

Monitoring Universal Health Coverage



World Health
Organization

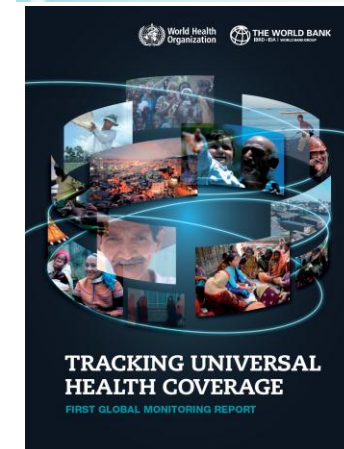
SDG Target 3.8

- 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)



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

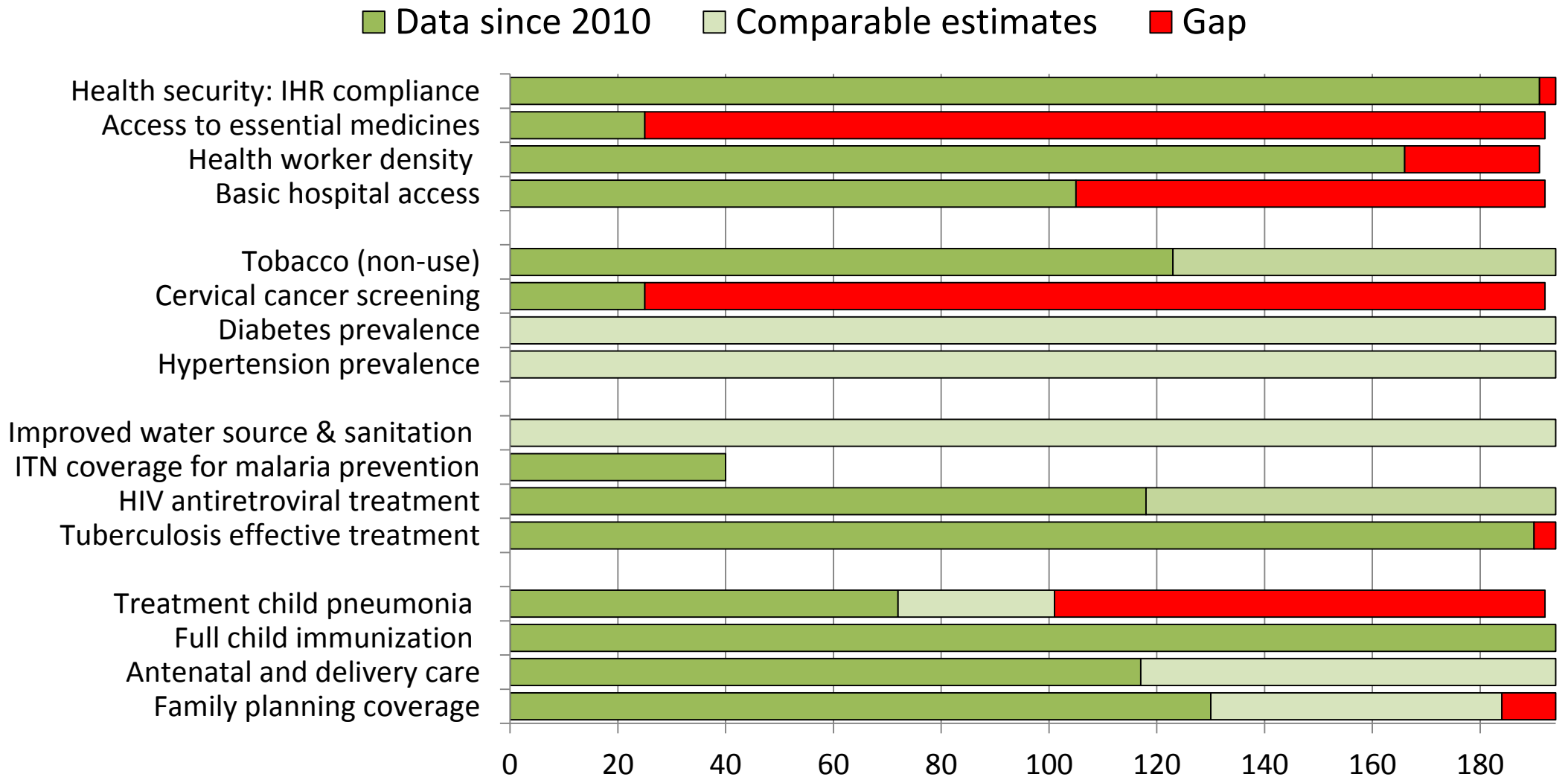
Index = average national coverage for tracer indicators across the four categories, adjusted for coverage among the most disadvantaged population

