UHC in the time of COVID

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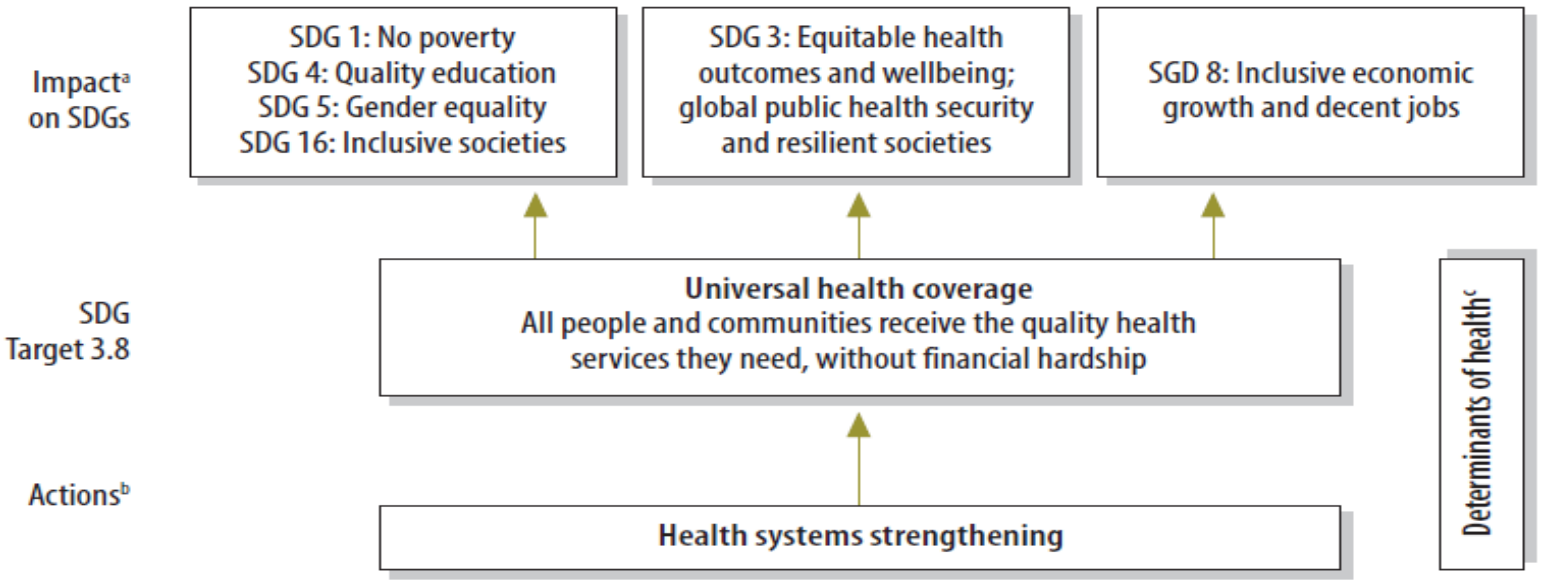
MDGs, SDGs and UHC

- Millennium Development Goals
  - The Millennium Development Goals (MDGs) was established during the Millennium Summit of the United Nations in 2000 at which the United Nations Millennium Declaration was adopted.
  - The MDGs included eight international development goals for the year 2015
- The SDGs were adopted in September 2015 and came into effect in January 2016
  - The Political Declaration: Universal Health Coverage: moving together to build a healthier world commits Member States to: covering an additional one billion people with health services by 2023 and reversing the impoverishing effects of out-of-pocket health expenditures on the poorest. It also reaffirms "health is a precondition for and an outcome and indicator of sustainable development" and recognizes UHC as fundamental to achieving the SDGs (UNDP, September 2019).

Sustainable Development Goals (SDGs)

SDGs, UHC, HSS: how do they connect?

Fig. 1. **How health system strengthening contributes to sustainable development goals through universal health coverage**



Kieny et al (2017) Strengthening health systems for universal health coverage and sustainable development. Bull World Health Organ 2017;95:537–539 | doi: http://dx.doi.org/10.2471/BLT.16.187476

What is UHC and why is it important?

