

WHAT IS UHC?

Universal Health Coverage

Pre-WHA presentation – 21 May 2021 - Geneva

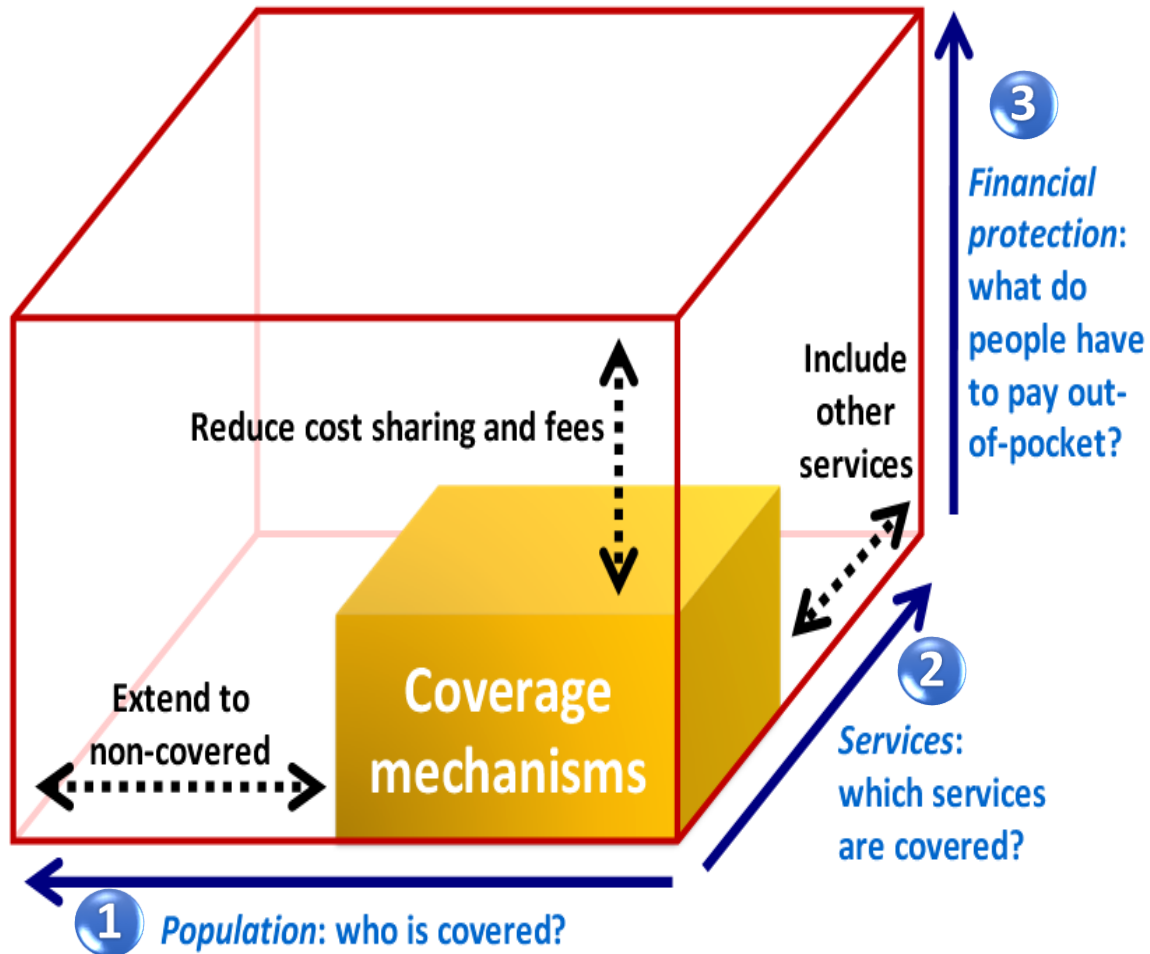
**International Federation of Medical Student Associations
Video-Meeting**

