

Global Health Delivery & UHC: a quick overview

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GLOBAL
HEALTH
PROGRAMS

Approaches to healthcare delivery

- Health as a human right (rights model)
- Development will result in health improvement (development model)
- Investing in health will improve the economy & bring societal benefits (investment model)

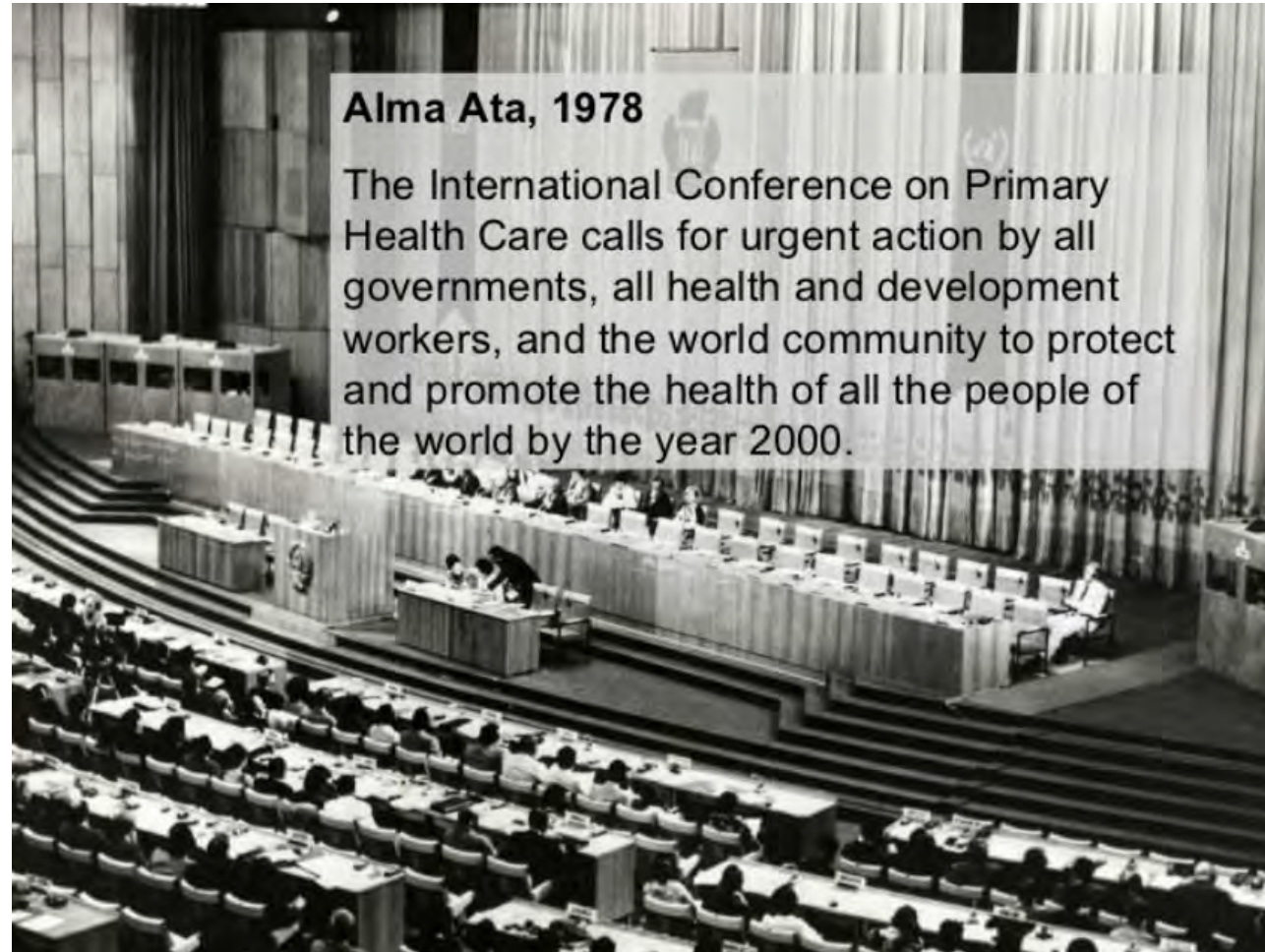
Health as a Human Right



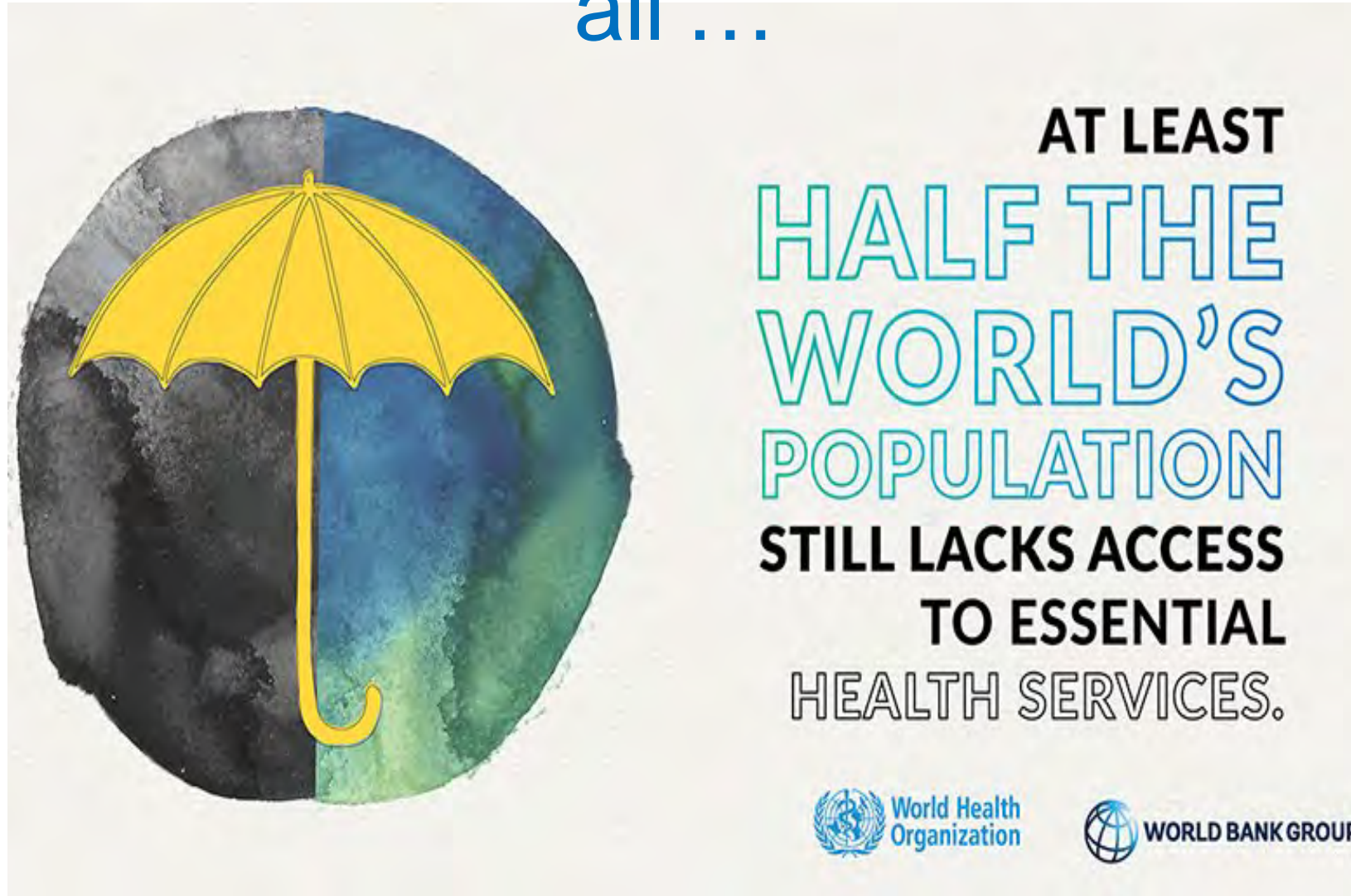
- The “**enjoyment of the highest attainable standard of health**” has been recognised as a “**fundamental right**” since the adoption of the World Health Organisation (WHO) Constitution in 1946 and since then it has been recognised by various international human rights treaties.



