Universal Health Coverage by 2030: can we achieve this SDG target?

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Outline

• Universal Health Coverage (UHC) – the challenge
• Accelerating Progress in UHC:
  • Building demand for investing in health....
  • Systems Innovation for:
    • Embracing systems complexity
    • Financing
    • Services
    • Workforce
Universal Health Coverage by 2030!
Still a long way to go ...

50% of people lack **basic health service coverage**

100 million people are **impoverished** every year due to paying for health services

... the population of **Afghanistan, Canada & Malaysia** combined

reflecting massive shortfall in systems performance especially in lower income countries

Weak health financing stewardship: Leadership, coordination, institutional capacity, technical expertise
Poor coverage of vital events

<table>
<thead>
<tr>
<th>Region</th>
<th>Usable data</th>
<th>Complete coverage</th>
<th>Total countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>4</td>
<td>1</td>
<td>46</td>
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<tr>
<td>Americas</td>
<td>32</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>South-East Asia</td>
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<td>Europe</td>
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<td>39</td>
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<tr>
<td>Eastern Mediterranean</td>
<td>7</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>22</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>117</strong></td>
<td><strong>66</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>
And systems everywhere are ill prepared for the brave new world

**Cost pressures**
- NCD burden
- Aging
- Technology
- Expectations

**Fiscal stagnation**
- Aging
- Informal workforce
- “Gig” economy

**Economic shocks**
- Pandemics
- Antimicrobial resistance
- Migration

**Inequalities**
- Urban-rural
- Rich-poor
- Gender

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COSTS of NCDs 4% OF GLOBAL GDP ANNUALLY

Costs of Ebola epidemic in 3 African countries $2.2 BILLION IN 2015
“Never let a good crisis go to waste”
Building Demand for Investing in Health
The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition (...)

WHO Constitution 1946
Human capital is the most important investment that countries can make for future prosperity and quality of life.

Human capital represents about \( \frac{2}{3} \) of global wealth.

The Human Capital Index measures the level of human capital based on health and education achievement and its association with economic productivity potential of individuals based on their health and education achievement.
Size and growth of health sector – an asset for all countries

**Global Health Economy**

- $7.7 trillion
- Health spending
- 10.4% of global GDP

**Global Health Workforce**

- ~60 million formal jobs
- 70% for women

Health spending growing as a share of GDP 2000 - 2016

Health workforce growing as a share of total employment 1990 - 2009

Source: OECD
Universal Health Coverage - An engine for health and human capital creation …

Universal Health Coverage

Health services
- Of quality and according to need

Financial protection
- Contributions to prepaid pooled financing based on ability to pay

priority to those with greatest needs
Invaluable lessons from UHC in Japan

Japan’s vision for a peaceful and healthier world

Health is fundamentally a global issue. Recent outbreaks of Ebola virus disease and Middle East respiratory syndrome have reminded us that global health issues require collective action. The world must unite and countries must establish resilient and sustainable health systems, ensuring that each individual is secure and realizes the highest attainable standard of health. Japan has been a long-standing advocate of human security and has taken concrete action on the ground in support of this principle. Human security protects the vital core of all human lives in a way that enhances freedom, dignity, and capabilities and underpins Japan’s policy of proactive (contribution to Peace). Japan regards health as an indispensable element of human security.

In September 2015, the United Nations General Assembly adopted the 2030 agenda for sustainable development, which includes universal health coverage (UHC), to which Japan attached great importance during the negotiation process. Achieving UHC requires comprehensive changes to systems, human resources, and public awareness. To catalyse such changes, leaders must commit to leave no one behind in the drive for the best achievable health gains. The Sustainable Development Goals (SDGs) have created an opportunity to connect sectors and empower individuals, families, and communities. It is crucial that we agree on a monitoring and evaluation framework so that the impact of UHC against investment is measurable and thus attainable.