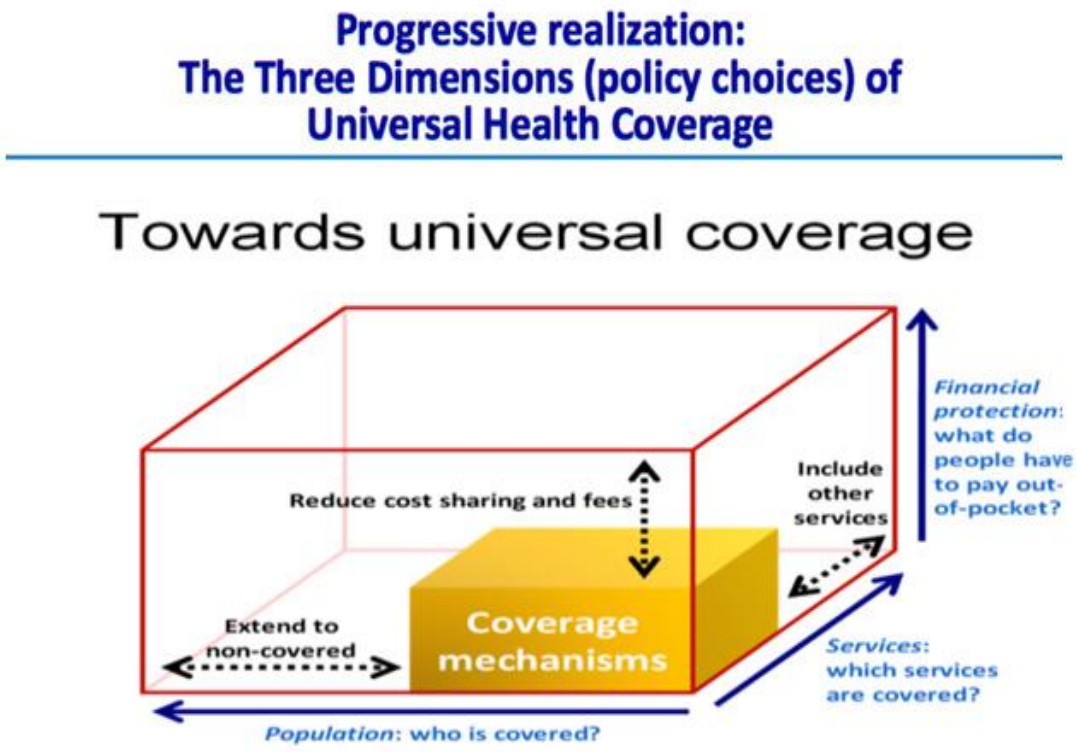
- For the past week, on your way to classes you witnessed your bus driver, Cindy, having a persistent cough as a concerned public health student you enquire about his health – he tells you that he had this cough for two weeks but could not go to the doctor because he has not insurance and can't afford the fees. She also tells you that her partner needs rehabilitation after an accident at her workplace
- Clearly, Cindy needs to see her doctor – for her sake, her families' sake and that of her passengers and her partner needs rehabilitation to improve her quality of life
- How will UHC help Cindy and her partner?

WHO's definition of UHC

Definition of Universal Health Coverage (UHC)

- World Health Assembly (WHA) Resolution 2005: urged countries to develop their health financing systems to:
  - ☑ **Ensure all people have access to needed key promotive, preventive, curative and rehabilitative health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care.**

Three dimensions of UHC



UHC predecessor: Alma Ata and Health for All by 2000

1978- Alma Ata Declaration-I.

- Health for All
- Primary Health Care
- Health a Fundamental Human Right
- Equity
- Appropriate Technology
- Inter-sectoral Development
- Community Participation.

Alma Ata, 1978:

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.

Alma Ata & Health for All by 2000?

- Alma Ata broadened the perception of health beyond doctors and hospitals to social determinants and social justice (Rifkin, 2018).
- Implementing the principles in the Alma Ata Declaration struggled to achieve its noble intentions.
  - (1) lack of agreement if PHC should focus on vertical disease programmes where interventions had the most possibility of success or on comprehensive programmes that addressed social, economic and political factors that influenced health improvements;
  - (2) whether primary care and PHC are interchangeable approaches to health improvements;
  - (3) how equity and community participation for health improvements would be institutionalised; and
  - (4) how financing for PHC would be possible.
- Rifkin SB (2018) Alma Ata after 40 years: Primary Health Care and Health for All—from consensus to complexity. BMJ Glob Health 2018;3:e001188. doi:10.1136/bmjgh-2018-001188

Why strong PHC - the bedrock of UHC - is so difficult to achieve?