40 years ago, countries pledged ‘Health for All’



40 years after promising 'health for all'...



40 years since Alma Ata: It's back to the future for Health for All

20 February 2018

Quite a lot has changed in the last 40 years, right? And yet, four decades since the 1978 signing of the international Alma Ata declaration in Almaty, Kazakhstan, meeting the essential health needs of people through primary health care has once again been highlighted as the key to the attainment of Health for All by a 'new' global movement.



From Alma-Ata towards universal health coverage and the Sustainable Development Goals

UHC is a new take on ‘Health for All’



SDG 3—“Ensure healthy lives and promote well-being for all at all ages”—is a broad health goal, and calls for achieving universal health coverage (UHC), which is defined as access for all people and communities to services that they need without financial hardship.

Many countries are still far from UHC as measured by an index of access to 16 essential services.



WHAT DO YOU NEED TO GET, BE AND STAY
HEALTHY?

CAN YOU GET HELP FROM A WELL-TRAINED HEALTH WORKER?

CAN YOU GET TREATMENT THAT HELPS YOU GET BETTER, AND IS SAFE?

CAN YOU GET THE MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED?

WHO WILL PAY FOR IT?

ARE THERE POLICIES IN PLACE TO MAKE QUALITY SERVICES AVAILABLE TO EVERYONE, EVERY TIME?

DOES YOUR GOVERNMENT HAVE THE INFORMATION IT NEEDS TO MAKE THE RIGHT DECISIONS ABOUT THE WHOLE SYSTEM?

THE WORLD HEALTH ORGANIZATION IS WORKING AROUND THE WORLD SO THAT ALL PEOPLE AND COMMUNITIES RECEIVE THE QUALITY SERVICES THEY NEED, AND ARE PROTECTED FROM HEALTH THREATS, WITHOUT SUFFERING FINANCIAL HARDSHIP.

THAT'S WHAT WE CALL
UNIVERSAL HEALTH COVERAGE

WWW.WHO.INT/UHC

The United Nations Sustainable Development Goals that all UN Member States have agreed to try to achieve Universal Health Coverage by 2030.