Crucial role of finance ministry in achieving universal health coverage

Universal health coverage (UHC) is now accepted as a core goal for all countries around the world—as one of the Sustainable Development Goals (SDGs) for health (target 3.8). Low-income and middle-income countries (LMICs) are now adopting policies and strategies to help achieve this important goal. Japan is committed to supporting countries to achieve this goal, as part of its national commitment to human security, as Prime Minister Shinzo Abe emphasised in this journal. Japan’s past experiences in achieving UHC in 1991 provide policy lessons for other countries. One point that has not been adequately highlighted previously, however, is the crucial role of a nation’s Finance Ministry in achieving and sustaining UHC.
Primary Health Care
Declaration, Alma Ata 1978, @40...time for a renewal
“I felt that no boy should have to depend --- either for his leg or his life --upon the ability of his parents to raise enough money to bring a first class surgeon to the bedside”

Tommy Douglas
Systems Innovation to Accelerate UHC

• Embracing systems complexity
• Financing
• Service Delivery
• Workforce
The Inverse Care Law

“THE AVAILABILITY OF GOOD MEDICAL CARE TENDS TO VARY INVERSELY WITH THE NEED FOR IT IN THE POPULATION SERVED.”

Julian Tudor Hart, The Lancet, 1971
"People in poor countries are sick not primarily because they are poor but because of other social organizational failures including health delivery, which are not automatically ameliorated by higher income"

Angus Deaton, WIDER Annual Lecture, September 29, 2006.
The WHO Health System Framework

System Building Blocks

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE

Overall Goals / Outcomes

- IMPROVED HEALTH (level and equity)
- RESPONSIVENESS
- SOCIAL & FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY
The Rainbow of Health Determinants

Systems Assessment!
Financing
Development Assistance for Health:
Quintupled since 1990! Levelled off last 5 years at $37 billion/year
Development assistance as a catalyst to domestic financing

Brings together multiple financing sources in a synergistic, country-led way to close the funding gap for reproductive, maternal, newborn, child, and adolescent health and nutrition by 2030.
From traditional ‘one-size fits all’….to modern higher performing Health Financing Systems

O. v. Bismarck

W. Beveridge

Scaling what works

Developing system resilience

High Performance Health Financing Systems

Leading jointly

Accelerating innovations
Beyond Out of Pocket Payments!

- Most inequitable and inefficient form of private financing
- Yet it prevails as primary “system” for financing access to “care”
- Across Low and Middle Income Countries:
  - It consumes **$500 billion dollar/year!**
  - It is growing faster than public sector spending (3-5%/year)
  - If 25% of this expenditure could be prepaid/pooled....
    - $125 billion/year extra for UHC which is 4x development assistance for health!!
- A major priority for innovative financing!!
Developing new financing approaches to emerging and long-standing challenges

Cashless health contributions!
Crowding in the informal sector

From Volume to Value!
Population and Performance-based Payments!

Big Data mining on claims!
Monitoring performance and driving deep learning
Financing to make systems ready and responsive to risks

- Pandemic preparedness
- Win-win-win taxes
- Multi-sector approaches
Service Coverage
Tanahashi Framework for Service Delivery Coverage

Source: Tanahashi, T, 1978
Explaining equity gains in child survival in Bangladesh: scale, speed and selectivity in health and development

Remarkable health equity gains

Source: Matlab Health and Demographic Surveillance Data (Various Years)
<table>
<thead>
<tr>
<th>Year</th>
<th>Geographic inequities in total fertility rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td></td>
</tr>
<tr>
<td>2010</td>
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</table>

*Source: Bangladesh District Level Socio-demographic and Health Care Utilization Indicators.*
Equity in social development

Number of students in secondary school
Source: BANBEIS

Number of women in microcredit organizations
Source: Websites of respective MFIs *PKSF is the whole-sale provider of funds to different MFIs.
Implementation features of health and development in Bangladesh

Scale

Speed

Selectivity
Securing health services in setting of insecurity in Afghanistan

Source: World Bank 2018 Afghanistan Health Study
Equity and survey data

Beyond Pilots!

To Robots!
Health workers to lead the way
Massive Gaps in:
- numbers
- cadres
- distribution
- quality
- safety
- leadership

of health workers
### Three levels of learning

<table>
<thead>
<tr>
<th>Level</th>
<th>Objectives</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informative</td>
<td>• Information</td>
<td>Experts</td>
</tr>
<tr>
<td></td>
<td>• Skills</td>
<td></td>
</tr>
<tr>
<td>Formative</td>
<td>• Socialization</td>
<td>Professionals</td>
</tr>
<tr>
<td></td>
<td>• Values</td>
<td></td>
</tr>
<tr>
<td>Transformative</td>
<td>• Leadership attributes</td>
<td>Change agents</td>
</tr>
</tbody>
</table>

Source: Lancet 2010. Education of Health Professionals for the 21st Century
Scaling-up Community Health Workers (CHWs)
Social Entrepreneurship in Global Health
Fostering Global Health Leadership @McGill