

Towards universal health coverage in countries of the WHO Eastern Mediterranean Region

Dr Gabriele Riedner (WHO)

ESCWA

Expert Working Group Meeting

**Inclusive Social Development in the Arab
Region”**

What is universal health coverage?

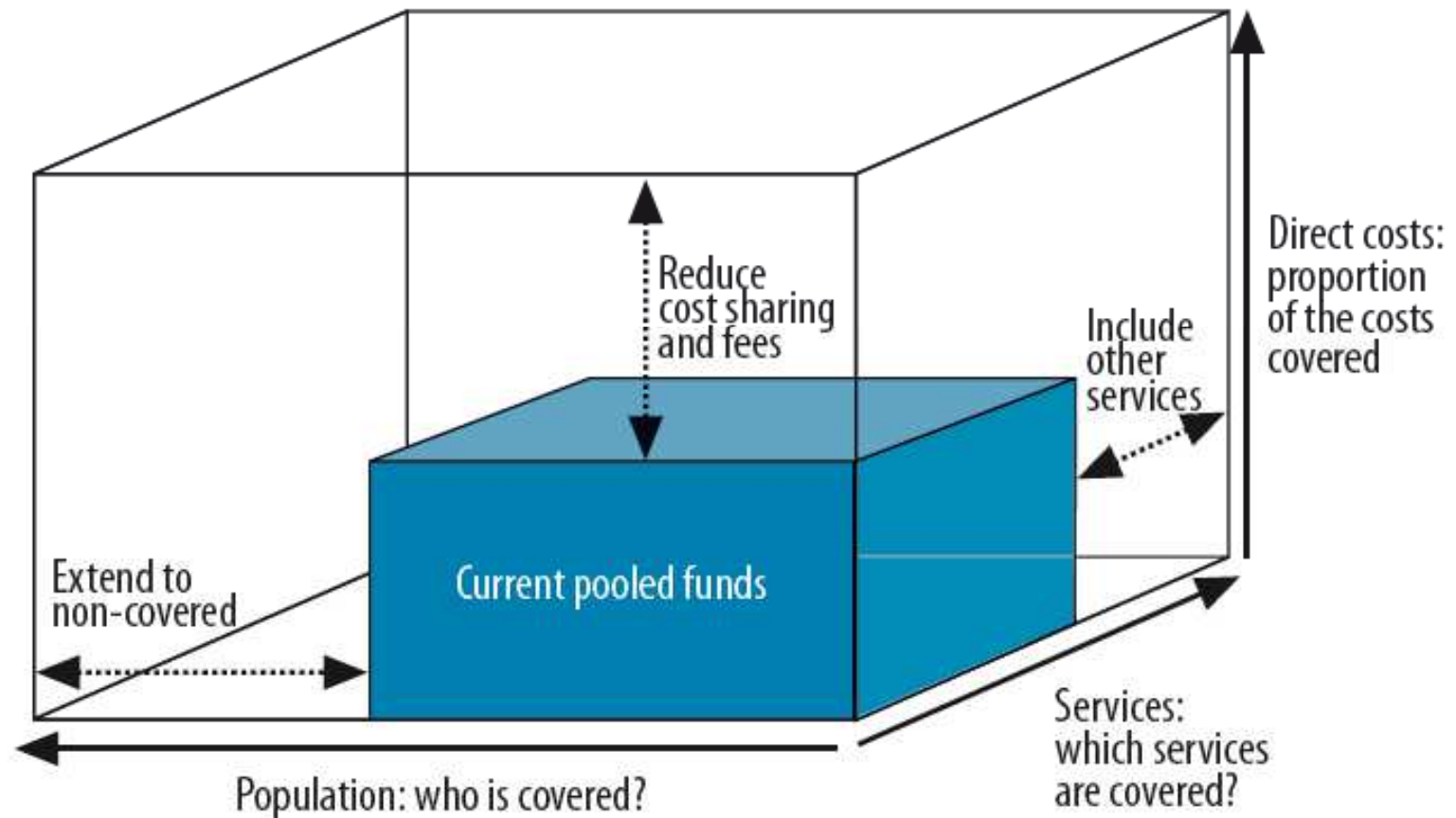
- Access to needed health services for all people (including: prevention, promotion, treatment and rehabilitation)
- Services of sufficient quality to be effective
- Use of services does not expose the user to financial hardship

