



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



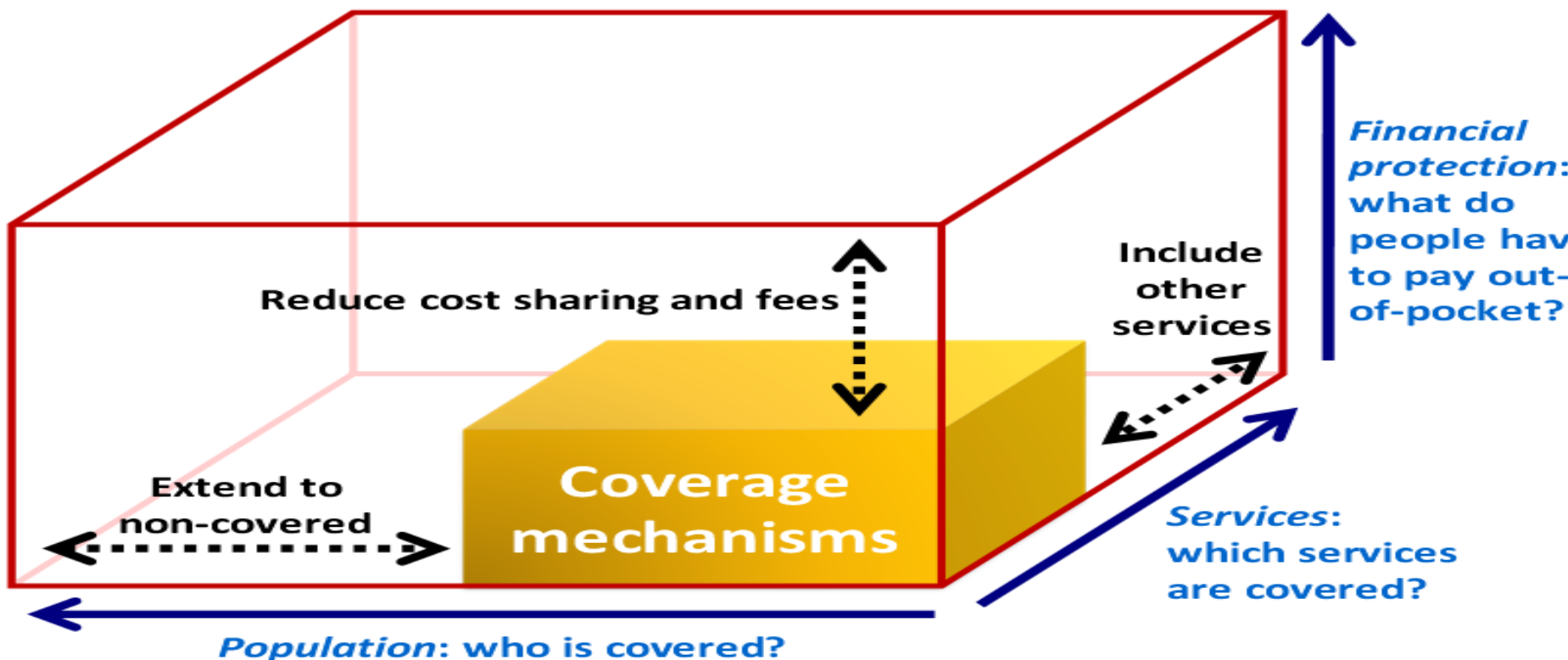
Coverage and access

- **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



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

- Inputs**
- Health financing
- Health workforce
- Medicines & other health technologies
- Infrastructure
- Health information & Research
- Governance



- Outputs**
- Service access and readiness
- Service quality and safety
- Service integration
- Service utilization
- Pooled financial resources
- Emergency readiness



- Outcomes**
- Coverage of interventions
- Coverage of financial risk protection mechanisms
- Mitigation of risk factors



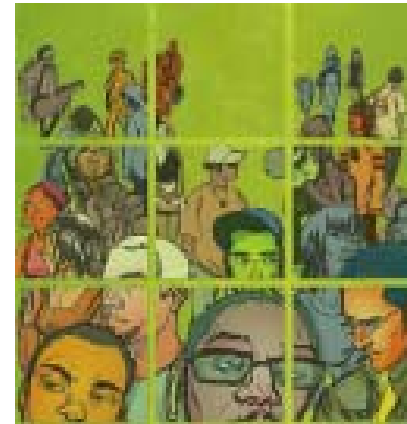
- Impact**
- Improved health status
- Improved household financial wellbeing
- Increased responsiveness
- Better health security

