

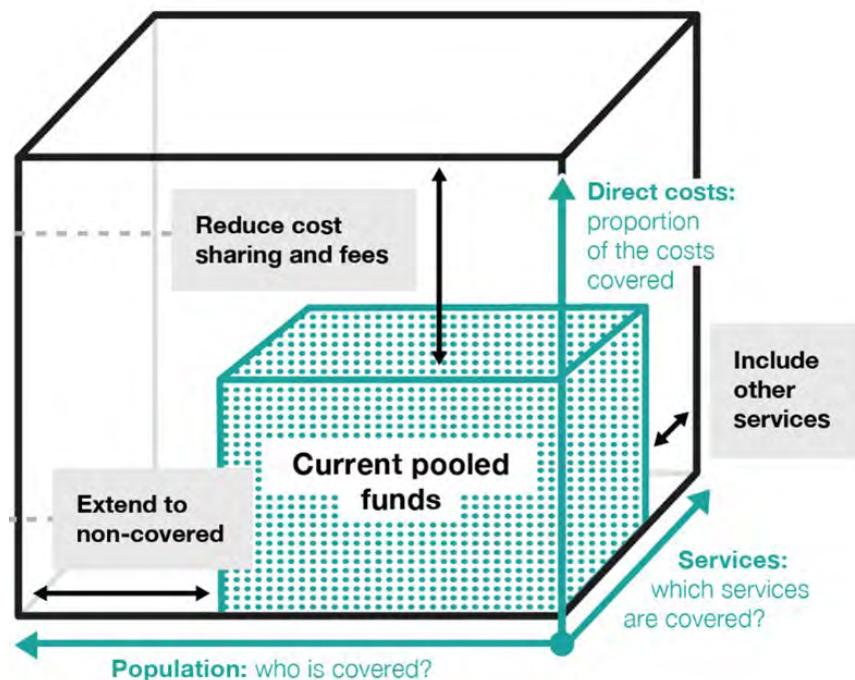
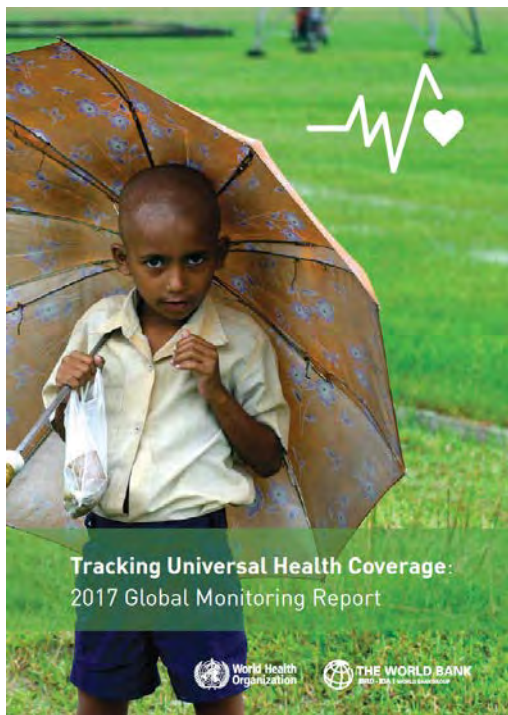
Universal Health Coverage by 2030: can we achieve this SDG target?

Dr. Tim Evans,
Inaugural Director School of Population and Global Health
McGill University
September 24, 2019

Outline

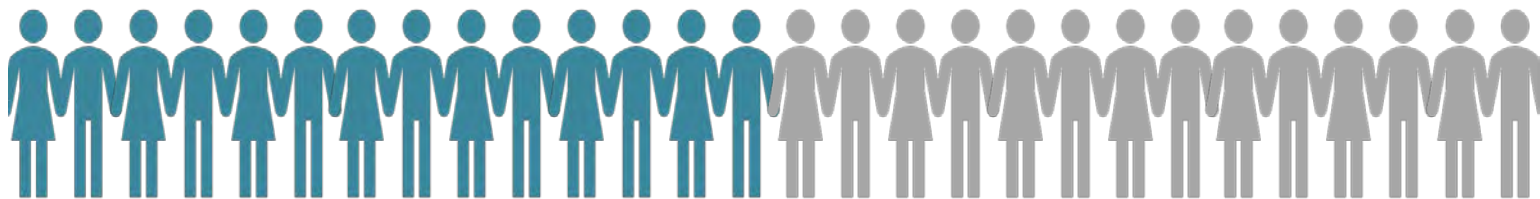
- Universal Health Coverage (UHC) – the challenge
- Accelerating Progress in UHC:
 - Building demand for investing in health....
 - Systems Innovation for:
 - Embracing systems complexity
 - Financing
 - Services
 - Workforce

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

INSUFFICIENCY



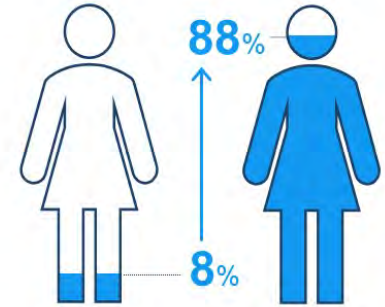
INSOLVENCY



INEFFICIENCY



INEQUITY



Weak health financing stewardship: Leadership, coordination, institutional capacity, technical expertise



Poor coverage of vital events

**Table 7.1 Availability of death registration data –
number of countries by WHO region**

Region	Usable data	Complete coverage	Total countries
Africa	4	1	46
Americas	32	14	35
South-East Asia	4	0	11
Europe	48	39	51
Eastern Mediterranean	7	4	22
Western Pacific	22	8	27
Total	117	66	192

And systems everywhere are ill prepared for the brave new world

Cost pressures

- NCD burden
- Aging
- Technology
- Expectations

Fiscal stagnation

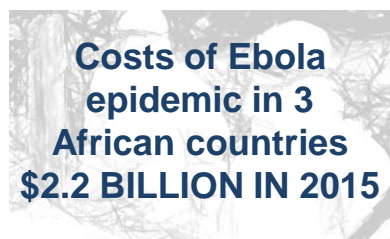
- Aging
- Informal workforce
- “Gig” economy

Economic shocks

- Pandemics
- Antimicrobial resistance
- Migration

Inequalities

- Urban-rural
- Rich-poor
- Gender





***“Never let a
good crisis go
to waste”***



Building Demand for Investing in Health



The right to health

CONSTITUTION
OF THE
WORLD HEALTH
ORGANIZATION



Signed at the
INTERNATIONAL HEALTH CONFERENCE
New York
22 JULY 1946

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 (...)"