The principle of equity and fairness is at the heart of the approach towards universal health coverage

The challenge

- *Universal health coverage calls for reforming the entire health system, as well as, addressing social and environmental determinants of health*

The three dimensions of universal health coverage



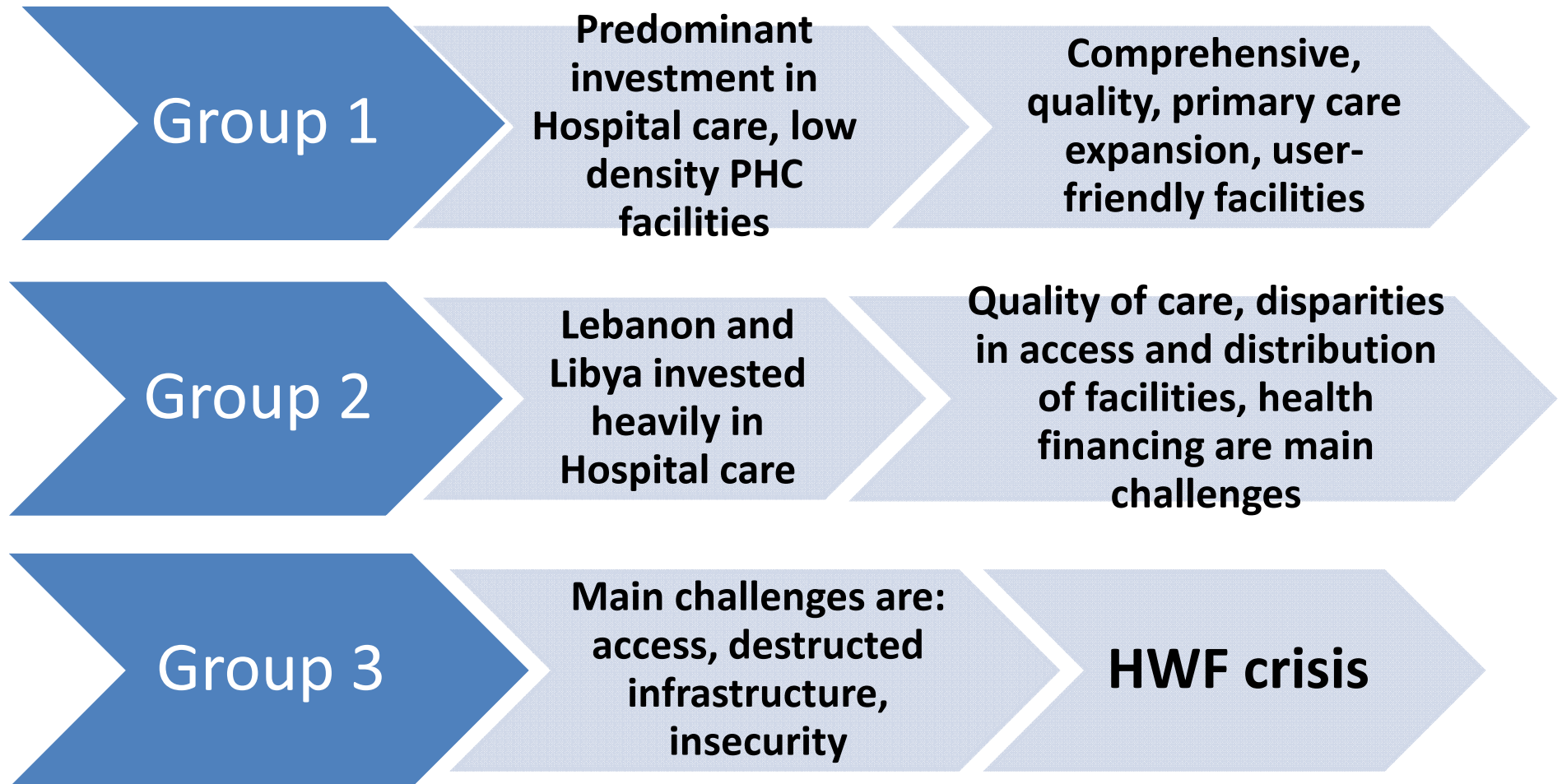
Where are we with Universal Health coverage in the Region