– Level and distribution (equity)



– Social determinants of health





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

Intervention area	Examples of tracer indicators
Child vaccination	DPT3/pentavalent, measles; fully vaccinated children
Maternal care	Antenatal care (4+visits); skilled birth attendance
Family planning	Met need for FP
Treatment of sick children	Suspected pneumonia taken to health facility
Malaria	ITN ownership /sleeping under ITN
TB	TB cure rate among all cases
HIV / AIDS	ART among adults and children
NCD	HPV vaccination; cervical cancer screening; Non-use of tobacco; Hypertension treatment; Depression treatment; vision correction
Injuries	Injury treatment

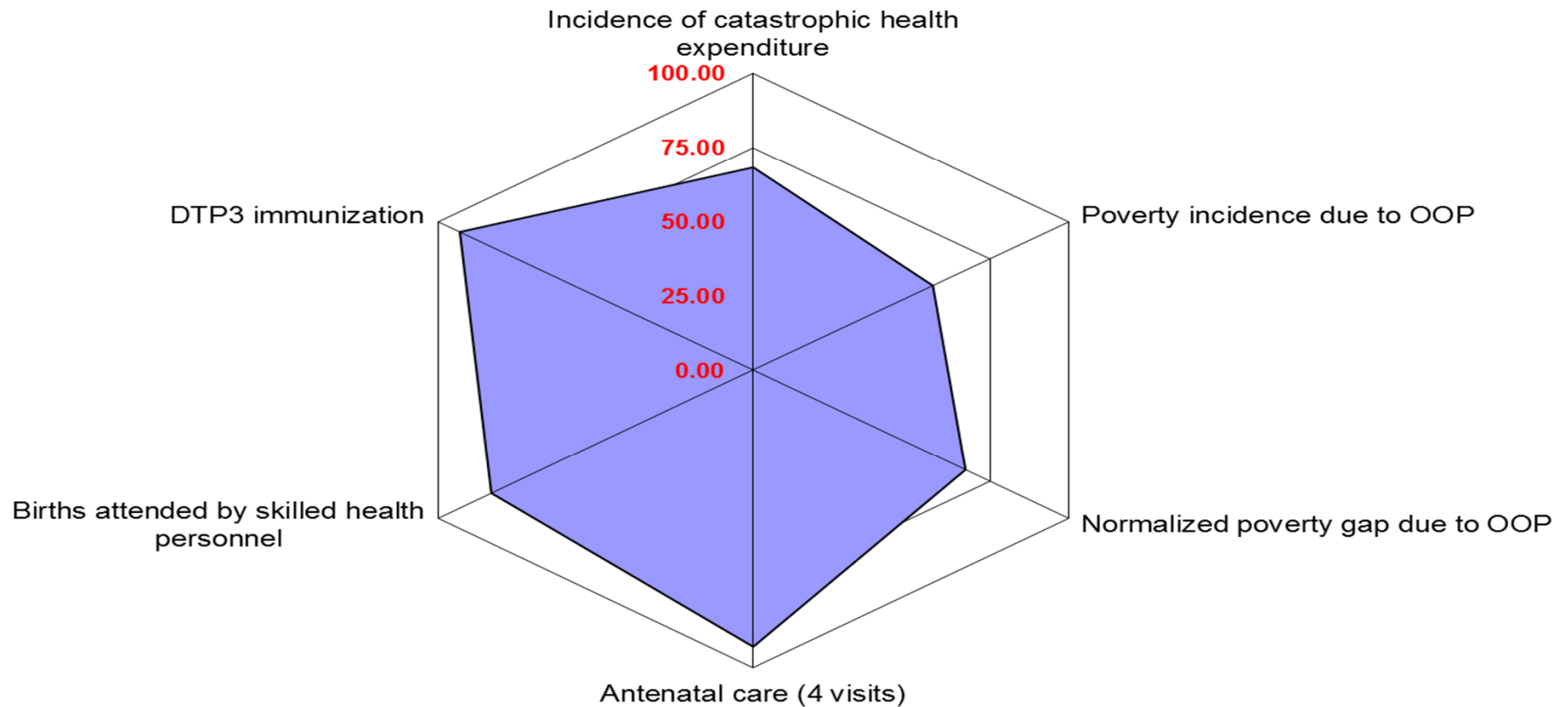
Axis 2: Financial risk protection indicators

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

Country



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 measurable – i.e. **progress towards UHC is measurable**
 - 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 measurable
- 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