**Denis Porignon – Head, Country Impact Unit
PHC Special Programme, WHO HQ**



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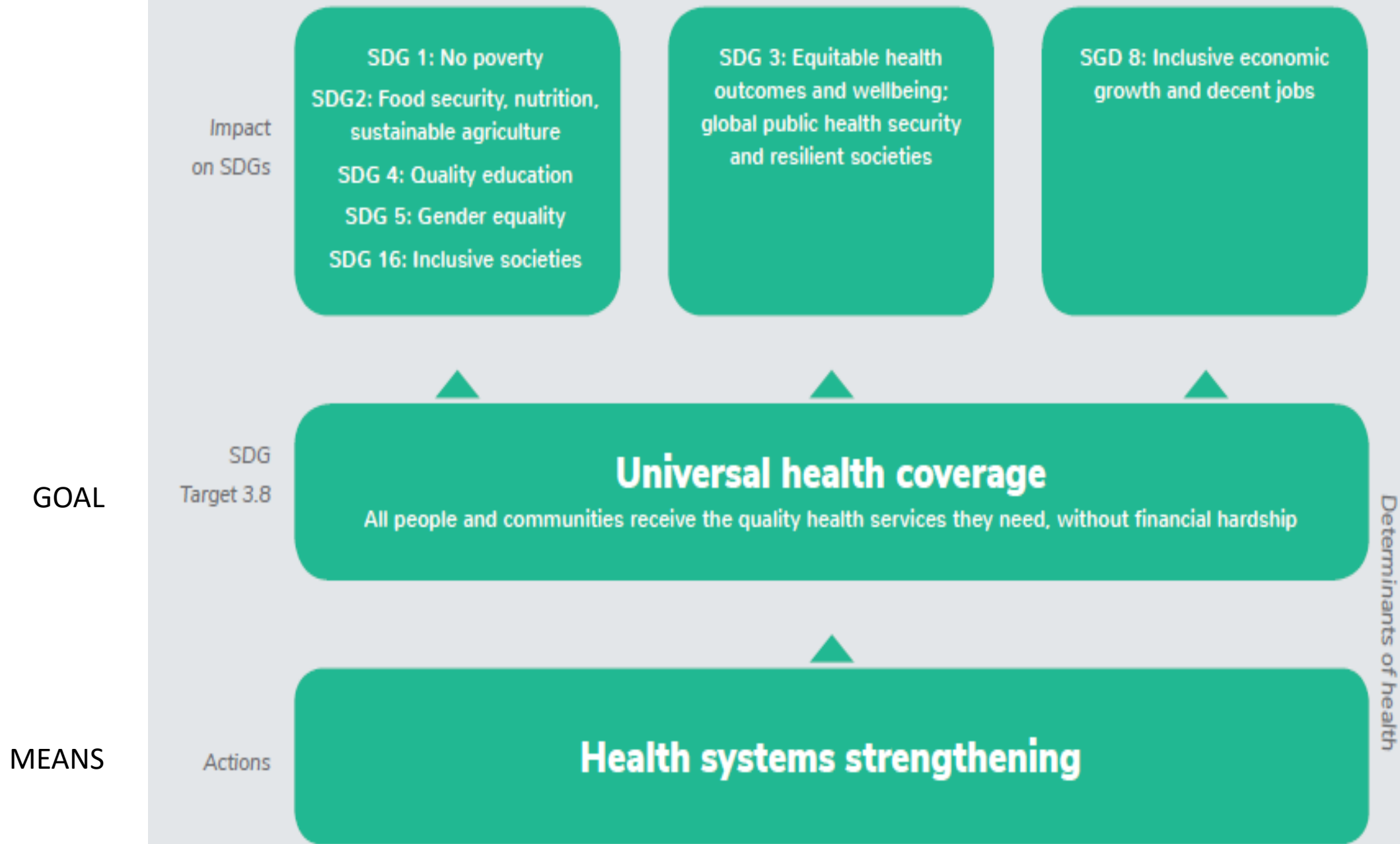
Universal Health Coverage?



The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

This definition embodies three related objectives:

1. **Population: Who is covered?** Equity in access to health services - everyone who needs services should get them, not only those who can pay for them
2. **Services: Which services are covered?** The quality of health services should be good enough to improve the health of those receiving services
3. **Financial protection: What do people have to pay out-of-pocket?** People should be protected against financial-risk, against catastrophic health expenditures.