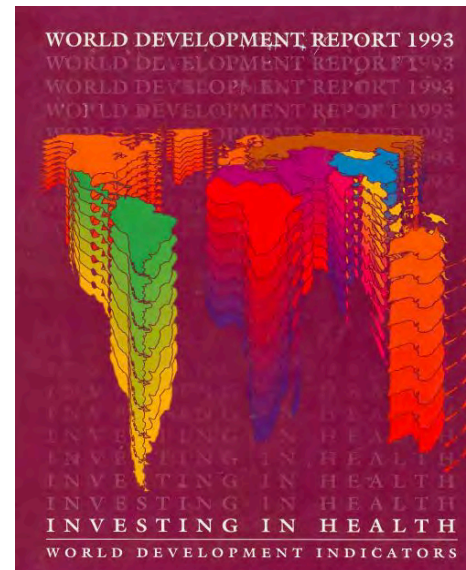
WHO Constitution 1946

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

Human capital
2/3 represents about
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 to c



Size and growth of health sector – an asset for all countries

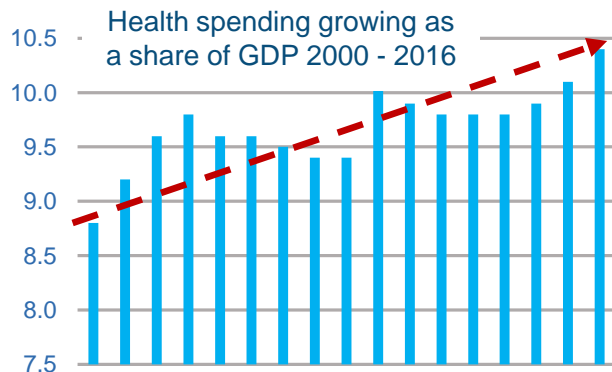
Global Health Economy

\$7.7 trillion

Health spending

10.4%

of global GDP



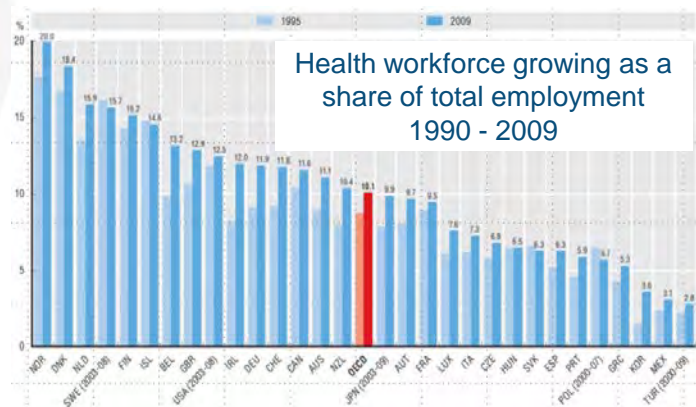
Global Health Workforce

~60 million

formal jobs

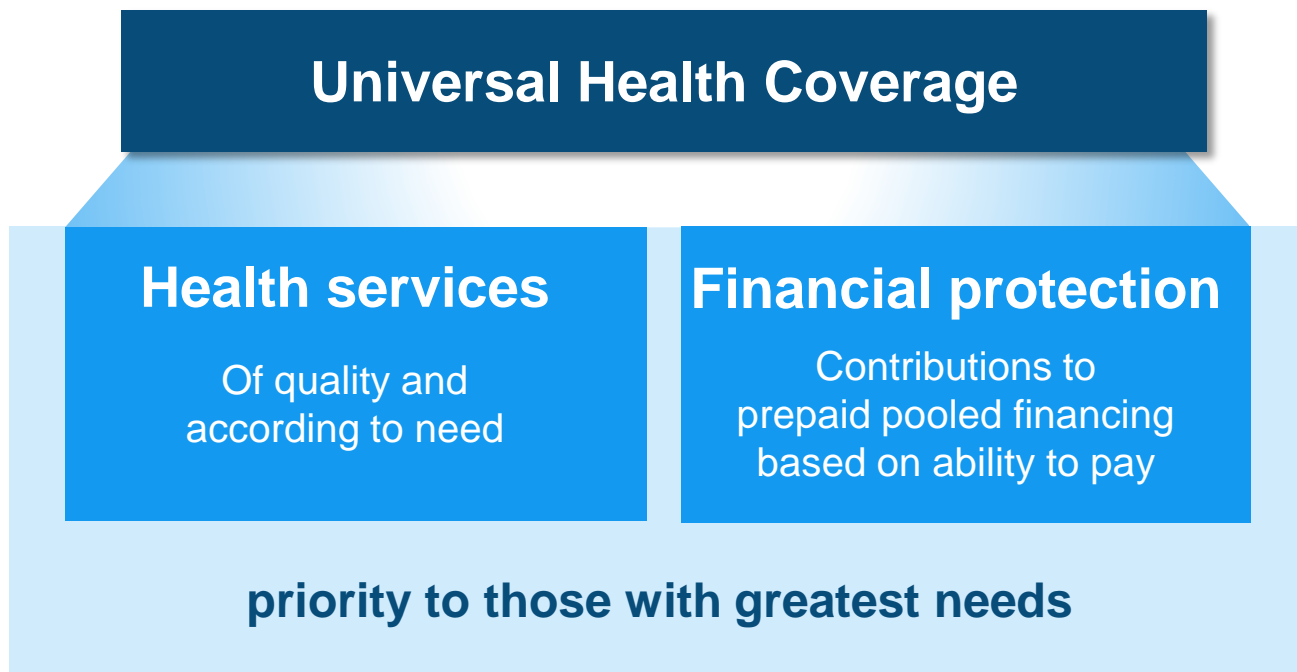
70%

for women



Source: OECD

Universal Health Coverage - An engine for health and human capital creation ...



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 receives the highest attainable standard of health. Japan has been a longstanding advocate of human security¹ 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, fulfilment, and capabilities² and underlies Japan's policy of Proactive Contribution to Peace. Japan regards health as an indispensable element of human security.³

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.⁴ 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 attainable 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.



Japan's Prime Minister Shinzo Abe

www.thelancet.com Vol 386 December 12, 2015

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 Shinzō Abe emphasised in this journal.⁵ Japan's past experiences in achieving UHC in 1961 provide policy lessons for other countries.⁶ 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.