This includes financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

UHC coverage index

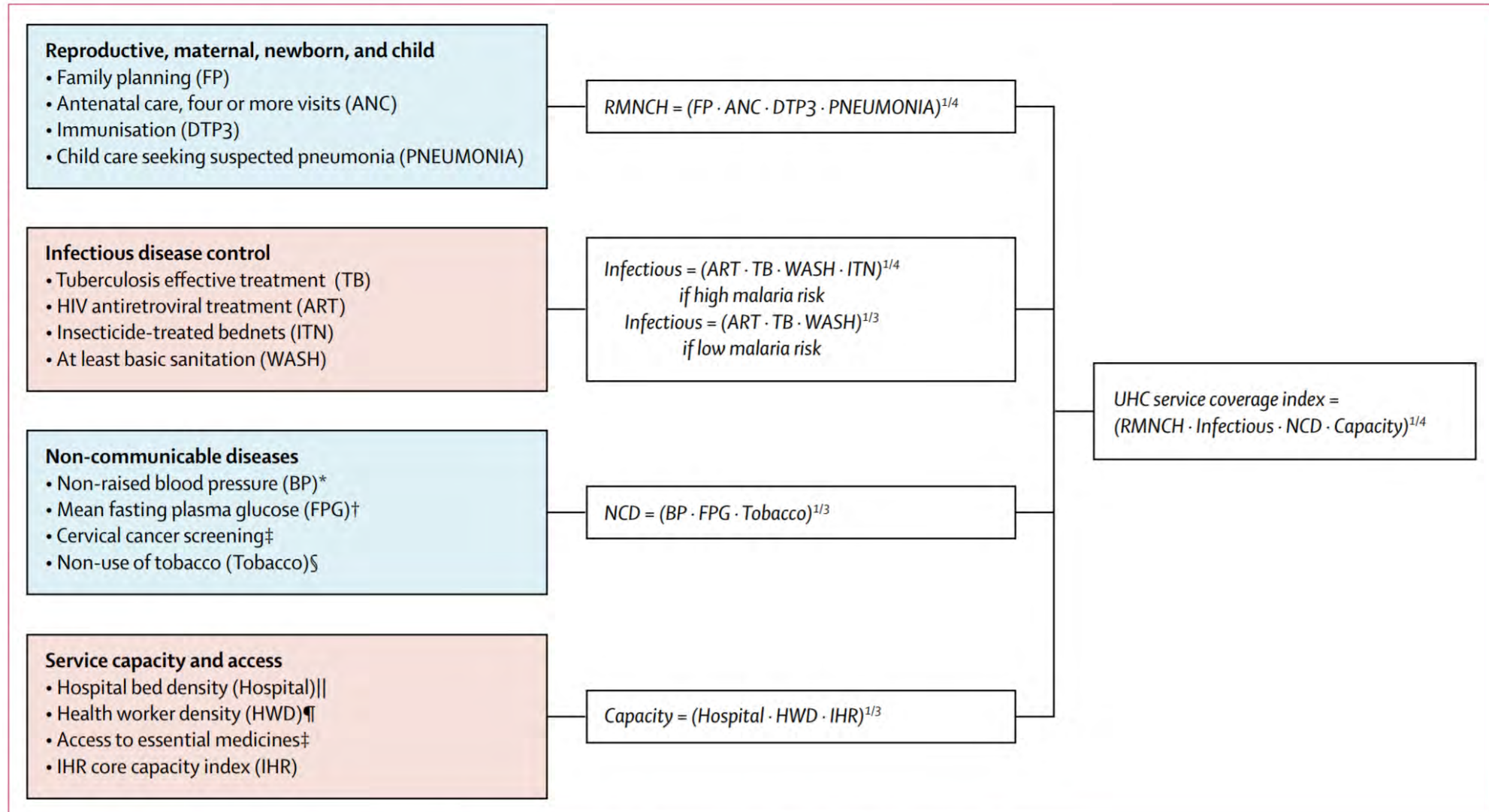


Figure 1: Calculation of universal health coverage service coverage index on the basis of national levels of coverage

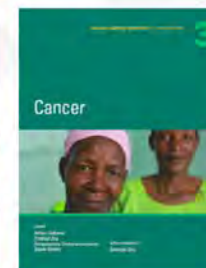
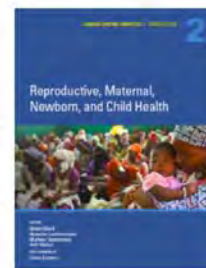
Essential interventions for UHC

Number	Intervention name	DCP3 package	HPP
C2	Counselling of mothers on providing thermal care for preterm newborns (delayed bath and skin-to-skin contact)	Maternal and newborn health	✓
C3	Management of labour and delivery in low-risk women by skilled attendants, including basic neonatal resuscitation following delivery	Maternal and newborn health	✓
C8	Detection and management of severe acute malnutrition and referral in the presence of complications	Child health	✓
C9	Detection and treatment of childhood infections (iCCM), including referral if danger signs	Child health	✓
C33	For malaria due to <i>Plasmodium vivax</i> , test for G6PD deficiency; if normal, add chloroquine or chloroquine plus 14-day course of primaquine	Adult febrile illness	
C35	In all malaria-endemic countries, diagnosis with rapid test or microscopy (including speciation) followed by treatment with ACTs (or current first-line combination)	Adult febrile illness	
C36	In high malaria transmission settings where rapid tests and microscopy are unavailable, presumptive treatment of febrile illness with ACTs (non-severe cases) or ACTs plus antibiotics (severe cases)	Adult febrile illness	
C38	In low malaria transmission settings, addition of single low-dose primaquine to first-line treatment	Adult febrile illness	
C43	Early detection and treatment of Chagas disease, human African trypanosomiasis, leprosy, and leishmaniasis Identify and refer patients with high risk, including pregnant women, young children, and those with underlying medical conditions	Neglected tropical diseases Pandemics	

DCP3= third edition of the *Disease Control Priorities*. C=community platform; HPP=highest priority package. iCCM=integrated community case management. ACTs=artemisinin-based combination therapy.

Table: Urgent interventions for essential universal health care

DCP3 Disease Control Priorities
economic evaluation for health



Featured Chapter: Universal Health Coverage and Essential Packages of Care



From Volume 9: *Disease Control Priorities*

Abstract:

A concrete set of priorities for universal health coverage (UHC) is proposed in this chapter, grounded in economic reality and intended to prove appropriate to the health needs and constraints of low- and middle-income countries (LMICs), by (1) developing a model benefits package referred to as essential UHC (EUHC); (2) identifying a subset of interventions termed the highest-priority package (HPP); and (3) presenting a case all countries—including low-income countries—could strive to fully implement the HPP interventions by the end of the Sustainable Development Goal...

[View Chapter](#)

Recent News

[Latest Video Collaboration on Child and Adolescent Health is Out!](#)

[Global Partnership for Education Webinar on Optimizing Education Outcomes](#)

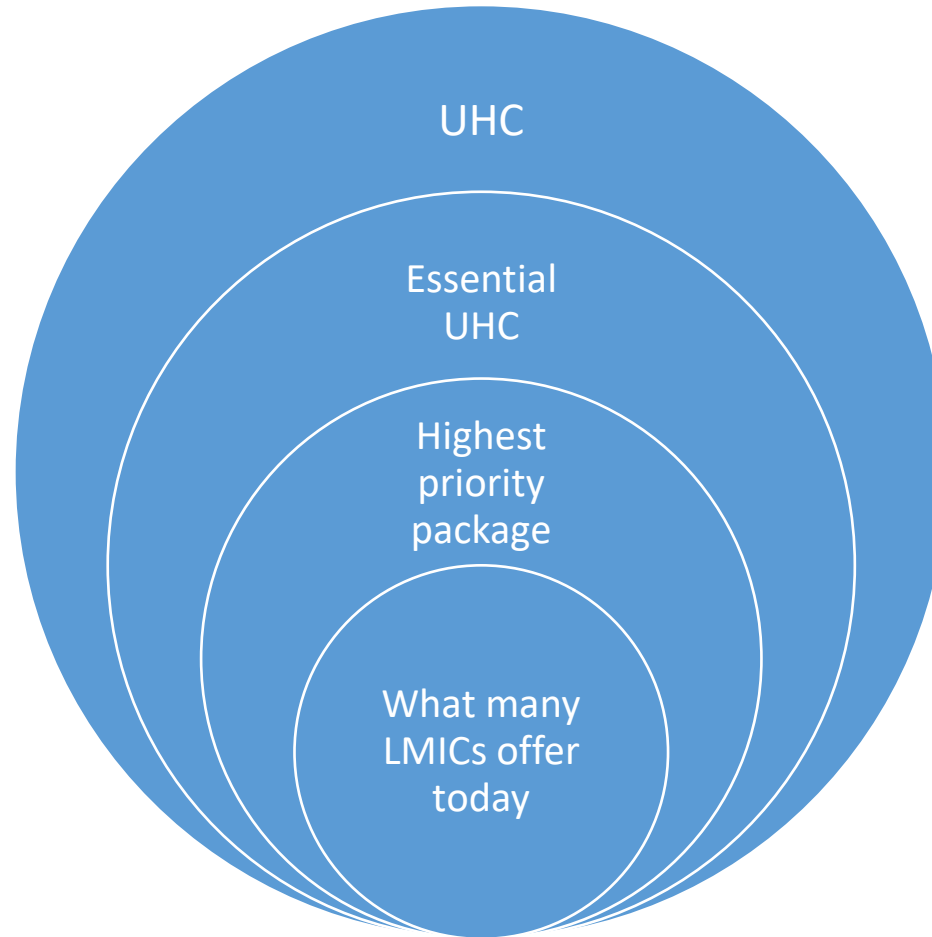
[DCP3 Volume 8 Education Edition Launched at Annual Comparative & International Education Society Conference](#)

[See all news](#)

How well are countries doing on UHC?