Source: adapted from Kiemy & al., 2017, WHO Bulletin (forthcoming)

Health System

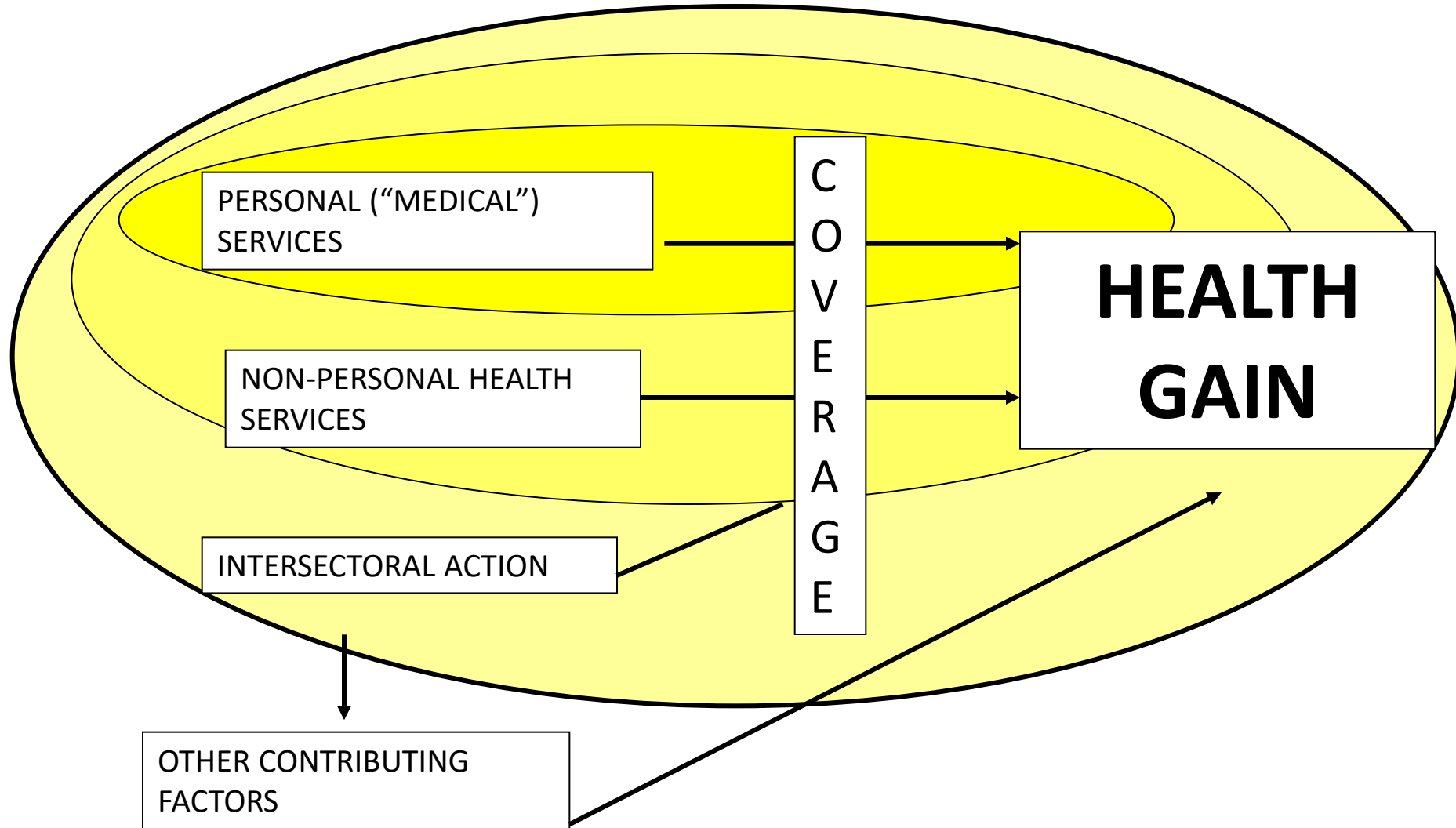
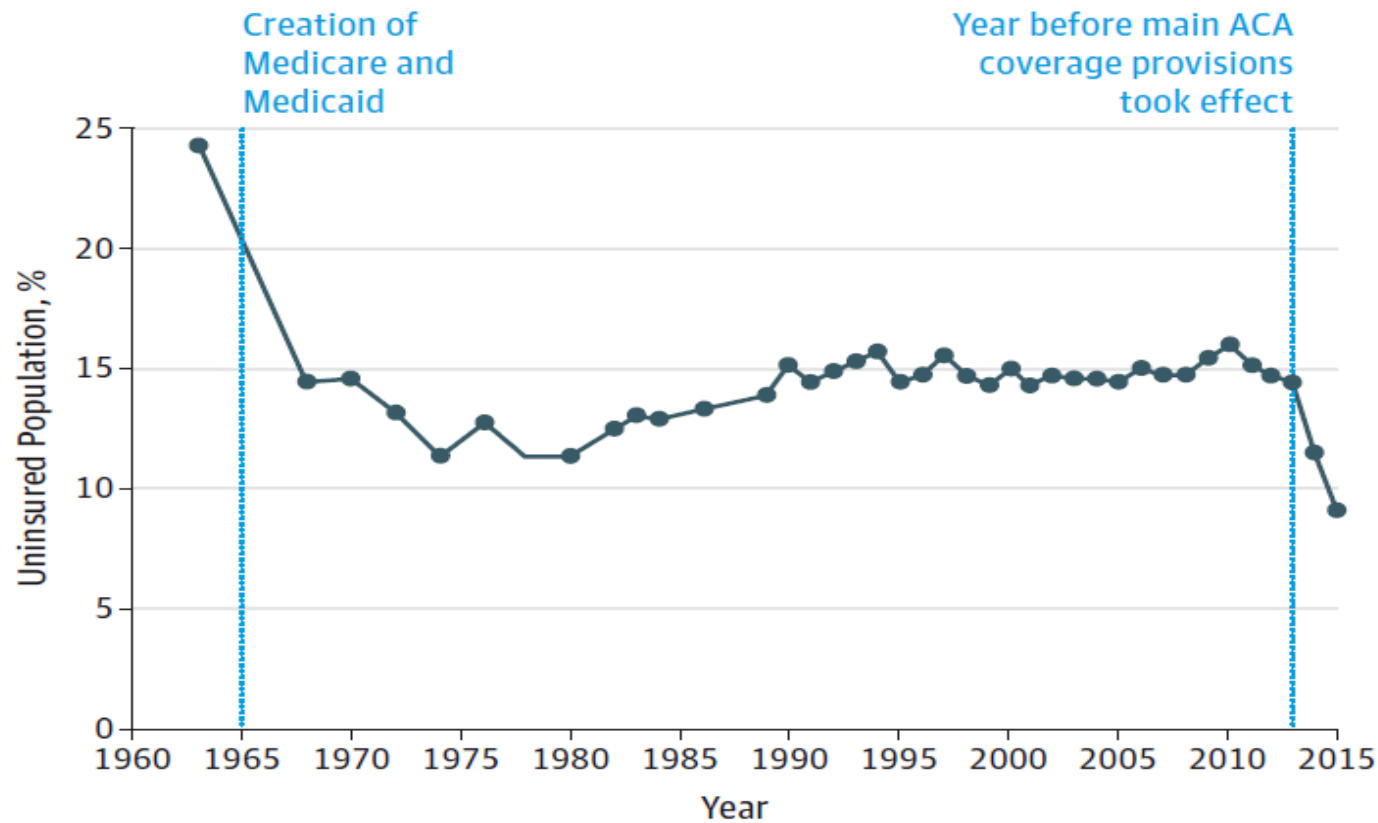