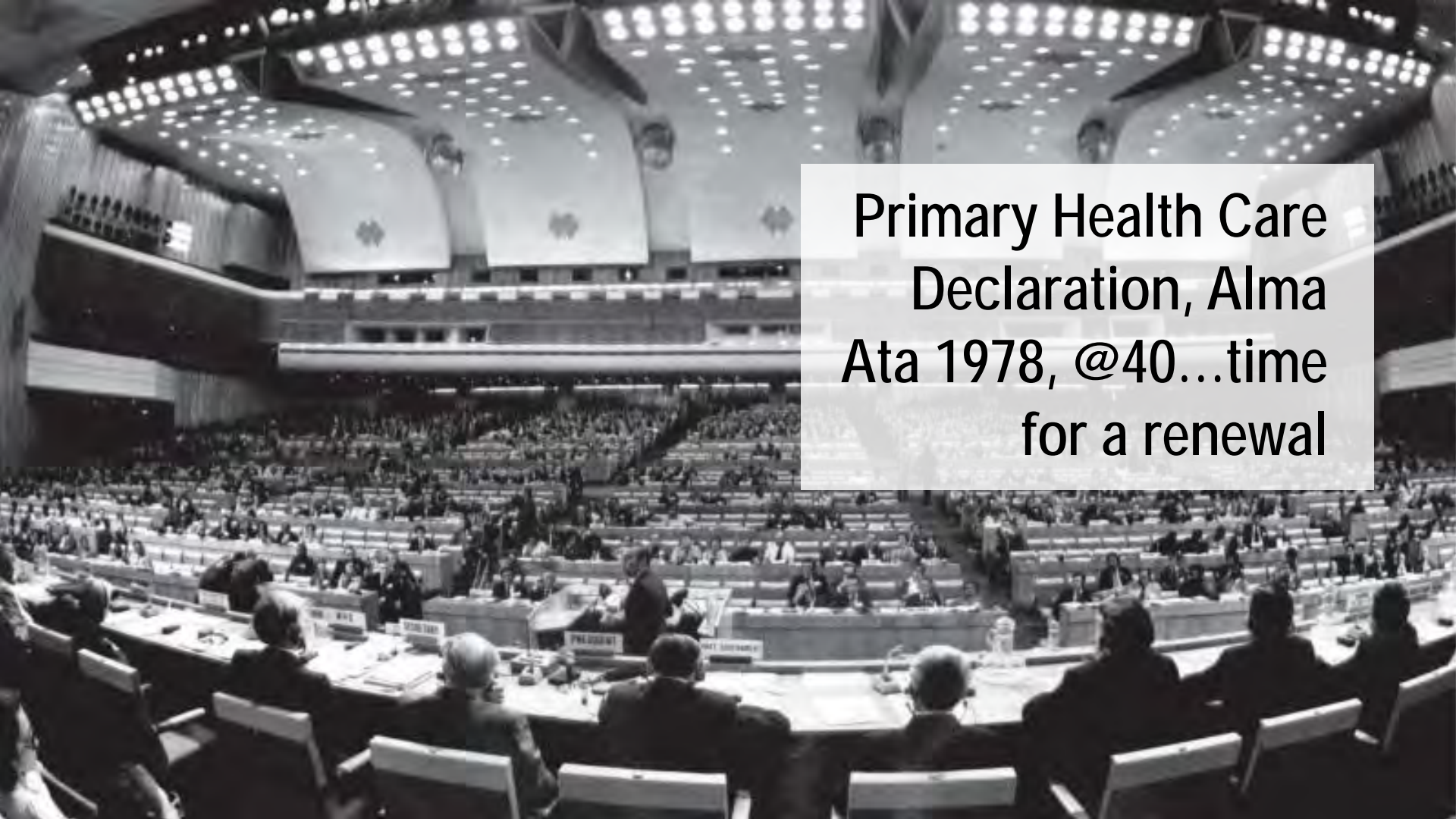
Taro Aso

www.thelancet.com Vol 390 December 2, 2017

OSAKA

G20 Joint Session of
Finance and Health Ministers





Primary Health Care
Declaration, Alma
Ata 1978, @40...time
for a renewal



High Performance Health Financing Systems: Driving Inclusive Growth in the 21st Century

