

# UHC in the post-2015 Development Agenda: Global Vision, Trends and M&E framework

**Measuring and Achieving Universal Health Coverage with  
ICT in Asia Pacific**

Manila, 2-3 December 2014

David B Evans, Director  
Health Systems Governance and Financing  
World Health Organization, Geneva

# Outline

---

1. The Process of the post-2015 Agenda Development
2. Definition and Measurement of Progress towards UHC
3. Implications

# Open Working Group

## 17 SDGs proposed to UNGA (July 2014)

1. End poverty in all its forms...
2. End hunger.....
- 3. Ensure healthy lives and promote well-being at all ages**
4. Inclusive quality education...
5. Achieve gender equality and empowerment all women & girls
6. Ensure.....water and sanitation..
7. Ensure....sustainable energy
8. Promote sustained ..economic growth, ...decent work
9. Build resilient infrastructure...
10. Reduce inequality .....
11. Make cities .... safe... sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action ....climate change
14. Conserve & sustain use of oceans....
15. Protect, restore ...sustainable ecosystems... halt biodiversity loss
16. Promote peaceful & inclusive societies ....
17. Strengthen means of implementation / global partnership for sustainable development

# Final Open Working Group Goal 3: **Ensure healthy lives and promote well-being at all ages**

## MDG agenda acceleration

1. Reduce maternal mortality
2. End preventable deaths in newborns and under 5 children
3. End epidemics of AIDS, TB, malaria, NTD, hepatitis, water-borne diseases, other communicable diseases
7. Ensure universal access to sexual and reproductive health care services

## Address NCD agenda

4. Reduce premature mortality from NCD, promote mental health and wellbeing
5. Strengthen prevention & treatment of substance abuse (narcotics, alcohol)
6. Halve global deaths and injuries from road traffic accidents
9. Reduce deaths and illnesses from hazardous chemicals & air, water, soil pollution
10. Strengthen implementation of the Framework Convention on Tobacco Control

## Cross cutting / health system

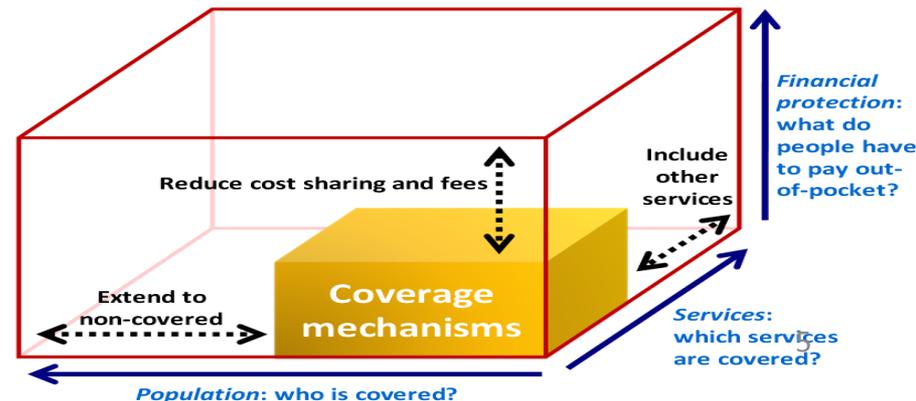
- 8. Achieve UHC, including financial risk protection, access to quality essential health care services, and access to quality and affordable essential medicines and vaccines**
11. Support research and development of vaccines and medicines for the communicable and NCD that primarily affect developing countries
12. Increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries
13. Strengthen the capacity of all countries for early warning, risk reduction, and management of national and global health risks

# Universal health coverage

## Definition and dimensions

- Definition: all people who need health services receive them, without undue financial hardship
- Monitoring along three dimensions of UHC:
  - the full spectrum of quality health services according to need
  - financial protection from direct payment for health services when consumed
  - coverage for the entire population

Towards universal coverage



# Measuring Progress to UHC: Joint WHO/WB Measurement Framework

- WHO / World Bank framework for monitoring UHC

[http://www.who.int/healthinfo/country\\_monitoring\\_evaluation/UHC\\_WBG\\_DiscussionPaper\\_Dec2013.pdf](http://www.who.int/healthinfo/country_monitoring_evaluation/UHC_WBG_DiscussionPaper_Dec2013.pdf)

- Suggested possible Goals and Targets, but also indicators that could measure progress towards UHC

# Common measures of coverage with financial protection

---

- Incidence of **catastrophic out-of-pocket spending**, i.e. spending exceeding a threshold of a household's ability-to-pay
- Incidence of '**impoverishment**' arising from out-of-pocket spending
- Household expenditure surveys allow calculation of all variations, and inequalities