Figure 1. Percentage of Individuals in the United States Without Health Insurance, 1963-2015



Source, Obama B, JAMA 2016

Data are derived from the National Health Interview Survey and, for years prior to 1982, supplementary information from other survey sources and administrative records. The methods used to construct a comparable series spanning the entire period build on those in Cohen et al⁸ and Cohen⁹ and are described in detail in Council of Economic Advisers 2014.¹⁰ For years 1989 and later, data are annual. For prior years, data are generally but not always biannual. ACA indicates Affordable Care Act.

**Ok.. What is the role
of PHC inside UHC?**



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PHC? A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components:

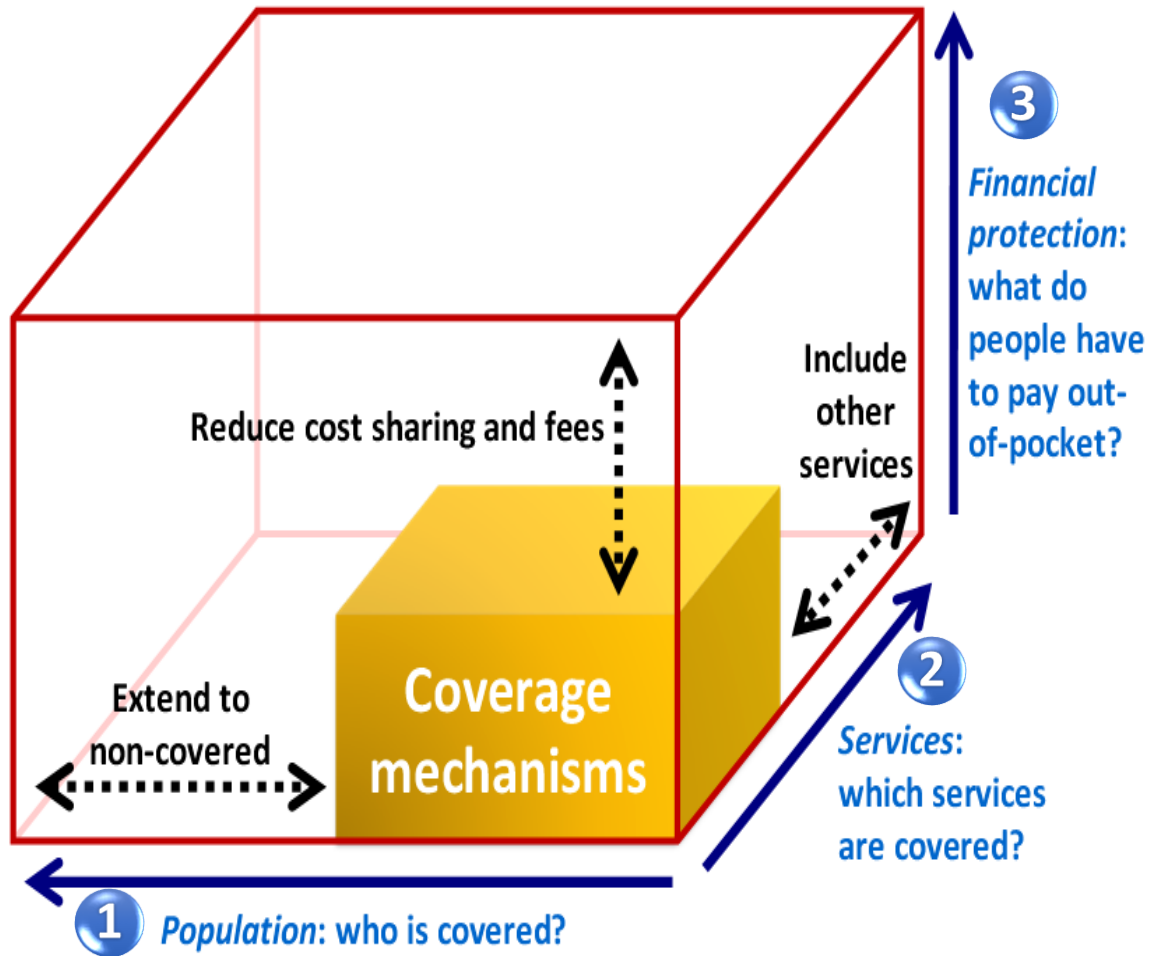
- (a) primary care and essential public health functions as the core of integrated health services;**
- (b) multisectoral policy and action; and**
- (c) empowered people and communities.**

**Ok.. So how does PHC relates
to UHC?**



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Universal Health Coverage...