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



Disaggregation of the UHC coverage index

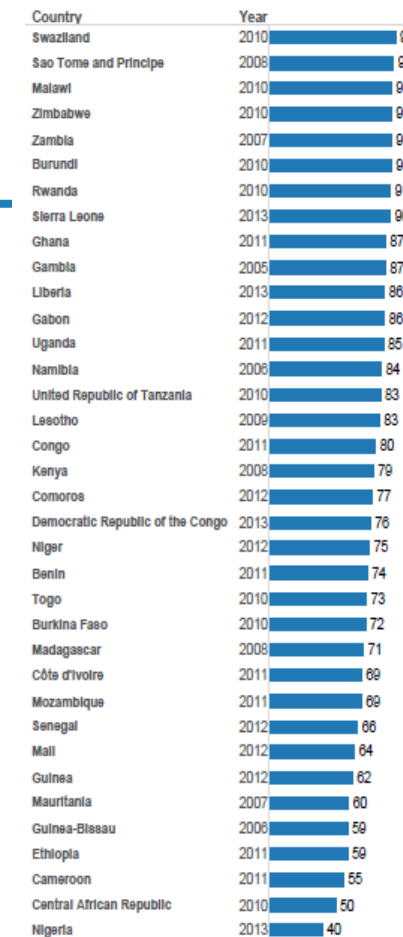
Disaggregated data not available for all indicators by the same stratifiers

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

Equity adjustment score available for most countries

Further work and better data needed

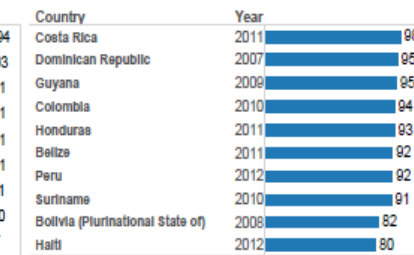
Africa



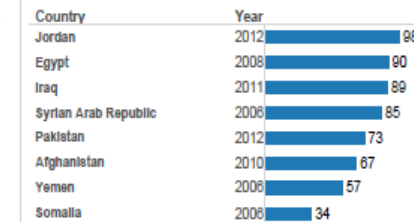
South-East Asia



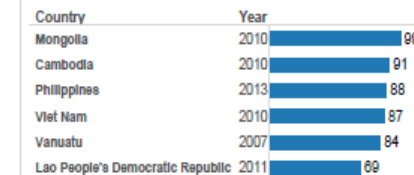
Americas



Eastern Mediterranean



Western Pacific



Europe



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



Indicator 3.8.2 alternative formulation

lack of coverage by a form of financial protection

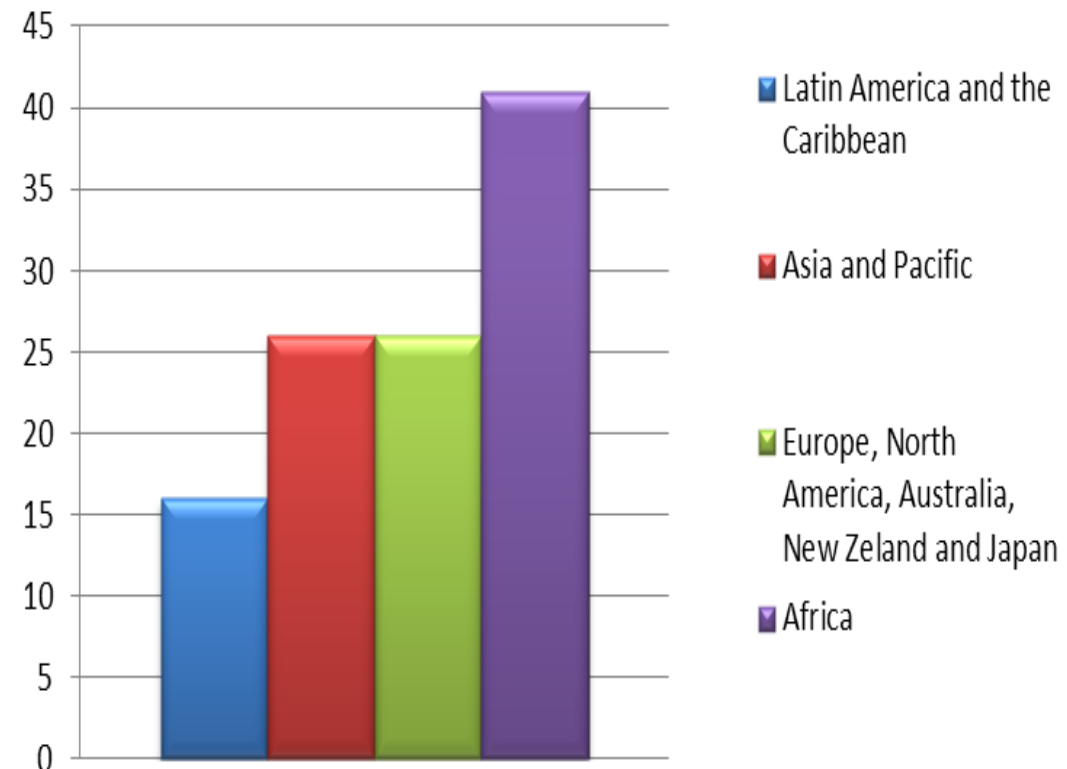
- **Aligned with spirit of IAEG formulation:** health insurance and public health systems are forms of financial protection
- **Define** as proportion of the population with large household expenditure on health as a share of total household expenditure or income (e.g. 25%)
- Focus on how much a household 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
- WHO/World Bank global database

At least 1 data point between 2000&2010



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

