors: income, age, sex, rural/urban, etc.
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 currently data gaps for many indicators that need to be addressed as part of UHC monitoring, especially in low income countries
  – Regular household surveys and health facility reporting systems will need strengthening to fill these gaps
Bringing together global and country perspectives

Global

- One monitoring framework, one common small set of targets and indicators

- Regular standardized reporting and review of progress using the common indicators

Member States

- No one-size-fits-all approach, but use of flexible global framework and guidance

- Country monitoring based on adapted set of tracer indicators ("progressive realization of UHC")

- Monitoring of UHC aligned with country mechanisms of review of progress
Conclusions

- Progress on all three dimensions of the UHC cube is measureable
- WHO and World Bank are working on a global framework, building on country experiences
- Service coverage indicators related to the unfinished MDG agenda and NCDs will constitute an important component of the framework
- Strategies for strengthening country capacity to track coverage indicators and inequalities need to be developed at the same time as goals, targets and indicators