DRAFT

“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

**ACCESS
COVERAGE**



**QUALITY
SAFETY**

Overall Goals / Outcomes

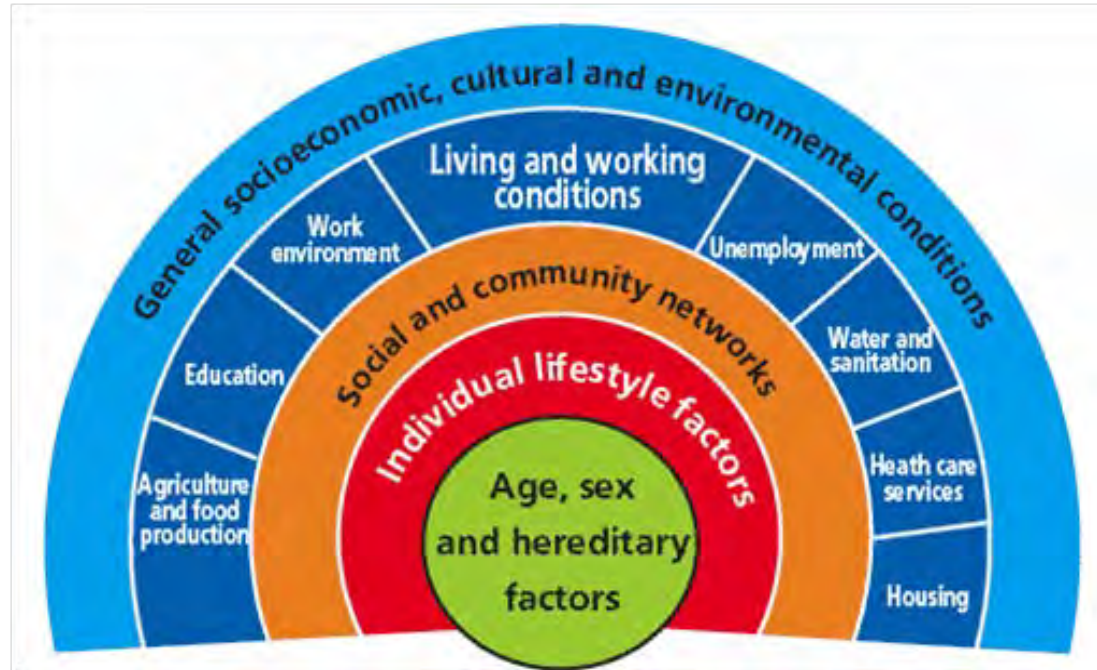
**IMPROVED HEALTH
(level and equity)**

RESPONSIVENESS

**SOCIAL & FINANCIAL RISK
PROTECTION**

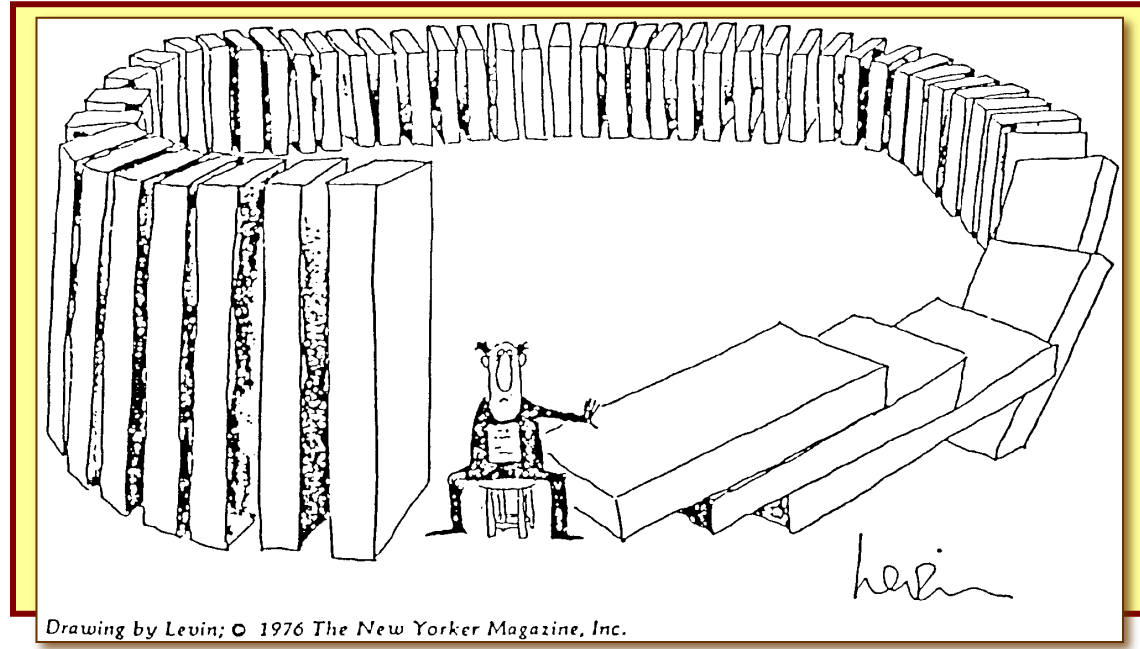
IMPROVED EFFICIENCY

The Rainbow of Health Determinants



Source: Dahlgren G and Whitehead M.
Copenhagen, WHO, 1992.

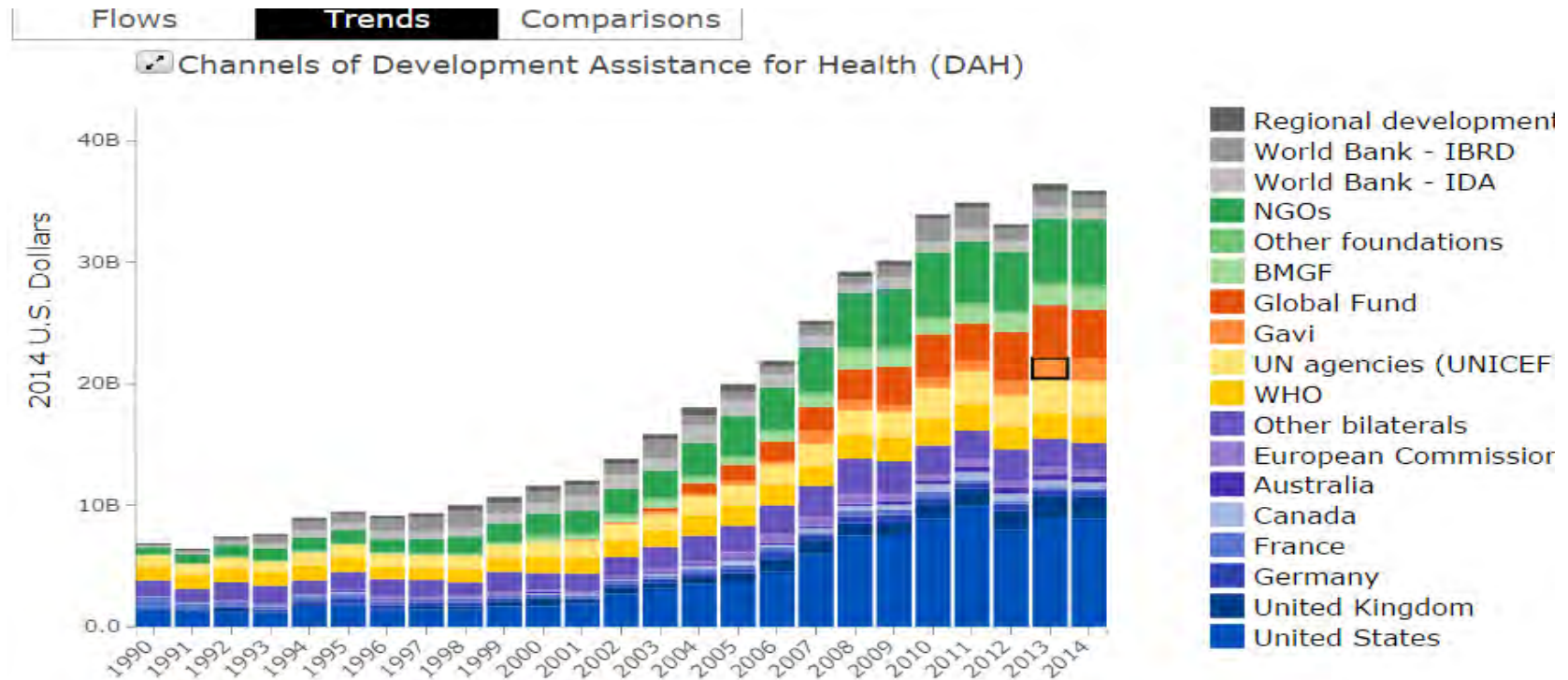
Systems Assessment!