- At least half of the world's population still do not have full coverage of essential health services.
- About 100 million people are still being pushed into “extreme poverty” (living on 1.90 USD (1) or less a day) because they have to pay for health care.
- Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care.

How far are LMICs from UHC?



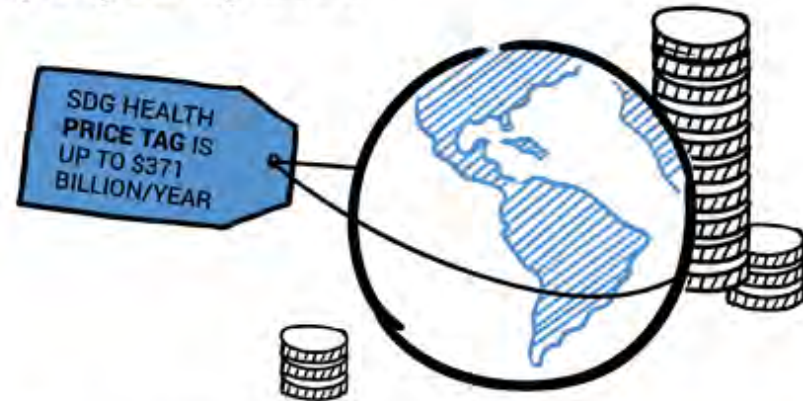
What will it cost?

What will a healthier world cost?

Increasing investments over 15 years up to

\$371 billion

each year or \$58 per person
per year by 2030



SDG HEALTH PRICE TAG
www.who.int



Countries are facing a
financing gap of up to

\$54 billion a year

to achieve the SDG
health targets



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UHC is a political issue

- “For me, universal coverage is an ethical issue. Do we want our fellow citizens to die because they are poor? Or millions of families to fall into poverty because they lack financial risk protection?”
- As you know, today more than 400 million people lack access to essential health services and 40% of the world’s population lack social protection.
- These people are being denied a fundamental a human right.
- That’s why it’s so important that universal health coverage is included in the Sustainable Development Agenda. Indeed, it is the centrepiece of the Sustainable Development Goal health targets.
- If countries choose to invest in making progress towards universal health coverage, they lay the foundation for making progress towards all the other health targets and other goals - like ending poverty, improving gender equality, decent work and economic growth, and more.

<http://www.who.int/dg/speeches/2017/universal-health-coverage/en/>



Within reach

The case for universal health care is a powerful one—including in poor countries



BY MANY measures the world has never been in better health. Since 2000 the number of children who die before they are five has fallen by almost half, to 5.6m. Life expectancy has reached 71, a gain of five years. More children than ever are vac-

cinated. Malaria, TB and HIV/AIDS are in retreat.

Yet the gap between this progress and the still greater potential that medicine offers has perhaps never been wider. At least half the world is without access to what the World Health Organisation deems essential, including antenatal care, insecticide-treated bednets, screening for cervical cancer and vaccinations against diphtheria, tetanus and whooping cough. Safe, basic surgery is out of reach for 5bn people.

Those who can get to see a doctor often pay a crippling price. More than 800m people spend over 10% of their annual household income on medical expenses; nearly 180m spend over 25%. The quality of what they get in return is often woeful. In studies of consultations in rural Indian and Chinese clinics, just 12-26% of patients received a correct diagnosis.

That is a terrible waste. As this week's special report shows, the goal of universal basic health care is sensible, affordable and practical, even in poor countries. Without it, the potential of modern medicine will be squandered.

through out-of-pocket payments. More services could be provided if that money—and the risk of falling ill—were pooled.

The evidence for the feasibility of universal health care goes beyond theories jotted on the back of prescription pads. It is supported by several pioneering examples. Chile and Costa Rica spend about an eighth of what America does per person on health and have similar life expectancies. Thailand spends \$220 per person a year on health, and yet has outcomes nearly as good as in the OECD. Its rate of deaths related to pregnancy, for example, is just over half that of African-American mothers. Rwanda has introduced ultrabasic health insurance for more than 90% of its people; infant mortality has fallen from 120 per 1,000 live births in 2000 to under 30 last year.

And universal health care is practical. It is a way to prevent free-riders from passing on the costs of not being covered to others, for example by clogging up emergency rooms or by spreading contagious diseases. It does not have to mean big government. Private insurers and providers can still play an important role.

Indeed such a practical approach is just what the low-cost revolution needs. Take, for instance, the design of health-insurance schemes. Many countries start by making a small group of people eligible for a large number of benefits, in the expectation that other groups will be added later. (Civil servants are, mysteriously, common beneficiaries.) This is not only unfair and inefficient, but also risks creating a constituency opposed