- Challenge 1: Competing demands within highly constrained public budgets means low PHC investment
- Challenge 2: A vicious cycle of low productivity paired with provider absenteeism and poor quality of care results in underinvestment and underuse
- Challenge 3: Private providers are frequently the first point of contact, but it is not always clear if and how they are part of the plan
- Challenge 4: PHC elements are siloed and reliant on donor funds

Glassman et al (2018) The Declaration of Alma-Ata at 40: Realizing the Promise of Primary Health Care and Avoiding the Pitfalls in Making Vision Reality

- The Pan American Health Organization raised concern that reform agendas exclusively focused on the health sector, centred on medical care services and the expansion of insurance coverage, have displaced public health and the social determination of health (PAHO, 2019 cited in Sanders et al, From primary health care to universal health coverage—one step forward and two steps back)

UHC: re we making progress?

- World Bank and WHO:
  - Half the world lacks access to essential health services
  - 100 million still pushed into extreme poverty because of health expenses
- 800 million people spend at least 10 percent of their household budgets on health expenses for themselves, a sick child or other family members. 100 million people are push into extreme poverty, forcing them to survive on just **$1.90 or less a day**. (Tracking Universal Health Coverage: 2017 Global Monitoring Report).
- Expanding access is necessary but not enough – we must improve quality of care as well. Poor quality of care is responsible for close to 5 million of the more than 8 million deaths from treatable conditions occurring annually in LMICs—far more than the 3.6 million deaths resulting from insufficient access (Kruk et al. 2018).
- The COVID pandemic has shown us that access to health care around the world Is not equal. This applies to countries in the global north as well as in the global south!

What can UHC do for life expectancy?

- Life expectancy has been increasing in high income countries that achieved universal health care and reduced risk factors through effective health policy (Nolte and McKee, 2004; Di Cesare et al., 2013; Ogura and Jakovljevic, 2014; Mathers et al., 2015).
- UHC, sanitation coverage and child vaccination (DPT 3) were associated with significantly increased life expectancy at birth by 0.34, 0.31, and 0.17 ($p < 0.05$).
- UHC has the greatest influence in LEAB and HALE among other predictors (Ranabhat et al, 2018).

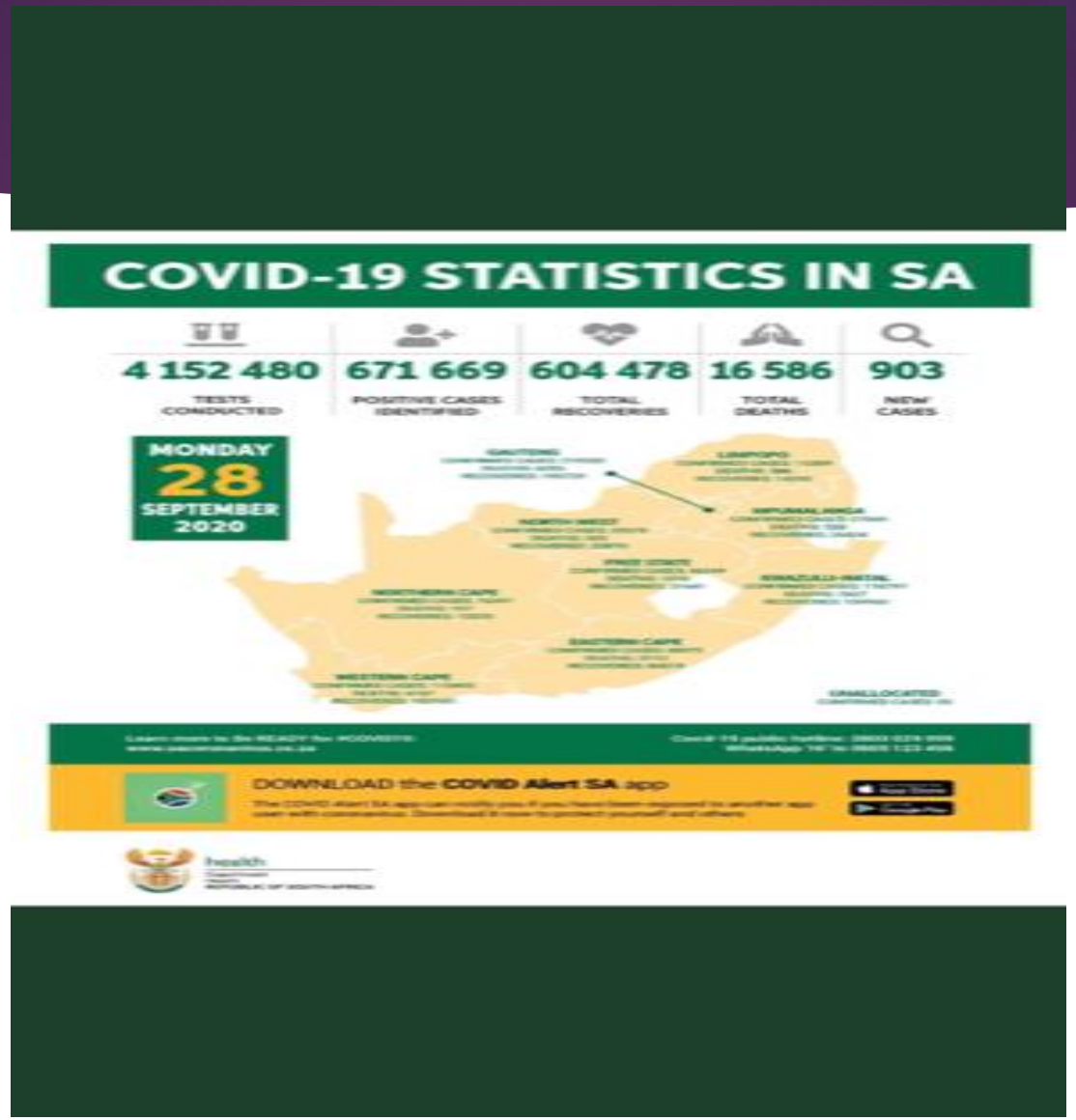
Ranabhat et al (2018) The Influence of Universal Health Coverage on Life Expectancy at Birth (LEAB) and Healthy Life Expectancy (HALE): A Multi-Country Cross-Sectional Study. Front Pharmacol. 2018; 9: 960.