Financing

Development Assistance for Health:

Quintupled since 1990! Levelled off last 5 years at \$37 billion/year



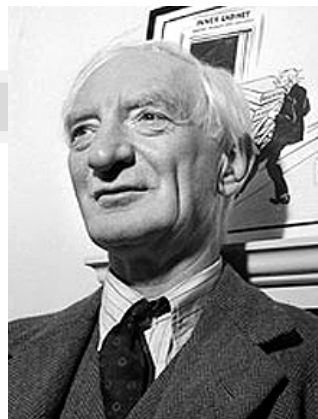
Development assistance as a catalyst to domestic financing

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.

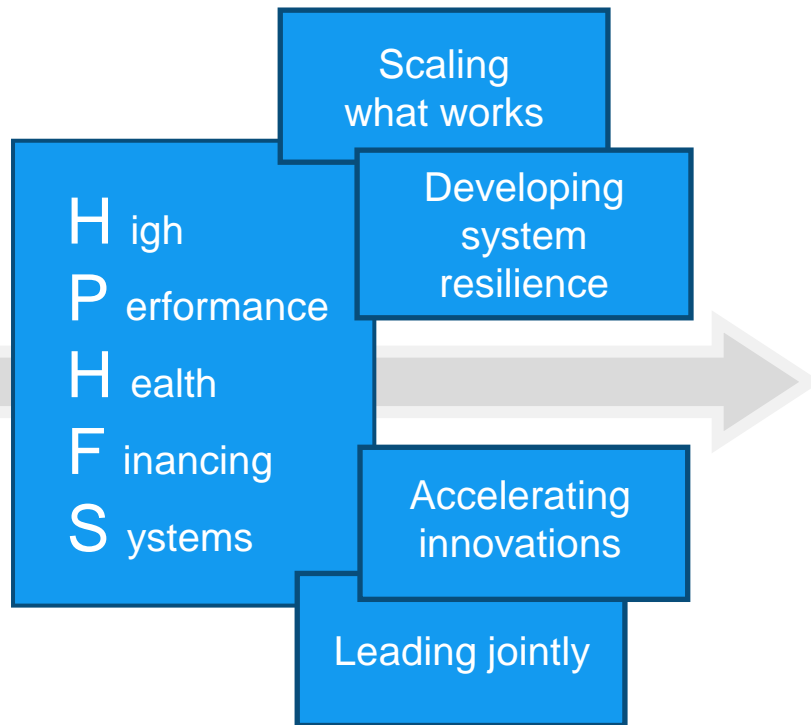


From traditional 'one-size fits all'....to modern higher performing Health Financing Systems

O. v. Bismarck



W. Beveridge



Beyond Out of Pocket Payments!

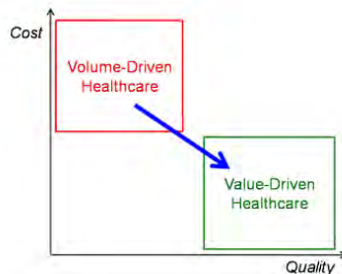
- Most inequitable and inefficient form of private financing
- Yet it prevails as primary “system” for financing access to “care”
- Across Low and Middle Income Countries:
 - It consumes **\$500 billion dollar/year!**
 - It is growing faster than public sector spending (3-5%/year)
 - If 25% of this expenditure 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