India as a case study

State of India's health

India: Health of the Nation's States

The India State-Level Disease Burden Initiative

INDIAN COUNCIL OF MEDICAL RESEARCH
PUBLIC HEALTH FOUNDATION OF INDIA
INSTITUTE FOR HEALTH METRICS AND EVALUATION



Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study

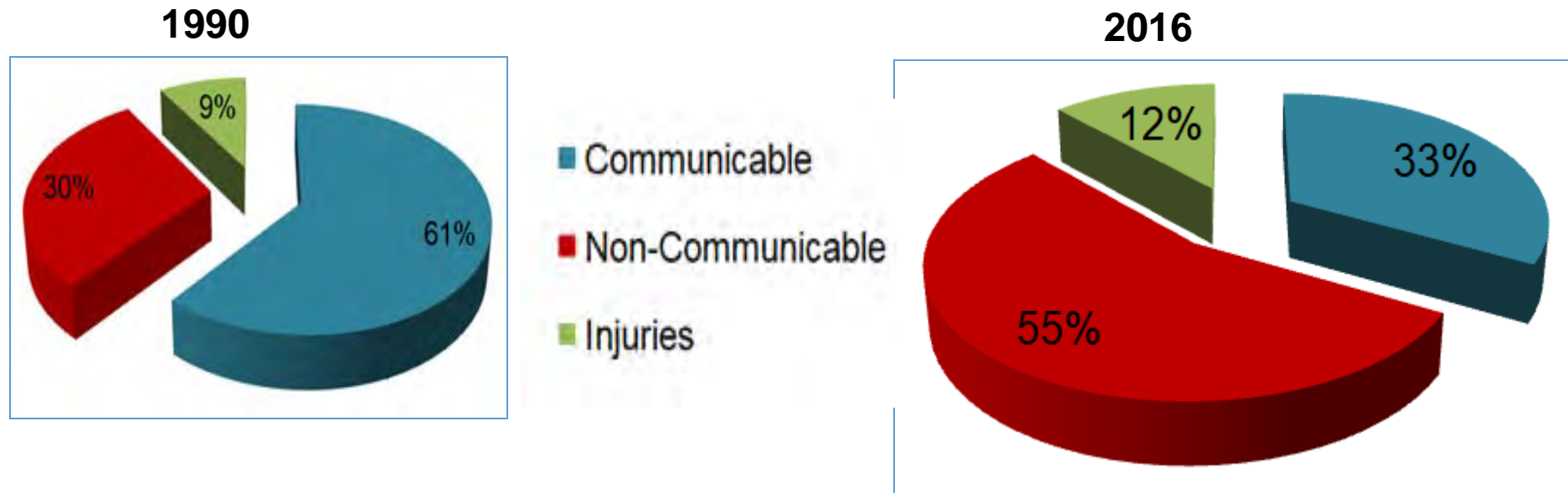
India State-Level Disease Burden Initiative Collaborators⁺



Key findings

- Life expectancy is increasing but 6 out of 10 deaths now due to NCDs
- Under-5 mortality rate is improving nationwide, but there is a four-fold difference between states
- Even in states of similar development levels, there are major differences in the burden of leading diseases, highlighting vast health inequalities
- The rate of premature death and disability for ischaemic heart disease is 9 times higher in some states compared to others; and 6 times higher for stroke
- Overall burden of tuberculosis in India is highest in the world and its rate varies 9-fold between states
- Child and maternal malnutrition still leading risk factor for premature death and poor health, and is highest in the poorer states of north India
- Air pollution, diet, and obesity an increasing threat to health across many states

Distribution of disease burden, India



- Infectious and associated diseases reducing, but still high in many states
- Rising burden of non-communicable diseases
- Rising risks for cardiovascular diseases and diabetes
- Increasing but variable burden of injuries
- Unacceptably high risk of child and maternal malnutrition
- Major inequalities between states

India's progress towards health-related SDGs...

Punching Below Its Weight: India's Progress Towards Health-Related SDG Goals

It is time for India to fully fund and implement its ambitious health policies, and translate them into better health outcomes for its millions. Without health, little else matters.



Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: an analysis from the Global Burden of Disease Study 2016




GBD 2016 SDG Collaborators*



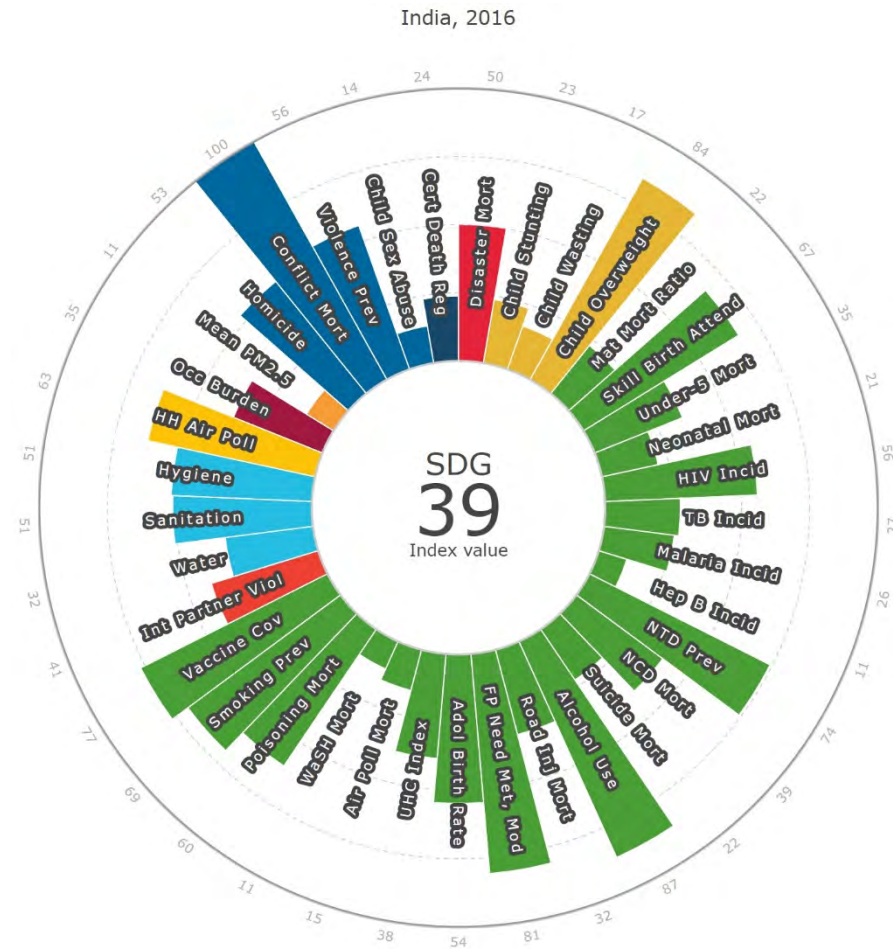
- This is an analysis from the [Global Burden of Disease \(GBD\) Study 2016](#), which measured 37 health-related indicators from 1990 to 2016. The researchers then transformed each indicator on a scale of 0-100 (with higher values indicating good progress), and computed an overall index representing all 37 indicators. These were then used to rank all 188 countries in the analysis.
- The results showed that, globally, the median health-related SDG index was 56.7 in 2016 and country-level performance markedly varied...