# Examples of indicators of coverage with promotion, prevention, treatment

- **MDG:** antenatal care (1 and 4+ visits), skilled birth attendance, child immunization, family planning need satisfied, ART, TB treatment, ITN coverage for malaria (if relevant)
- **Chronic conditions & injuries:** non-use of tobacco, coverage of hypertension treatment, diabetes treatment, cervical cancer screening
- **Treatment indicators – difficult to determine population need:**
  - Acute illnesses in children (diarrhoea, pneumonia)
  - Common chronic conditions e.g. angina, depression, chronic respiratory diseases etc.
  - Surgical treatment: cardiac revascularization, hip replacement, knee replacement, cataract surgery etc.
  - Palliative care: e.g. opioid per estimated cancer patient

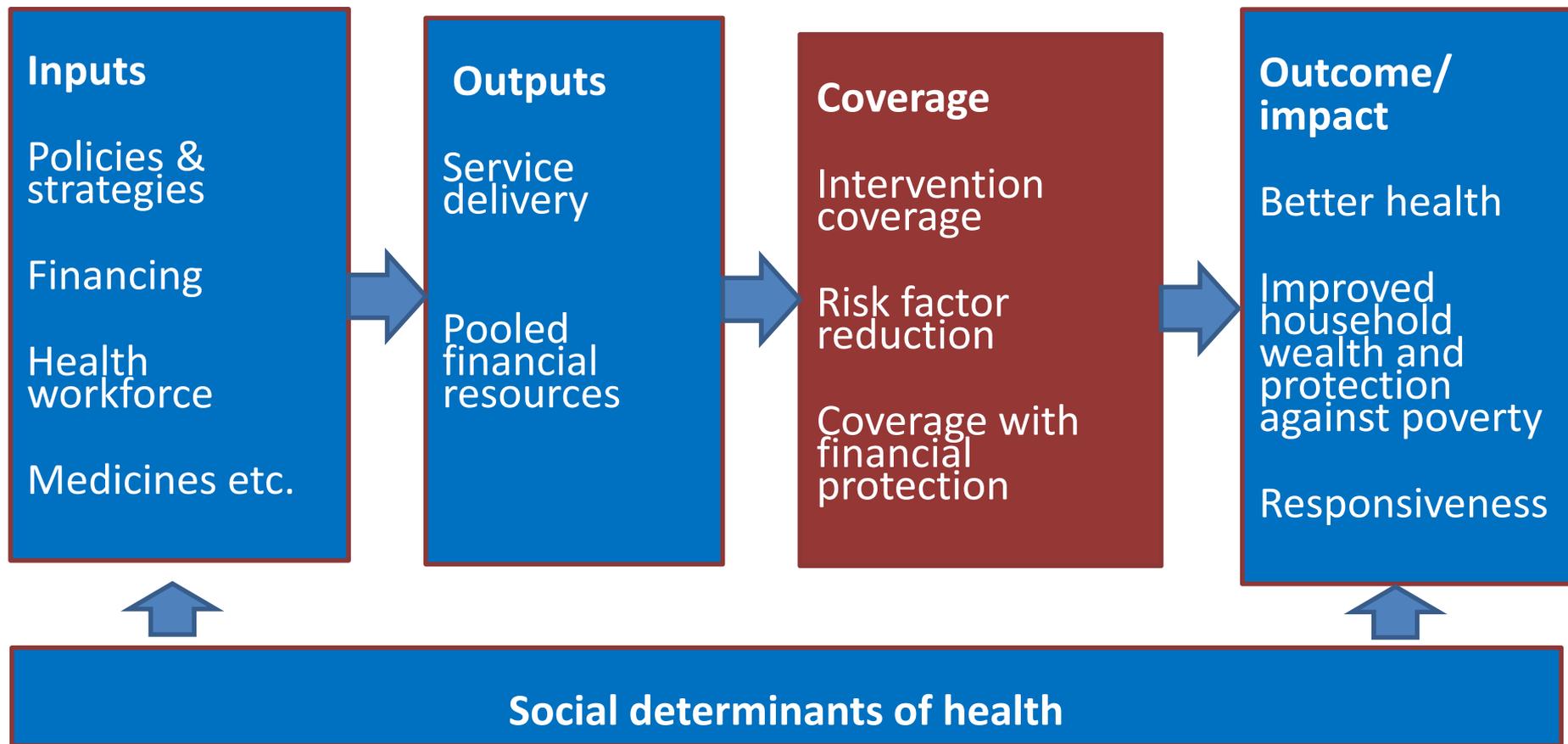
# Equity Measures

- UHC is fundamentally about equity – all people get what they need and all people obtain financial risk protection

WHO/WB – for global comparisons, all countries should disaggregate by gender, wealth and place of residence

Countries will choose additional equity markers

# Results framework for monitoring health sector progress and performance: **focus of UHC monitoring**



# Implications

1. Role of UHC not yet certain in post-2015, but countries will keep pushing to move closer and monitor progress
2. Good consensus on what is UHC, and on basis of a measurement strategy
3. Many countries have baselines for many indicators: coverage for MDGs, financial protection (currently being updated) – but gaps.
4. WHO is in the process of trying to establish a baseline for as many as possible – report in 2015.
5. But expanding to broader coverage and quality – complex – mix of Data sources, need to disaggregate