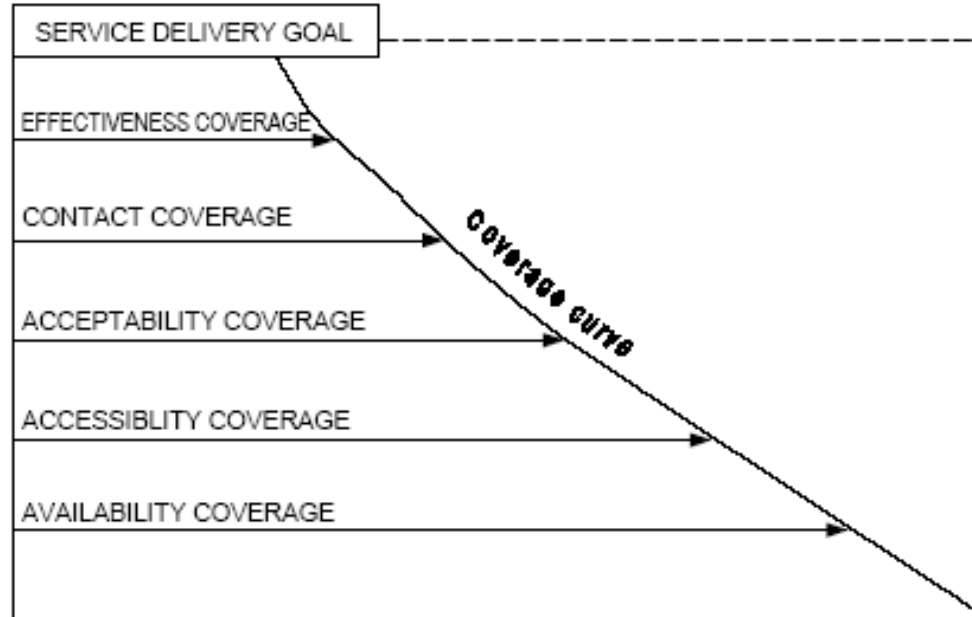
Win-win-win taxes



Multi-sector approaches

Service Coverage

Tanahashi Framework for Service Delivery Coverage



Source: Tanahashi, T, 1978

Lancet Series
on Bangladesh

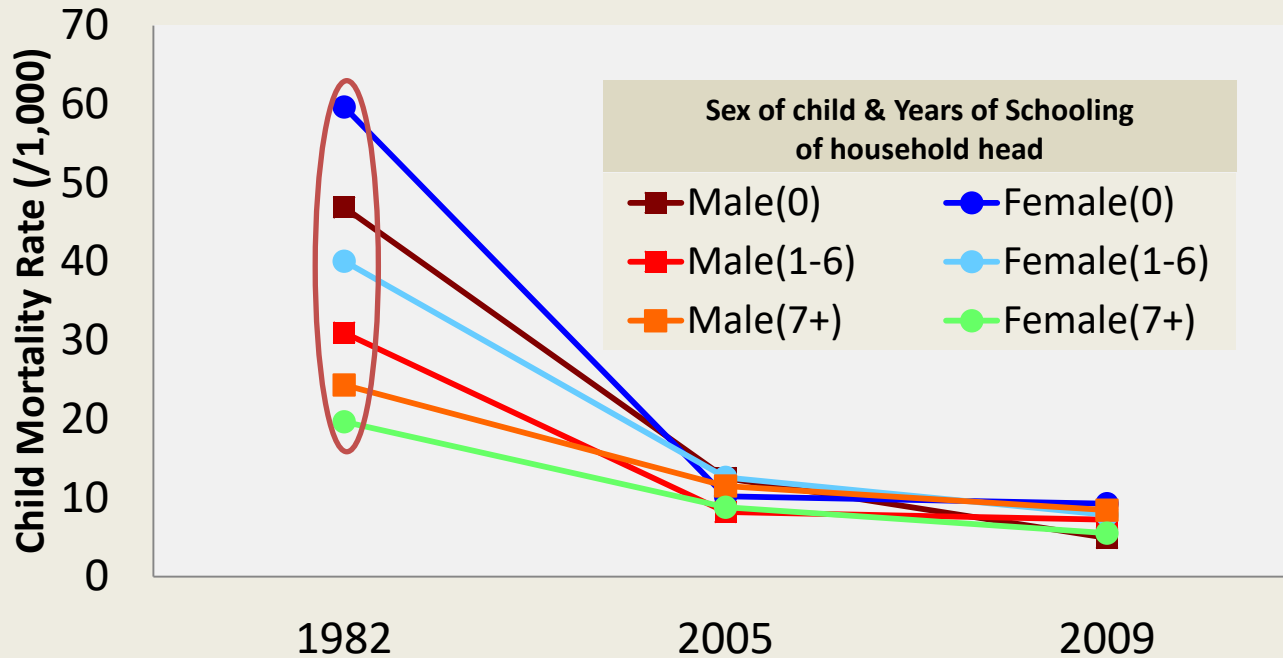
Launching Ceremony

**Explaining equity gains in child
survival in Bangladesh:**
scale, speed and selectivity
in health and development

Alayne M. Adams, Atonu Rabbani,
Shamim Ahmed, Shehrin Shaila Mahmood,
Ahmed Al-Sabir, Sabina F. Rashid, Timothy G. Evans

21 November 2013

Remarkable health equity gains



Source: Matlab Health and Demographic Surveillance Data (Various Years)

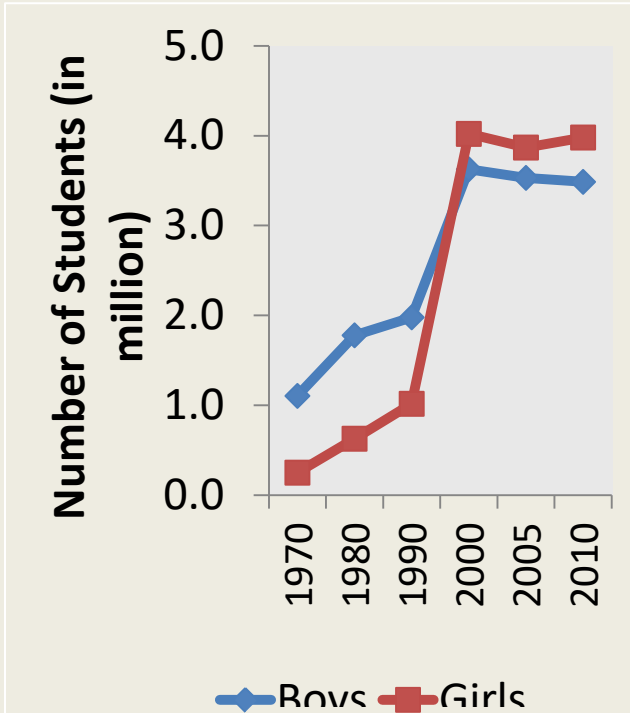
Geographic inequities in total fertility rate

2001

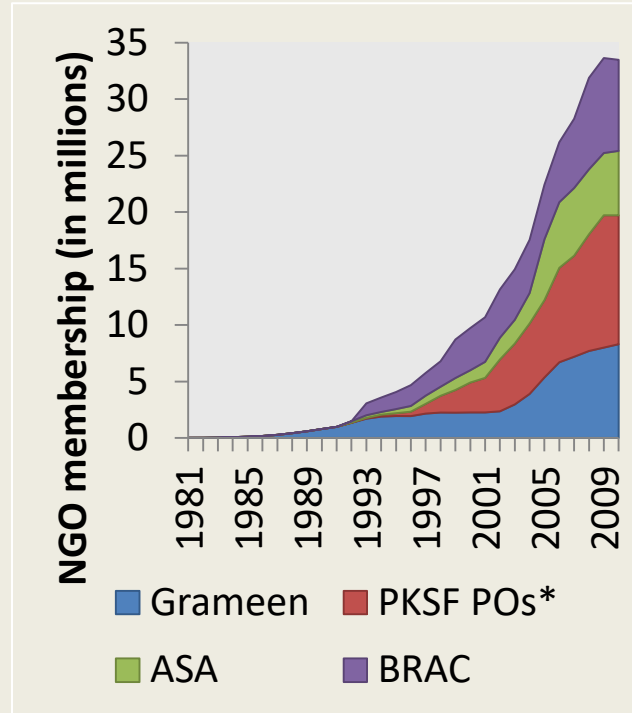
2010

Source: Bangladesh District Level Socio-demographic and Health Care Utilization Indicators.