	SDG index	MDG index	Non-MDG index	Disaster mort	Child stunting	Child wasting	Child overweight	MMR	SBA	Under-5 mort	NN mort	HIV incid	Tuberculosis incid	Malaria incid	Hep B incid	NTD prev	NCD mort	Suicide mort	Alcohol use	Road injury mort	FP need met, mod	Adol birth rate	UHC index	Air poll mort	WASH mort	Poisoning mort	Smoking prev	Vaccine cov	Int partner viol	Water	Sanitation	Hygiene	HH air poll	Occ burden	Mean PM _{2.5}	Homicide	Conflict mort	Violence prev	Child sex abuse	Cert death reg
1 Singapore	87	91	84	100	96	85	59	89	100	100	100	54	63	100	87	100	90	53	88	98	80	94	95	74	78	100	86	95	99	96	99	97	100	74	50	99	100	97	42	100
2 Iceland	86	96	79	100	100	99	32	100	100	100	100	60	88	100	100	100	94	43	56	95	94	88	100	98	93	85	63	90	98	100	100	100	100	68	91	95	100	94	47	95
3 Sweden	86	95	81	100	100	98	53	98	100	97	95	62	93	100	100	100	94	38	40	99	88	84	98	100	85	68	77	96	95	100	99	100	99	88	100	84	100	75	29	90
4 Norway	84	95	80	56	100	99	53	98	100	96	92	63	96	100	100	100	92	47	54	98	90	82	99	97	83	87	61	93	98	100	100	100	100	86	88	93	100	94	52	88
5 Netherlands	83	94	79	100	100	99	67	89	100	88	80	66	98	100	98	100	86	49	49	94	92	95	97	82	87	100	54	86	98	100	100	100	100	70	66	90	100	82	39	89
6 Finland	83	97	78	100	100	98	64	99	100	100	98	71	98	100	100	100	92	32	22	94	98	80	100	100	100	85	53	96	97	100	100	100	100	91	96	77	100	84	50	100
7 Israel	82	90	78	100	99	98	48	90	99	90	88	58	100	100	92	100	92	57	84	70	84	72	87	84	80	89	53	93	87	99	98	99	100	97	59	68	72	84	24	84
8 Malta	81	85	77	70	100	98	25	91	99	77	63	49	95	100	97	100	88	77	64	99	76	54	88	81	96	97	51	93	96	100	99	100	100	76	74	83	100	98	44	96
9 Switzerland	80	94	75	55	100	98	61	92	100	88	77	56	95	100	70	100	98	40	44	98	93	100	100	96	96	100	44	85	99	100	100	100	100	66	78	94	100	94	43	87
10 UK	80	89	77	89	97	99	53	86	99	84	78	55	84	100	96	100	82	56	39	97	98	62	88	82	86	84	44	93	97	100	100	100	100	73	75	97	100	91	36	96
11 Australia	80	91	75	77	96	98	54	92	99	88	82	63	100	100	74	100	94	44	23	79	100	62	96	100	90	85	64	94	98	96	99	97	100	78	96	80	100	94	47	96
12 Canada	79	89	74	100	98	99	47	84	99	80	72	57	100	100	82	100	87	43	36	74	94	68	92	98	83	75	65	60	97	100	97	100	100	61	90	76	100	94	41	96
13 Germany	78	92	73	100	100	99	54	83	99	90	86	60	94	100	98	100	81	44	34	89	91	80	92	82	87	100	38	74	100	100	99	100	100	71	70	93	100	91	34	90
14 Italy	78	92	70	49	100	98	35	97	99	93	86	54	96	100	79	100	91	69	38	69	81	84	94	87	100	96	43	93	98	98	99	99	100	76	65	92	100	90	44	94
15 Denmark	77	93	71	100	100	99	44	96	99	87	79	61	95	100	97	100	82	46	21	93	90	92	92	86	84	90	51	91	98	100	100	100	100	54	79	91	100	83	51	90
16 Belgium	77	91	73	100	100	98	69	87	99	88	84	54	90	100	93	100	82	27	34	70	91	75	93	79	83	83	46	96	96	100	100	100	100	71	64	80	62	83	44	85
17 Antigua and Barbuda	76	69	79	100	89	91	44	55	99	64	57	53	83	100	84	97	65	100	79	67	91	37	61	77	59	63	100	100	84	63	80	77	99	87	66	46	100	92	75	79
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20 Ireland	75	91	69	100	100	98	46	92	100	88	81	54	93	100	89	100	86	46	11	90	91	73	93	87	94	77	44	90	98	100	99	100	100	86	83	93	100	93	33	98
21 Japan	75	93	69	19	95	95	81	90	99	97	100	78	83	100	75	100	100	24	61	94	66	93	98	97	82	74	32	96	100	96	99	97	100	69	71	99	100	95	39	88
22 Austria	74	93	69	54	100	98	64	98	100	91	86	54	92	100	100	100	86	37	24	87	92	80	96	83	100	82	25	88	100	100	98	100	100	80	66	94	100	100	44	95
23 Spain	74	92	67	100	100	96	36	92	94	92	88	51	89	100	94	100	92	67	10	89	87	75	98	94	97	94	25	97	100	100	100	100	100	98	80	97	100	100	49	91
24 USA	74	83	72	58	98	100	58	60	99	75	67	51	100	100	88	100	70	36	41	51	83	54	79	82	84	56	68	88	96	100	96	100	100	77	83	43	100	100	37	94
25 Brunei	74	76	74	66	86	87	69	56	99	68	64	49	53	100	67	100	59	76	99	47	83	49	65	90	77	63	68	97	88	96	98	97	100	30	95	80	100	91	42	86
26 France	73	92	68	82	100	98	64	85	100	88	84	64	92	100	99	100	86	29	20	78	95	72	94	98	87	83	28	90	97	100	99	100	100	63	74	88	100	82	74	84
27 Barbados	73	68	77	100	89	75	62	46	99	58	43	46	83	100	80	100	64	75	53	60	90	40	61	77	59	78	97	83	85	75	81	78	100	93	61	31	100	90	75	85
28 South Korea	72	90	65	73	96	94	40	78	100	90	92	74	50	80	74	98	89	9	55	51	91	100	95	77	80	60	46	98	94	96	99	97	100	79	44	77	100	91	42	88
29 Czech Republic	72	89	67	86	97	87	55	90	100	96	94	85	98	100	88	100	68	40	21	74	68	72	86	64	80	79	29	98	95	88	96	99	99	63	58	83	100	93	70	92
30 Slovakia	72	83	70	68	89	85	60	86	100	78	74	95	93	100	89	100	56	44	26	70	72	51	75	56	88	68	44	98	89	88	95	99	99	81	56	66	100	87	74	97