- Region represents 8.7 % of global population but accounts for 1.6% of global public spending on health
- Almost 40% out-of-pocket spending – reaching 80% in some low income countries
- Every year up to 16.5 million people face financial ruin and 7.5 million people become poor as a result of out-of-pocket spending for health

World Health Organization Eastern Mediterranean Region



Health infrastructure challenges, EMR countries



Population covered under prepayment arrangements

Country	Government revenue	SHI schemes	Private HI schemes	Other prepayment	Population covered
Group 1	All citizens are covered	Under consideration	Expatriate population but variable	–	100% for citizens
Group 2	All citizens eligible but mainly public sector employees actually covered	Formal sector employees, parastatal organizations, vulnerable population	Formal private sector employees but variable	–	40%-90% population [lacks depth of coverage]
Group 3	All citizens eligible but mainly public sector employees actually covered	No national programs but for certain geographic areas or labour sectors	Formal private sector employees but limited in scope	Limited community health insurance schemes	Around 25%

Towards Universal Health Coverage: What is needed?

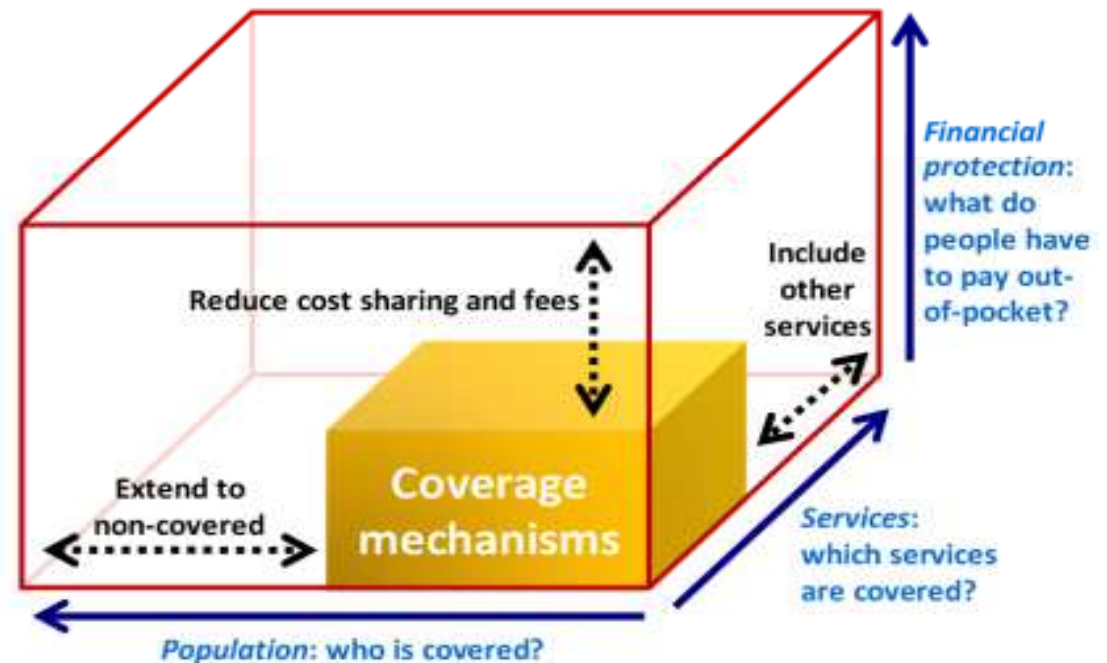
- Governance: vision, strategy, roadmap for UHC
- Health financing: Establish pre-payment arrangements; pooling
- Medicines/technologies: Access to good quality, affordable products
- Service provision:
 - Package of services delivered through family practice
 - Engagement of private sector + regulation
- Health workforce: plan, produce, manage competent health workforce
- Health information: generate evidence, guide policy formulation, monitor UHC

