Monitoring Universal Health Coverage





- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Indicator 3.8.1: coverage of essential health services
- Indicator 3.8.2: financial protection when using health services



Based on global UHC monitoring framework

2013-2014: Development of framework

- WHO & World Bank, 13 country-led case studies, web consultation
- Scientific publication with country studies

2015-2016: Implementation of framework

- 2015 1st Global report tracking UHC (WHO & World Bank)
- Latin America & Caribbean: regional publications
- 2016 1st Monitoring the health-related SDG: UHC chapter
- 2016: 2nd Global tracking UHC report (WHO & World Bank)





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Toward Universal Health Coverage and Equity in itin America and the Caribbean Evidence from Selected Countries

Tania Dmytraczenko and Gisele Almeida, Editors

Indicator 3.8.1 Coverage of essential health services

Definition: average coverage of essential services based on 4 tracer indicators in each of 4 categories:

- reproductive, maternal, newborn and child health
- infectious diseases
- noncommunicable diseases
- service capacity and access

Index = average national coverage for tracer indicators across the four categories, adjusted for coverage among the most disadvantaged population

Data sources for the 16 tracer interventions:

- Household surveys (10); Facility surveys (2)
- Administrative records (2) and a combination of all these sources (2)



Good data availability for the indicators of the UHC service coverage index

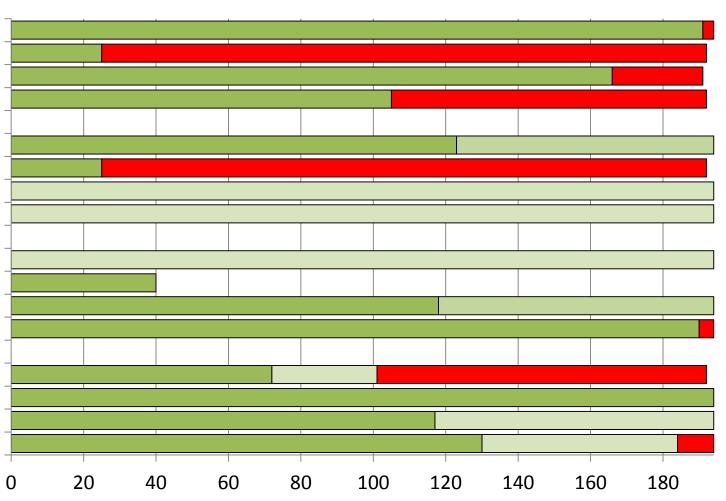
Data since 2010 Comparable estimates Gap

Health security: IHR compliance Access to essential medicines Health worker density **Basic hospital access**

> Tobacco (non-use) Cervical cancer screening **Diabetes** prevalence Hypertension prevalence

Improved water source & sanitation ITN coverage for malaria prevention HIV antiretroviral treatment Tuberculosis effective treatment

> Treatment child pneumonia Full child immunization Antenatal and delivery care Family planning coverage





Organization

Tier 3 discussion for 3.8/UHC. IAEG meeting, Mexico City, 30 March – 1 April 2016

Disaggregation of the UHC coverage index

Disaggregated data not available for all indicators by the same stratifiers

Best disaggregated data for reproductive, maternal and child health (surveys)

Equity adjustment score available for most countries

Further work and better data needed

6

Country	Year		Country	Year	
Swaziland	2010	94	Costa Rica	2011	
Sao Tome and Principe	2008	93	Dominican Republic	2007	
Malawl	2010	91	Guyana	2009	
Zimbabwe	2010	91	Colombia	2010	
Zambia	2007	91	Honduras	2011	
Burundi	2010	91	Belize	2011	
Rwanda	2010	91	Peru	2012 2010	
Sierra Leone	2013	90	Suriname Bolivia (Plurinational State of)	2010	82
Ghana	2011	87	Halti	2012	80
Gambia	2005	87			
Liberia	2013	86	Eastern Mediterrane	an	
Gabon	2012	86	Country	Year	
Uganda	2011	85	Jordan	2012	
Namibia	2006	84	Egypt	2008	9
United Republic of Tanzania	2010	83	Iraq	2011	8
Lesotho	2009	83	Syrian Arab Republic	2006	85
Congo	2011	80	Pakistan	2012	73
Kenya	2008	79	Afghanistan	2010	67
Comoros	2012	77	Yemen	2006	57
Democratic Republic of the Congo	2013	76	Somalia	2006 34	
Niger	2012	75	Western Pacific		
Benin	2011	74	Country	Year	
Тодо	2010	73	Mongolia	2010	
Burkina Faso	2010	72	Cambodia	2010	_
Madagascar	2008	71	Philippines	2013	8
Côte d'ivoire	2011	69	Viet Nam	2010	8
Mozambique	2011	69	Vanuatu	2007	84
Senegal	2012	66	Lao People's Democratic Republ		69
Mall	2012	64	cao reopio e contociato republ	2011	00
Guinea	2012	62	Europe		
Mauritania	2007	60	Country	Year	
Guinea-Bissau	2006	59	Uzbekistan	2006	
Ethiopia	2011	59	Kyrgyzstan	2012	
Cameroon	2011	55	Belarus	2012	
Central African Republic	2010	50			
Nigeria	2013	40	Kazakhstan	2010	6
South East Anto			Ukralne	2007	91
South-East Asia			Armenia	2010	90
Country	Year	99	Albania	2008	89
Maldives	2009		Talikistan	2012	89
Thalland	2005	99	The former Yugoslav Republic of		86
Bhutan	2010	88	Macedonia	2011	
Indonesia	2012	87	Bosnia and Herzegovina	2011	86
Nepal	2011	79	Georgia	2005	85
Bangladesh	2011	78	Republic of Moldova	2005	84
Timor-Leste	2009	76	Montenegro	2005	83
India	2005	70	Serbla	2010	82
	2.500		361018	2010	82