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172	Benin	22	19	23	64	42	55	66	14	85	20	17	34	36	2	14	52	47	33	83	29	18	15	32	10	9	21	95	68	30	11	10	3	19	36	4	56	100	37	11	0
173	Guinea	22	16	26	100	45	59	79	5	37	13	10	32	26	1	12	32	38	48	97	36	15	3	20	6	12	16	83	62	27	14	26	5	10	37	28	56	100	53	11	0
174	Mali	22	13	28	66	56	43	80	11	44	9	6	32	47	0	17	82	47	68	91	45	24	0	28	18	6	23	87	55	20	9	12	7	6	48	5	62	46	17	11	19
175	Madagascar	21	10	28	41	19	0	86	12	12	18	16	52	36	12	23	40	28	44	83	40	44	7	18	9	8	20	74	71	32	15	2	8	13	7	54	67	60	44	40	4
176	Burkina Faso	20	16	23	70	45	34	80	14	64	11	14	40	29	0	13	87	45	36	55	28	48	11	32	11	8	16	82	82	43	7	11	8	13	57	0	85	59	62	11	0
177	Guinea-Bissau	20	15	23	100	51	67	69	12	37	20	13	23	18	13	8	58	22	37	74	24	44	15	17	1	11	10	87	83	19	4	7	6	13	57	21	37	100	21	11	0
178	Ethiopia	20	14	22	100	25	44	81	12	6	32	25	38	23	28	15	40	42	36	81	31	64	25	20	15	9	20	98	38	9	13	0	1	14	30	26	25	50	15	32	0
179	Sierra Leone	20	13	24	45	33	57	64	5	43	9	8	35	25	2	6	61	39	47	53	34	40	7	28	6	5	18	62	72	28	4	13	6	14	59	32	73	100	10	10	0
180	Burundi	19	15	20	39	8	70	90	13	60	18	15	42	15	8	15	54	39	31	29	18	28	45	26	10	4	10	90	90	28	4	10	4	8	16	28	84	45	41	40	0
181	Lesotho	18	20	17	51	43	84	76	14	77	22	14	0	0	100	46	31	13	0	35	2	86	13	24	11	6	11	60	76	22	19	13	1	58	36	47	2	100	23	62	0
182	Democratic Republic of the Congo	16	13	18	68	30	58	75	8	80	18	18	37	12	3	16	4	48	43	76	31	19	7	26	12	10	21	81	68	0	2	13	1	11	27	22	49	48	17	40	0
183	Niger	15	9	20	49	19	4	94	8	18	11	16	46	35	2	13	92	50	56	97	44	39	0	25	6	6	16	95	73	16	12	4	14	2	26	0	60	48	20	10	0
184	Chad	14	7	21	66	34	25	90	4	4	10	12	24	29	8	11	46	50	47	78	35	4	7	14	7	5	14	88	19	29	3	2	5	11	46	4	56	72	42	11	0
185	South Sudan	12	7	15	47	42	4	74	12	25	14	12	24	27	7	16	60	48	63	96	38	0	15	12	12	5	10	86	24	0	3	2	3	2	15	26	38	22	2	40	0
186	Somalia	11	9	14	40	46	16	88	0	28	14	13	41	18	14	8	39	27	49	97	25	1	24	0	6	6	5	83	0	3	19	22	9	9	17	50	29	1	7	40	0
187	Central African Republic	11	5	17	100	30	58	82	0	39	7	5	18	0	3	5	35	23	31	65	7	12	12	3	1	1	7	86	20	17	0	6	9	11	18	16	38	30	31	40	0
188	Afghanistan	11	14	12	24	5	53	62	8	32	22	16	80	30	26	33	51	0	46	98	0	35	21	5	0	32	28	76	50	0	6	16	38	27	0	18	12	1	0	76	0

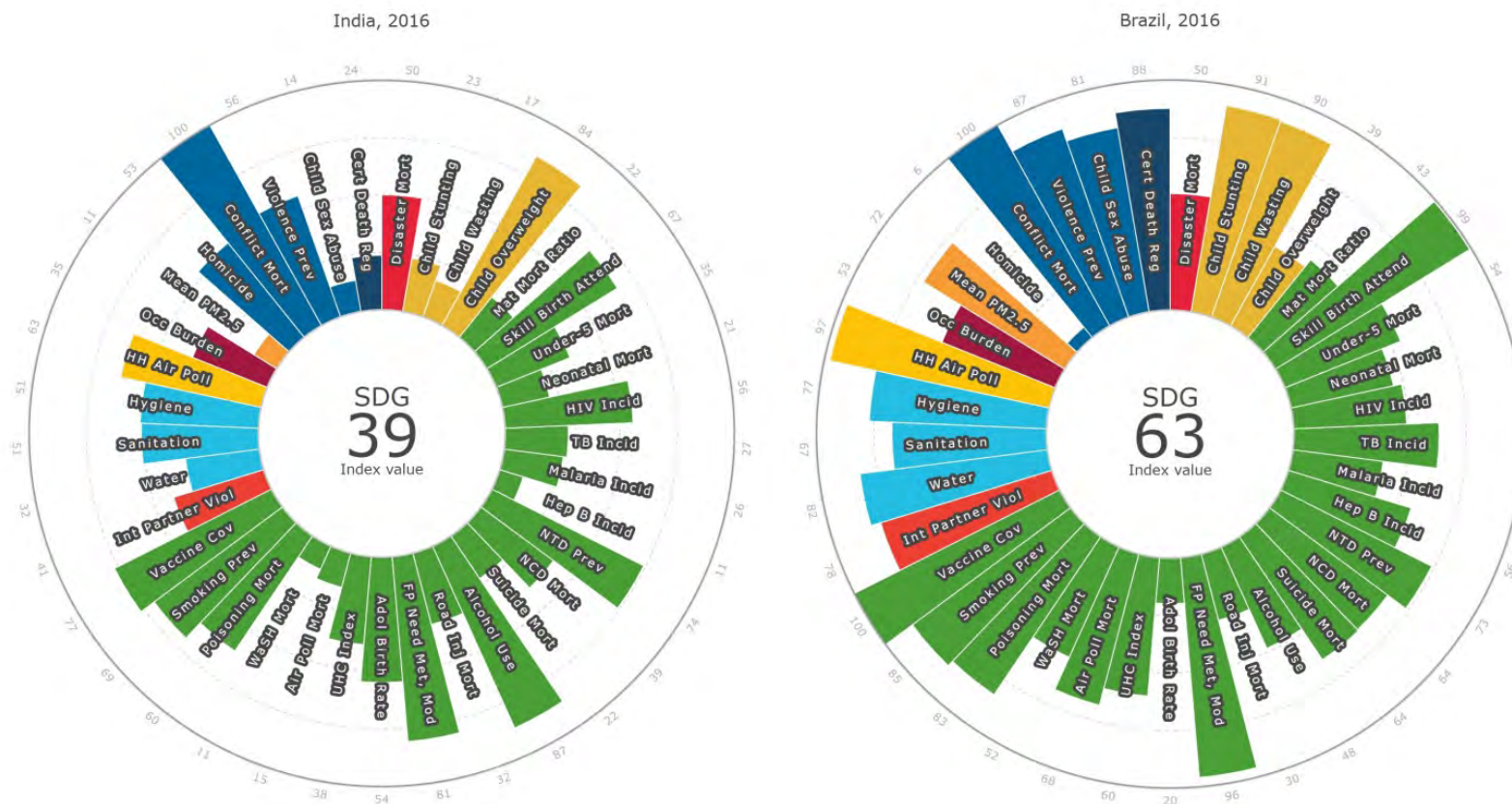
Value


1007550250



India did very poorly in this analysis, ranking 127th, with a SDG index value of 39. Countries making good progress toward SDG goals will have most bars reaching the end of the ring (i.e. index values reaching 100).