Universal health coverage dimension	Illustrative indicators for monitoring universal health coverage
Coverage of financial risk protection	Percentage of households that incur catastrophic health expenditure
	Percentage of households that become impoverished due to out-of-pocket health spending
	Share of out-of-pocket health spending as a percentage of total health expenditure
Coverage with needed health services	Percentage of population that is covered for essential health interventions:
	Communicable diseases
	– Measles vaccination coverage
	– DOTS coverage
	– Percentage of tuberculosis patients living with HIV on antiretroviral therapy
	Reproductive health
	– Antenatal coverage
	– Births by skilled birth attendants
	– Contraceptive prevalence rate
	Noncommunicable diseases and mental health
	Proportion of eligible women screened for breast cancer, as directed by national programmes or policies
	Proportion of eligible persons receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	Proportion of persons with a severe mental disorder who are using services
Population coverage (eligibility, entitlement and actual coverage)	Percentage of population that is eligible, entitled and actually covered under prepayment arrangements
	Tax-funded (general government revenue-based) arrangement
	Social insurance schemes
	Private insurance schemes
	Other prepayment schemes

WHO establishes partnerships
with wide range of stakeholders
in moving

Thank you

Towards universal coverage



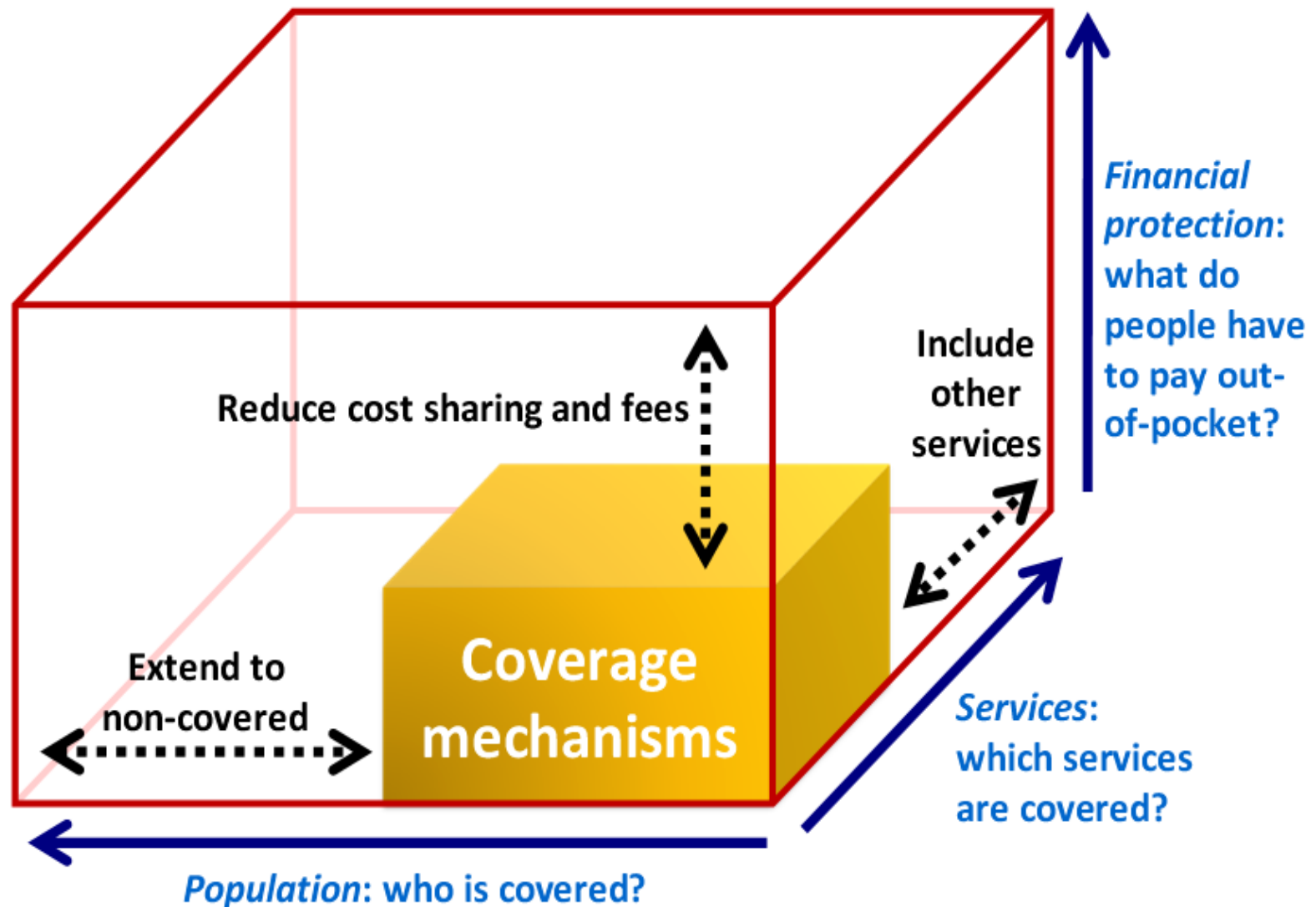
Seizing the opportunity for accelerating progress towards universal health coverage