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Indicator 3.8.2

of people covered by health insurance or a public health system per 1000 population

Problematic formulation: reflects affiliation or an entitlement, not actual experience. There are several reasons why tracking this specification of the indicator would be problematic for the SDGs

- "public health system coverage" is a vague concept, and health insurance programs vary widely, making comparisons hard to interpret
- People may be insured or entitled but still face high payments
- Financial risk may change over time with no change in affiliation or entitlement
- Neither affiliation nor entitlement can be disaggregated, and thus equity analysis is not possible



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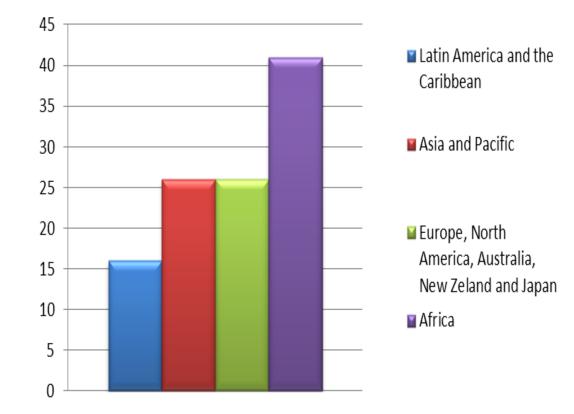
Indicator 3.8.2 alternative formulation lack of coverage by a form of financial protection

- Aligned with spirit of IAEG formulation: health insurance and public health systems are forms of financial protection
- Define as proportion of the population with large household expenditure on health as a share of total household expenditure or income (e.g. 25%)
- Focus on how much a household spends on health relative to a measure of its income (e.g. equivalized per capita consumption)
- Focus on lack of coverage, because understanding why people do not spend requires a specialized set of instruments that would add to the data collection burden
- Derives from methodologies dating back to 1990s; have been refining through a 3-year consultation process involving expert academics and international agencies.



Data availability good and improving

- Data source: household surveys conducted by national statistical offices (e.g. Budget Surveys, Income and Expenditure Surveys, LSMS, etc.)
 - 109 countries have at least one survey after 2000
- Survey-based measures capture actual experience of financial protection and can be disaggregated for equity analysis: disaggregation by income, wealth, sex, age, geographic location and other equity stratifiers



At least 1 data point between 2000&2010

WHO/World Bank global database



World Health Organization

Supporting tools and capacity building activities exist

- Publically available tools to help automate and standardise the production of data:
 - Financial protection: WHO financial protection in health online tool and World Bank ADePT software programme
 - Standardized approaches for computing coverage indicators
- Downloadable standard codes for use in statistical software packages
- Using these tools, both organizations conduct trainings with national health and statistical personnel on the analysis of household survey data to produce these estimates



Global application of methods



- 22 million people, living in 37 countries with comparable data between 2002-2012, are not protected against the costs of health services as they are spending more than 25% of their total household expenditures on health
- Global estimates for financial protection for more than 80 countries that account for 90% of the world population are currently being prepared and will be released by the end of 2016 as part of the WHO / World Bank Tracking UHC report
- Tracking UHC must include both the indicators for financial protection and service coverage, with disaggregation where possible

11 Tier 3 discussion for 3.8/UHC. IAEG meeting, Mexico City, 30 March – 1 April 2016



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