Comparison of India with Brazil



Every single BRICS country ranked ahead of India. Brazil ranked 67 (SDG index 63), China 74 (SDG index of 61), Russia 103 (SDG index 54) and South Africa 122 (SDG index 43).

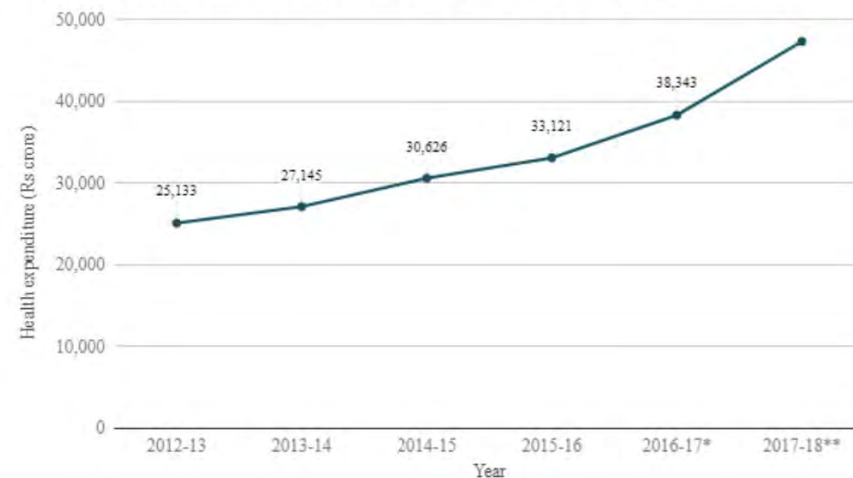
India: punching well below its weight on health

1. India underperforms in health.
2. There is a huge and widening gap between India's economic progress and the ground realities in health.
3. The [prevalence of under-weight children](#) in India is among the highest in the world.
4. [TB kills nearly half a million Indians each year](#), with India leading the world in TB burden.
5. India has [more people living in rural areas without access to clean water](#) than any other country.
6. Nearly half of India's rural population [lacks access to toilets](#), and [240 million people live without electricity](#).
7. None of these statistics add up to good health

What does India spend on health?

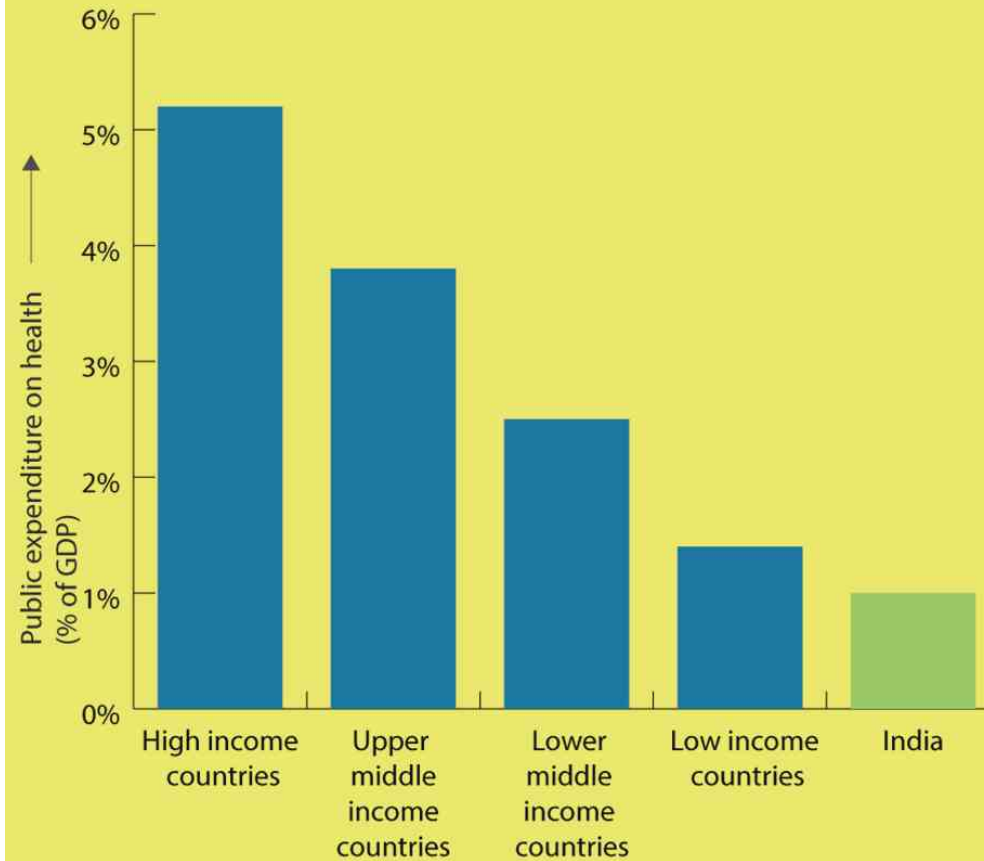
- The fact that India spends less than 1.5% of its GDP on health, as compared to the global average of about 6%, is one of the biggest reasons for India's atrociously low ranking on the SDG index.
- India's National Health Policy, approved in 2017, proposes to increase health expenditure by the government from the existing 1.15% to 2.5% of the GDP, by 2025.
- There are no signs this is actually happening!

India's Public Health Expenditure, 2012-13 To 2017-18



Source: Union Budgets 2012-13, 2013-14, 2014-15, 2015-16, 2016-17, 2017-18; *Revised estimate, **Budget estimate

India's public expenditure on health is woefully low



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Other countries have tried innovative models of delivery

- Ethiopia's use of health extension workers
- Cuba's healthcare system
- Costa Rica's primary healthcare system
- Mexico's Seguro Popular program
- Thailand's Universal Health Coverage
- Rwanda's UHC