- Global movement in support of universal health coverage – increased demand for technical support
- WHO and World Bank commitment to support countries in their quest for universal health coverage
- In December 2012, UNGA called upon Member States to value the contribution of universal health coverage to achieving all interrelated MDGs
- Universal health coverage increasingly considered as integral to the post-2015 sustainable development agenda
- Strategies and refined tools in support of universal health coverage are available

Concluding messages

- A comprehensive vision, evidence-based strategy and a well laid out roadmap are essential for making progress towards universal health coverage
- Countries that adopt a multisectoral approach are much more likely to make accelerated progress towards universal health coverage
- Financial risk protection, service and population coverage are closely intertwined
- Progress towards universal health coverage can only be achieved if it is well monitored and measured
- All countries can move forward towards universal health coverage by demonstrating sustained political commitment
- WHO and all development partners are equally committed in supporting countries in their quest for universal health coverage

Towards universal coverage



WHO approach to universal health coverage

- Universal health coverage is fully aligned with the values and principles of primary health care
- Universal health coverage is the basis of the 12th GPW 2014–2019
- WHO emphasizes the importance of fair financing as well as that of strengthening other elements of the health system
- WHO places emphasis on building partnerships for universal health coverage
- WHO is developing a framework to monitor progress towards universal health coverage

Monitoring progress towards universal health coverage

- Universal health coverage is unlikely to be achieved unless it is effectively monitored
- An illustrative approach is proposed
- Universal health coverage as both an overall goal and an **instrumental objective**

a. measuring coverage of financial risk protection

- Two indicators recommended and used by WHO and the World Bank:
 - Incidence of catastrophic health expenditure due to out-of-pocket health payments
 - Incidence of impoverishment due to out-of-pocket health payments

In addition: share of out-of-pocket spending as percentage of total health expenditure

b. measuring coverage with needed health services

- Coverage with priority services that address the major burden of ill-health in the population – individual and population-wide services
 - Set of measurable indicators not yet agreed
 - Some well-established indicators; e.g., health-related MDGs, GAP for prevention and control of NCDs
 - An illustrative framework applicable to EMR and elsewhere is suggested
 - Actual and proxy coverage indicators
 - Inequalities across the indicators