What will it take to implement UHC?

- Adopting and implementing UHC is political:
  - "There is a strong tendency to discuss UHC as though it were a settled goal that only requires technical follow-up. This approach contradicts or at least underplays a large body of evidence suggesting that UHC is potentially transformative and intensely political, and depends on the features of a country's governance. Without support in domestic politics, a redistributive policy such as UHC is unlikely to happen. Without political support in the international arena, it can be undermined by advocates of other attractive goals such as programs focused on single diseases". Greer and Mendez (2015). Universal Health Coverage: A Political Struggle and Governance Challenge. Am J Public Health. 2015 November; 105(Suppl 5): S637–S639.
- It requires a "confluence of political opportunities, available financial resources (mainly from a functioning tax revenue base), and the mobilization of strong, left political parties, leaders, and representatives (including trade unions)". Mckee et al (2012) Universal Health Coverage: A Quest for All Countries But under Threat in Some. Value in Health. volume 16, Issue 1, Supplement, January–February 2013, Pages S39-S45

Country experiences

- Thailand: three options considered (a) conservative – fragmented insurance schemes and inequity; (b) Progressive – functional integration; (c) big bang – single fund; with support of new government in 2001 adopted progressive approach with three areas of focus: improve health system efficiency through rational use of health care starting with PHC; ensuring good governance through purchaser-provider split; improving quality through accreditation and utilization reviews (HSRU, 2012)
- China: three critical ingredients for UHC (a) continued political support is the most important enabling condition for achieving universal health coverage (UHC); (b) increasing health financing with investment from both government and private sector; and (c)a strong primary healthcare system is a core component of achieving UHC (Tao et al., 2020 Towards universal health coverage: lessons from 10 years of healthcare reform in China. BMJ Global Health 2020;5:e002086. doi:10.1136/bmjgh-2019-002086)
- Rwanda achieved dramatic progress in effective health coverage, including for HIV. AIDS-related mortality dropped approximately 80%, and UNAIDS targets for universal prevention of mother-to-child transmission (PMTCT), and national health insurance coverage surpassed 90% . This was achieved through integrating the HIV programme and the UHC policy – central to this was: (a) political support and leadership from the President; intersectoral collaboration, public-private partnership and civil society participation. (Jay et al, 2016. Building from the HIV Response toward Universal Health Coverage. PLoS Med 13(8): e1002083. https://doi.org/10.1371/journal.pmed.1002083


COVID-19 STATISTICS IN SA
4 152 480
TESTS CONDUCTED
671 669
POSITIVE CASES IDENTIFIED
604 478
TOTAL RECOVERIES
16 586
TOTAL DEATHS
903
NEW CASES
MONDAY
28
SEPTEMBER
2020
DOWNLOAD the COVID Alert SA app
health