Equity in social development

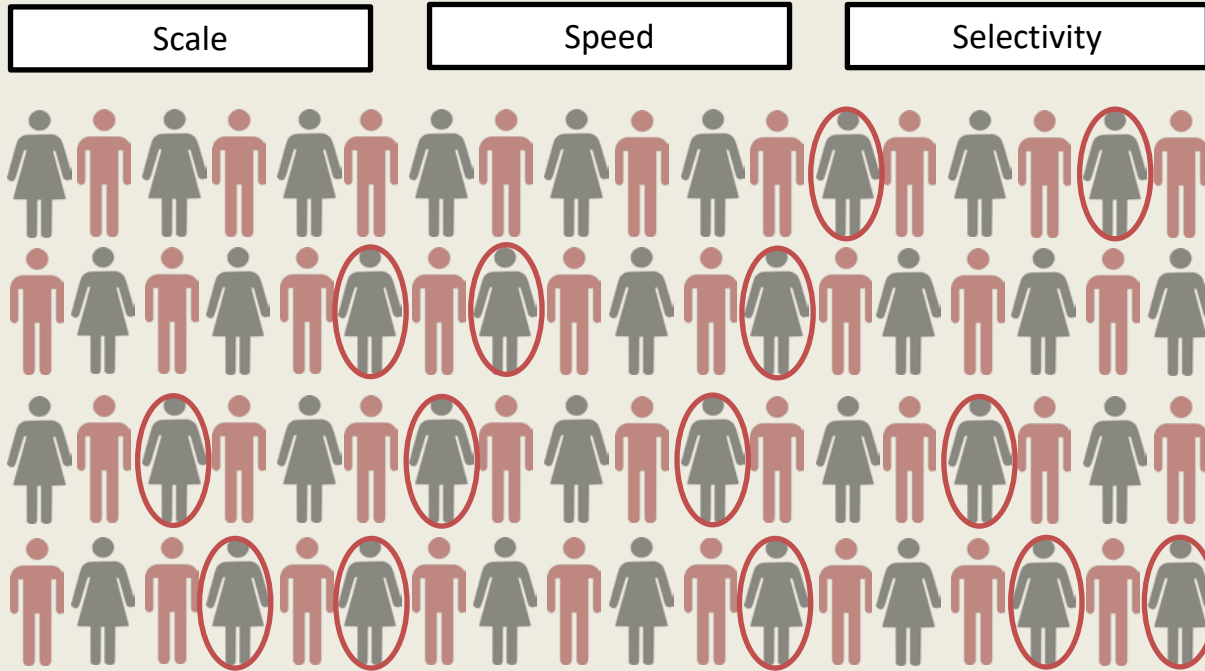


Number of students in secondary school
Source: BANBEIS

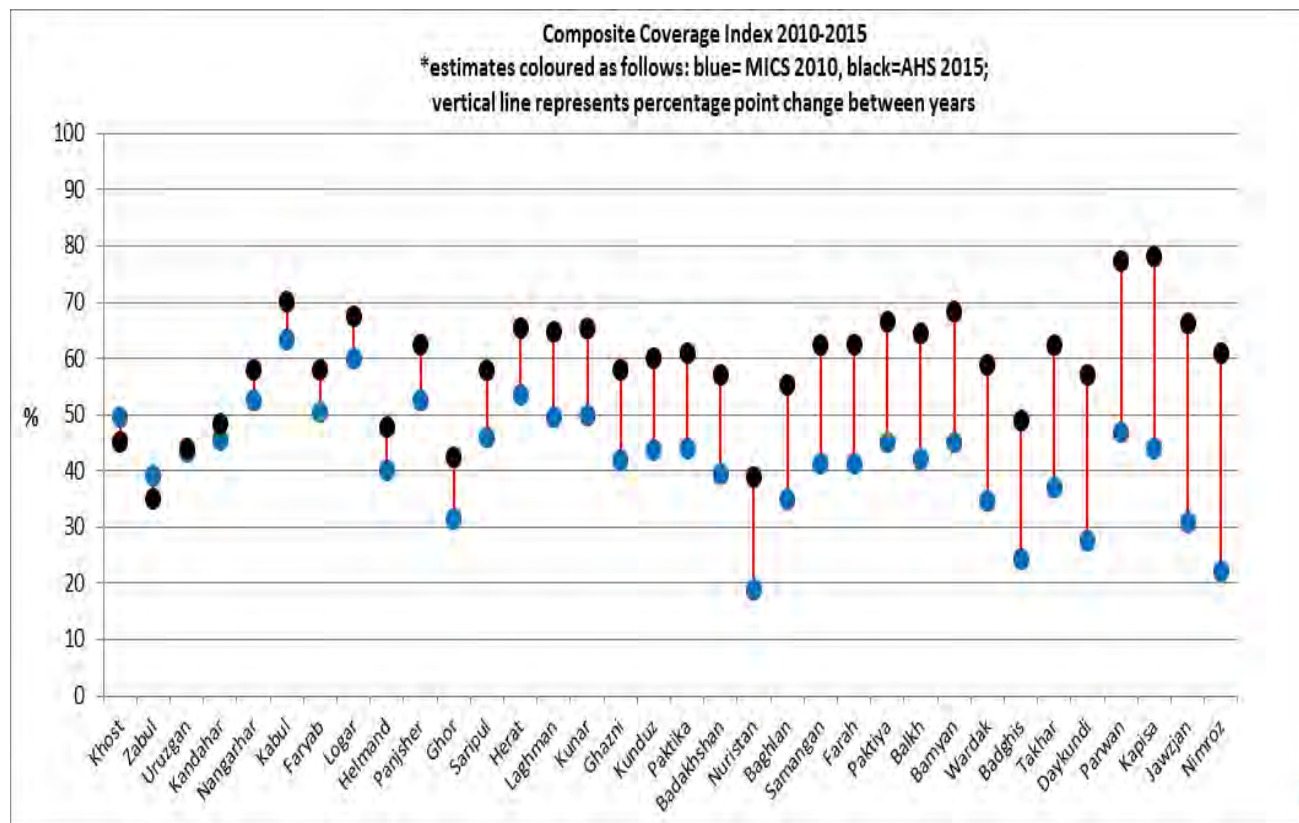


Number of women in microcredit *organizations*
Source: Websites of respective MFIs *PKSF is the whole-sale provider of funds to different MFIs.