Universal health coverage dimension	Illustrative indicators for monitoring universal health coverage
Coverage of financial risk protection	Percentage of households that incur catastrophic health expenditure
	Percentage of households that become impoverished due to out-of-pocket health spending
	Share of out-of-pocket health spending as a percentage of total health expenditure
Coverage with needed health services	Percentage of population that is covered for essential health interventions:
	Communicable diseases
	– Measles vaccination coverage
	– DOTS coverage
	– Percentage of tuberculosis patients living with HIV on antiretroviral therapy
	Reproductive health
	– Antenatal coverage
	– Births by skilled birth attendants
	– Contraceptive prevalence rate
	Noncommunicable diseases and mental health
	Proportion of eligible women screened for breast cancer, as directed by national programmes or policies
	Proportion of eligible persons receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
	Proportion of persons with a severe mental disorder who are using services
Population coverage (eligibility, entitlement and actual coverage)	Percentage of population that is eligible, entitled and actually covered under prepayment arrangements
	Tax-funded (general government revenue-based) arrangement
	Social insurance schemes
	Private insurance schemes
	Other prepayment schemes

c. measuring coverage of population under prepayment arrangements

- Eligibility, entitlement and actual coverage
- Extending population coverage critical for countries to monitor
 - package of services vary across prepayment arrangements
 - same household/individual covered under more than one prepayment arrangement
 - information may not be readily available
- Countries progressed towards universal health coverage demonstrate that all population groups are not just eligible and entitled but are also actually covered

Where countries of the Region stand in their progress towards universal health coverage

- Analysis based on the three dimensions of universal health coverage
- Three groups of countries based on: population health outcomes, health system performance and the level of health expenditure
- Best available evidence recognizing existing gaps in information
- Close interrelation between financial risk protection, service and population coverage

Coverage with financial risk protection

- EMR spent US\$ 125 billion on health in 2011 – 1.8% of total world health spending for around 8.7% of the world population
- Almost 40% spent out-of-pocket (variations between and within countries)
 - In the region, share of out-of-pocket was stable over the past decade
 - Group 1 – reduced from 21% to 17%
 - Group 2 – stable around 50%
 - Group 3 – increased from 59% to 69%
- In EMR, up to 16.5 million individuals face financial catastrophe and up to 7.5 million are pushed into poverty due to out-of-pocket payments annually

Service coverage

- Two aspects of service provision are considered:
 - existence of health infrastructure and workforce
 - coverage with essential primary care services and the associated benefit package

Health infrastructure and workforce per 10 000 Population in three groups of the EMR countries

Country groups	PHC facilities	Hospital beds	Physicians	Nurses
Group 1	0.2–2.6	11–21.0	14.7–34.9	22.6–61.9
Group 2	0.6–2.9	5.2–37.0	3.1–25.5	9.0–43.7
Group 3	0.5–1.7	4.4–14.2	0.3–8.0	0.8–6.5

Source: *Demographic, social and health indicators for the countries of the Eastern Mediterranean, 2012, WHO*

Health infrastructure challenges, EMR countries

Group 1

**More investment
on Hospital care,
low density PHC
facilities**

**Comprehensive,
quality and extended
hours functioning
facilities**

Group 2

**Lebanon and
Libya invested
heavily in
Hospital care**

**Quality of care, disparities
in access and distribution
of facilities, health
financing are main
challenges**

Group 3

**Main challenges are:
access, destructed
infrastructure,
insecurity**

HWF crisis

Coverage with essential primary health care services

Country groups	Measles coverage	DOTS	% of HIV + TB Pts. on ART	ANC	Births by SBA	CPR
Group 1	98–100	100	88–100	98–100	98–100	24–37
Group 2	91–99	100	36– 100	66–100	74–100	38–60
Group 3	64–88	47–100	29– 85	17–79	19–87	4–38

Service coverage by benefit package of health services

Country groups	Access	Essential elements of package	Main providers	Who pays
Group 1	98-100%	Comprehensive package including dental health, emergencies and mental health	MoH and other Ministries, armed force, private sector	Central Government
Group 2	83 – 100%	EPHS varies from country to country	MoH, other ministries, Social affairs, private sectors	Government revenues , social health insurance organizations
Group 3	44 – 97%	Basic package/ not accessible to all/ fragmented	MoH, NGOs, CHWs, Private sectors, NGOs	External donors, Government/ NGOs

Population coverage

- Universal health coverage calls for ensuring that “**all people**” are covered by the two dimensions of financial risk protection and services
- Population groups that are covered could consist of:
 - employees in the formal public and/or private sector
 - those in the informal sector in rural and/or urban settings;
 - vulnerable groups; e.g., the poor, displaced, etc.
 - children or elderly groups;
 - those suffering from certain health conditions;
 - including or excluding families
- Not necessarily mutually exclusive – fragmentation and duplication compromising efficiency and equity.