South Africa: a case study

- Country of 58m people living in 9 provinces
- Apartheid history (social separation, economic & political oppression)
- Massive inequalities – that remain 26 years after democracy
- Two health sectors: public (80% of the population) and private (20%)
- Health expenditure: 8.6% of GDP on health (4.2% private; 4.4% public)
- Burden of disease: HIV, TB and malaria; diabetes and hypertension; high levels of trauma; high maternal and child mortality

Health outcomes – some progress (SAMRC: Rapid Mortality Surveillance Reports, 2011, 2020)

INDICATOR	2008	2018
Total life expectancy	57.1 years	64.8 years
<5 mortality	57.1/1000	34/1000
IMR	39/1000	25/1000
NMR	14/1000	11/1000
MMR	280/100 000	134/100 000

NCDs on the rise

- Increasing access to fast foods, rich is sugar, salt and fats
- The prevalence of obesity in children in South Africa increased from 10.6% in 2005 to 13.3% in 2016 - more than twice the global prevalence of 5.6% (Child Gauge, 2019)
- SADHS (2016): 6% of women and 44% of men have hypertension
- 13% of women and 8% of men are diabetic
- Role of demographic transition, transnational food companies

South Africa and UHC

- Constitution of the Republic: "Everyone has the right to have access to:
  - health care services, including reproductive health care;
  - sufficient food and water; and
  - social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.
  - The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
  - No one may be refused emergency medical treatment.
- UHC – called National Health Insurance (NHI)
- Significant consultation: Green Paper (2011); White Paper (2018); NHI Bill (2019)

NHI implementation: perceptions and opinions

- Historically the medical profession and the private sector opposed NHI
- Current concerns about NHI include: How will NHI be financed; Govt capacity to implement; role of the private health sector; corruption
- GPs were generally positive about NHI and thought it would benefit both patients and providers. GPs had concerns regarding the capacity of government to implement NHI and the implications for solo GPs, and needed more information. Government needs to actively engage GPs (Gaqavu and Mash, 2019)
- It is imperative to provide better quality healthcare services in the public sector for private sector users to be supportive of national health insurance. Concerted efforts are also required to develop a proper communication strategy to disseminate information on and garner support for national health insurance, both in the public and private healthcare sectors (Booysen and Hongoro, 2018).
- Need for innovative, inclusive and sustainable UHC financing and service delivery solutions and the upholding of political will and commitments made, if South Africa is to achieve UHC by 2026 (Michel et al, 2020).
- "Government is determined to push through with its ill-advised National Health Insurance, despite mounting evidence and expert opinion pointing out just how bad an idea this is. Public healthcare is failing in every single ANC-run province, and millions of people are suffering as a result. The very last thing we need is more government control over healthcare" (Steenhuizen, leader of the opposition, 2020).

Impact of COVID on global health: 'don't waste a crisis'

- Crisis
  - Morbidity and mortality increased dramatically – impact on the health system & the most vulnerable
  - Lack of access to health services for non-COVID conditions its impact
  - Economic downturn, including impact on ODA
- Opportunities
  - Agility in responding is possible
  - Decentralisation of authority to districts
  - People are important – involve them (NPI not possible without the people)
  - Use of digital technology (m-Health solution for tracking and tracing etc)
  - Development of systems for real time data and rapid analytics (epi and modelling)
  - Global connectedness (no one is safe unless everyone is safe)
  - Work in teams (everyone is important); importance of infection prevention and control (including ventilation)
  - Intersectoral collaboration (health sector cannot work alone)
  - Everyone has lessons – including the so-called LMICs

COVID and lessons for global health

- "The COVID-19 crisis will force us to reimagine the broken system of global health" (Shamasunder et al, 2020. COVID-19 reveals weak health systems by design: Why we must re-make global health in this historic moment
- "Africa has many lessons to teach the world about how to be resilient and how to be creative. We need to look at the bottom-up approaches in Africa, the way responses are localized and communities participate" (Mike Ryan, 25 September 2020)

Will COVID stymie or facilitate UHC?

- COVID has reminded us of the inequities in access to health services in all countries
- COVID has negatively impacted the global economy and national economies (including ODA)
- Will the global crisis provide (like the post WW2 period) the impetus for UHC or provide fuel for its critics?
- Japan: introduced UHC past WW2; Thailand introduced UHC during an economically difficult period
- Being able to finance UHC is important but political will is more important – will those that promote UHC have sufficient leverage to push ahead with UHC?

Questions for discussion

- What are historical lessons from Alma Ata and Health for All by 2000?
- Why do some countries have UHC and others not?
- Will COVID-19 propel us towards UHC or stymie progress?
- What are the lessons from COVID-19 for global health?