Implementation features of health and development in Bangladesh

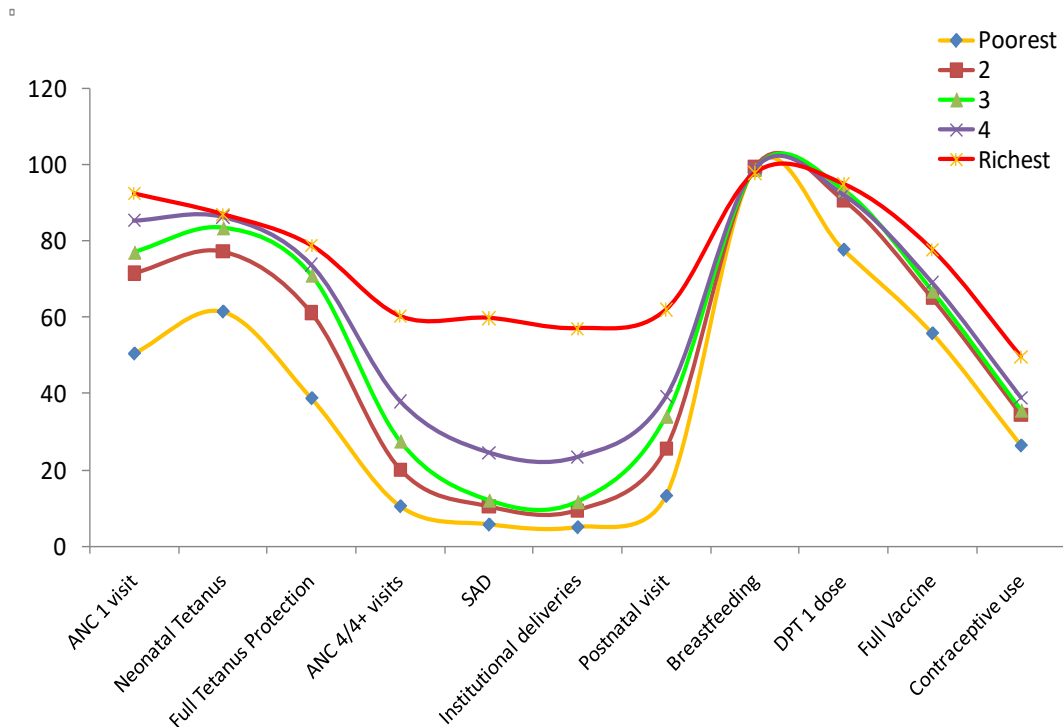


Securing health services in setting of insecurity in Afghanistan



Equity and survey data

Dipping-in-and-out of the health system: Nepal 2006



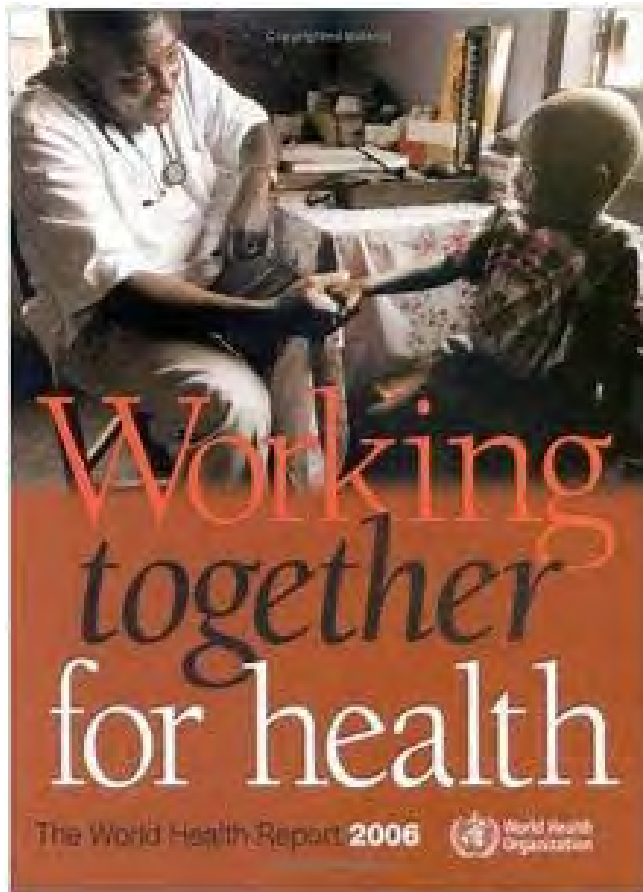
**Beyond
Pilots!**



**To
Robots!**



Health workers to lead the way



- Massive Gaps in:
- numbers
 - cadres
 - distribution
 - quality
 - safety
 - leadership
- of health workers

Three levels of learning

Level	Objectives	Outcome
Informative	<ul style="list-style-type: none">• Information• Skills	Experts
Formative	<ul style="list-style-type: none">• Socialization• Values	Professionals
Transformative	<ul style="list-style-type: none">• Leadership attributes	Change agents

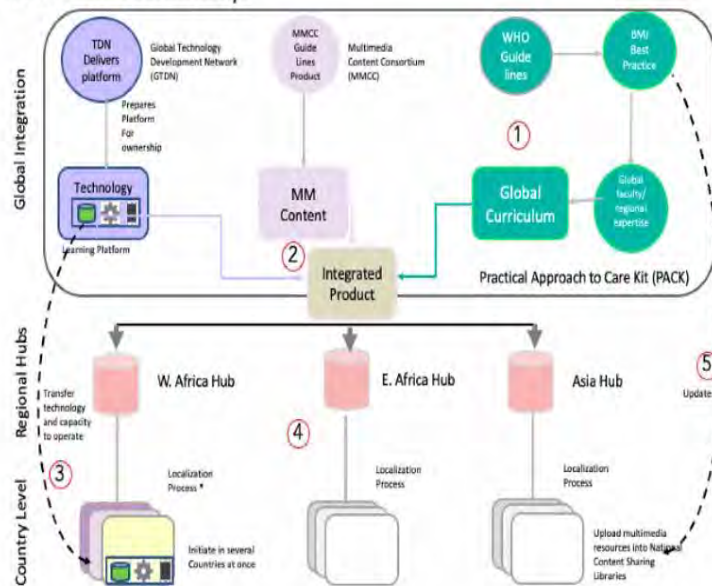
Source: Lancet 2010. Education of Health Professionals for the 21st Century

Scaling-up Community Health Workers (CHWs)



GLOBAL CHW CURRICULUM DEVELOPMENT: OUR APPROACH

The ACADEMY Partnership



The Process:

1. Create global curriculum leveraging 80% common material

2. Integrate guidelines & generic products so the multimedia can be applied in a standard, contextualized way.

3. Technology designed for ownership; adaptable at country level.

4. Assist Ministries in localization process

5. Integrate established BMJ Best Practice (or similar) system for updating protocols to digital curricula with traceable evidence back to WHO and international standards.



Ethiopia
Federal Ministry
of Health

LAST
MILE
HEALTH

* Localization Process: Align with country policies; Est. Local Tech Reps; Est. MMCC Adapters; ID Clinical inconsistencies; Adapt to local lang. and culture; Localize training (print & digital); Implement & evaluate

Social Entrepreneurship in Global Health



Fostering Global Health Leadership @McGill



毛主席会见白求恩同志