Summary of population covered under prepayment arrangements

Country	Government revenue	SHI schemes	Private HI schemes	Other prepayment	Population covered
Group 1	All citizens are covered	Under consideration	Expatriate population but variable	–	100% for citizens
Group 2	All citizens eligible but mainly public sector employees actually covered	Formal sector employees, parastatal organizations, vulnerable population	Formal private sector employees but variable	–	40%-90% population [lacks depth of coverage]
Group 3	All citizens eligible but mainly public sector employees actually covered	No national programs but for certain geographic areas or labour sectors	Formal private sector employees but limited in scope	Limited community health insurance schemes	Around 25%

Seizing the opportunity for accelerating progress towards universal health coverage

- Global movement in support of universal health coverage – increased demand for technical support
- WHO and World Bank commitment to support countries in their quest for universal health coverage
- In December 2012, UNGA called upon Member States to value the contribution of universal health coverage to achieving all interrelated MDGs
- Universal health coverage increasingly considered as integral to the post-2015 sustainable development agenda
- Strategies and refined tools in support of universal health coverage are available

Challenges to the move towards universal health coverage

- Need for high-level political will and commitment to move towards universal health coverage – once secured, policy-makers need to evolve a comprehensive vision, evidence-based strategy and a well-laid out roadmap
- Several group 2 and 3 countries suffer from limited fiscal space, compounded with low priority given to health in government budgets
- High share of out-of-pocket payments in several group 2 and 3 countries
- Wastage of resources – estimated globally between 20% and 40%
- Inadequate provision of needed health services – poor infrastructure, lack of well-trained workforce, low quality, unavailability of a defined package of services, rivalry between private and public health sector and poor regulation
- Large segments of population groups not covered by prepayment arrangements
- Health information systems not prepared to monitor progress towards universal health coverage

Strategy and roadmap to accelerate progress towards universal health coverage

- The principle of equity and fairness is at the heart of the approach towards universal health coverage
- The strategy and associated roadmap highlight the actions to be taken by countries, and the support to be provided by WHO and development partners
- Countries need to translate these strategies into national roadmaps towards universal health coverage aligned to their own priorities and current level of progress

a) Develop a vision and strategy for advancing progress towards universal health coverage

- *What Member States need to do*
 - Review the current status of coverage
 - Establish/strengthen mechanisms of social health protection
 - Expand/strengthen service provision based on the principles of family practice
 - Consider moving from passive purchasing arrangements to innovative strategic purchasing
 - Track and monitor progress
- *How WHO and partners can provide support*
 - Support feasibility and actuarial studies
 - Facilitate national policy dialogue to develop evidence-based strategies
 - Provide advice on overcoming the bottlenecks in health financing institutional set-up and organizational practice
 - Support countries to establish effective family practice programmes
 - Develop policy briefs and evidence-based publications and share them with policy-makers

b) Establish a multisectoral national taskforce to steer the universal health coverage agenda

- *What Member States need to do*
 - Establish a high-level multisectoral national task force or steering committee to evolve the vision, strategy and roadmap for progressing towards universal health coverage
 - Ensure that the high-level multisectoral task force is, preferably, led by the Ministry of Health and has representatives from other related ministries and interest groups
 - Adapt the standard terms of reference of the task force and hold regular meetings to develop consensus on vision, strategy and roadmap
 - Develop a medium-term strategy and roadmap that is aligned with the national health plan for progressing towards universal health coverage
- *How WHO and partners can provide support*
 - Provide evidence on the role multisectoral committees in promoting universal health coverage
 - Develop standard terms of reference for such a committee
 - Assist in preparing a situation analysis on the status of universal health coverage in all Member States
 - Provide technical support in developing the vision, strategy and roadmap in the form of a master plan
 - Support national meetings at different stages to acquire consensus among relevant stakeholders
 - Support countries to implement the recommendations of the 59th session of the Regional Committee paper on global experiences of the role of multi-sectoral committees in steering the universal health coverage process

c) Advocate for commitment and update legislation for universal health coverage

- *What Member States need to do*
 - Reflect government commitment towards universal health coverage in the national health policy/sector strategy and constitution
 - Review current legislation to establish necessary mechanisms, such as SHI and other prepayment arrangements that support expansion of universal health coverage
- *How WHO and partners can support*
 - Present and widely disseminate WHO's global universal health coverage strategy and approach in high level forums
 - Provide technical support for developing legislation for universal health coverage

d) Strengthen the unit in the Ministry of Health responsible for coordinating universal health coverage

- *What Member States need to do*
 - Assign and strengthen the health policy, planning or economics unit in the Ministry of Health
 - Equip the unit with the technical and financial resources to function as the secretariat, prepare a draft strategy and plan, and monitor progress towards universal health coverage
- *How WHO and partners can support*
 - Review the capacity of the technical unit identified by the Ministry of Health and support capacity development efforts
 - Organize specialized workshops and study tours to countries with successful universal health coverage experiences
 - Support national level activities to develop capacity of health professionals, civil servants, civil society representatives and academic institutions in advocacy and technical tools for universal health coverage
 - Provide technical support in costing national master plans and in undertaking resource and gap analyses

e) Generate local evidence and share international experiences in universal health coverage

- *What Member States need to do*
 - Set aside or mobilize resources to undertake studies such as: NHA; household income, expenditure and utilization surveys; OASIS; workforce projection studies and health system performance reviews
- *How WHO and partners can support*
 - Provide technical support and capacity development for analytical work
 - Organize regional and national conferences and support study tours to share evidence and lessons learned

f) Monitor progress towards universal health coverage

- *What Member States need to do*
 - Based on the global/regional framework, prepare a national framework that covers the three dimensions of universal health coverage: direct costs, services and population.
 - Assign health information units in the Ministry of Health to: monitor progress towards universal health coverage based on the agreed framework; identify indicators, sources of information and institutions; and work in close collaboration with the focal unit to coordinate related work to universal health coverage.
 - Prepare annual/biennial reports that provide an objective assessment of the progress made and constraints faced, and propose strategies for future action.
- *How WHO and partners can support*
 - Develop a framework that allows monitoring of universal health coverage at the national, and in some cases sub-national, level with a focus on monitoring of health equity.
 - Propose a minimum set of indicators based on the agreed framework that would be feasible and relevant for monitoring progress towards universal health coverage.
 - Develop and/or adapt tools and instruments for collecting information from health information systems or through additional means and build national capacity in the use of these tools.
 - Provide a template for reporting progress towards universal health coverage.

g) Establish a regional taskforce of development partners with Member States

- *What Member States need to do*
 - Actively participate in the meetings and activities of the regional taskforce on universal health coverage.
 - Share experiences and demonstrate solidarity by providing technical and financial support to universal health coverage in the Region.
- *How WHO and partners can support*
 - Develop the terms of reference of the taskforce and organize meetings
 - Mobilize resources to provide sustained technical support to countries in their efforts to progress towards universal health coverage
 - Support countries facing resource challenges by advocating with funding agencies the need for additional resources

Concluding messages

- A comprehensive vision, evidence-based strategy and a well laid out roadmap are essential for making progress towards universal health coverage
- Countries that adopt a multisectoral approach are much more likely to make accelerated progress towards universal health coverage
- Financial risk protection, service and population coverage are closely intertwined
- Progress towards universal health coverage can only be achieved if it is well monitored and measured
- All countries can move forward towards universal health coverage by demonstrating sustained political commitment
- WHO and all development partners are equally committed in supporting countries in their quest for universal health coverage