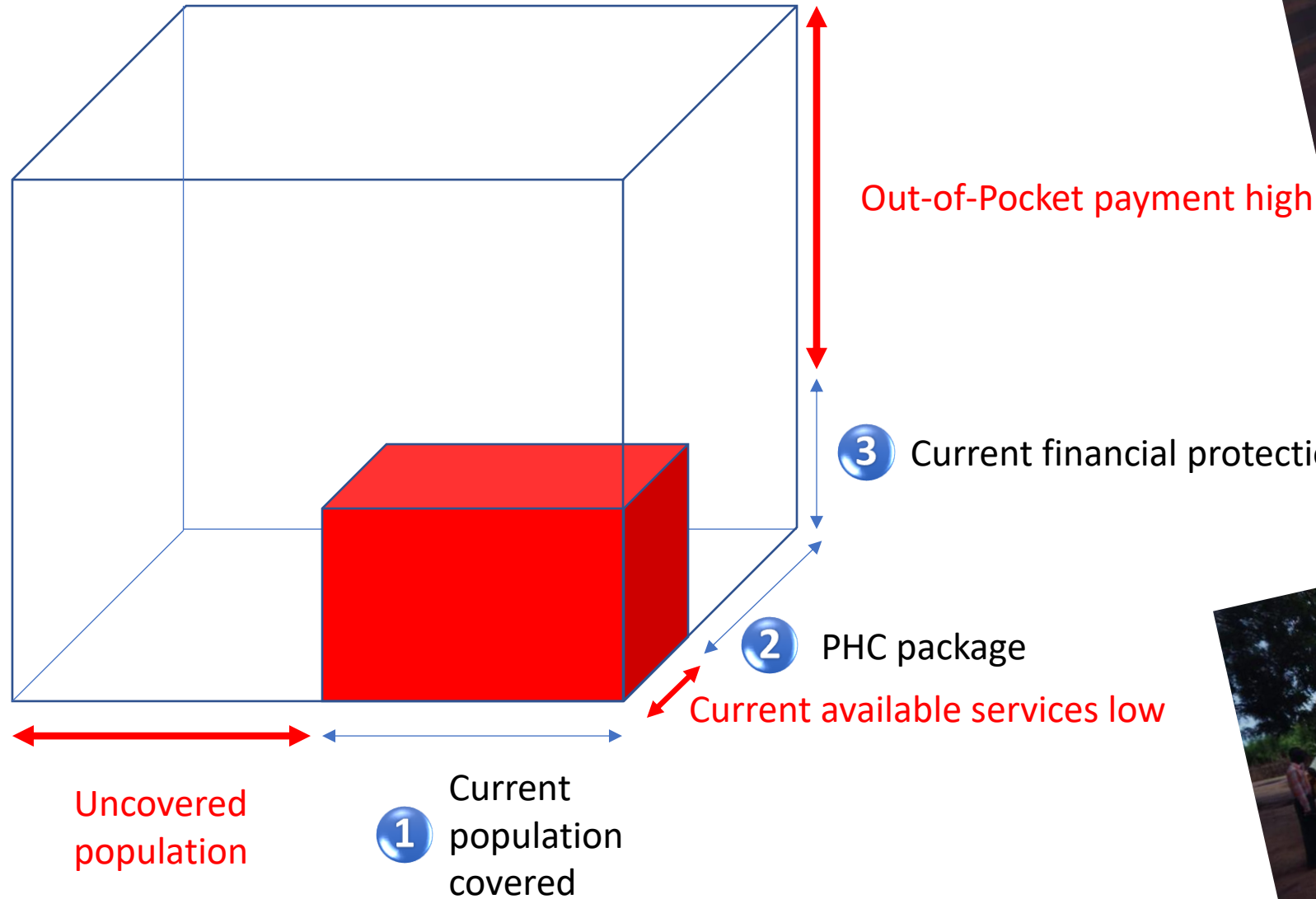


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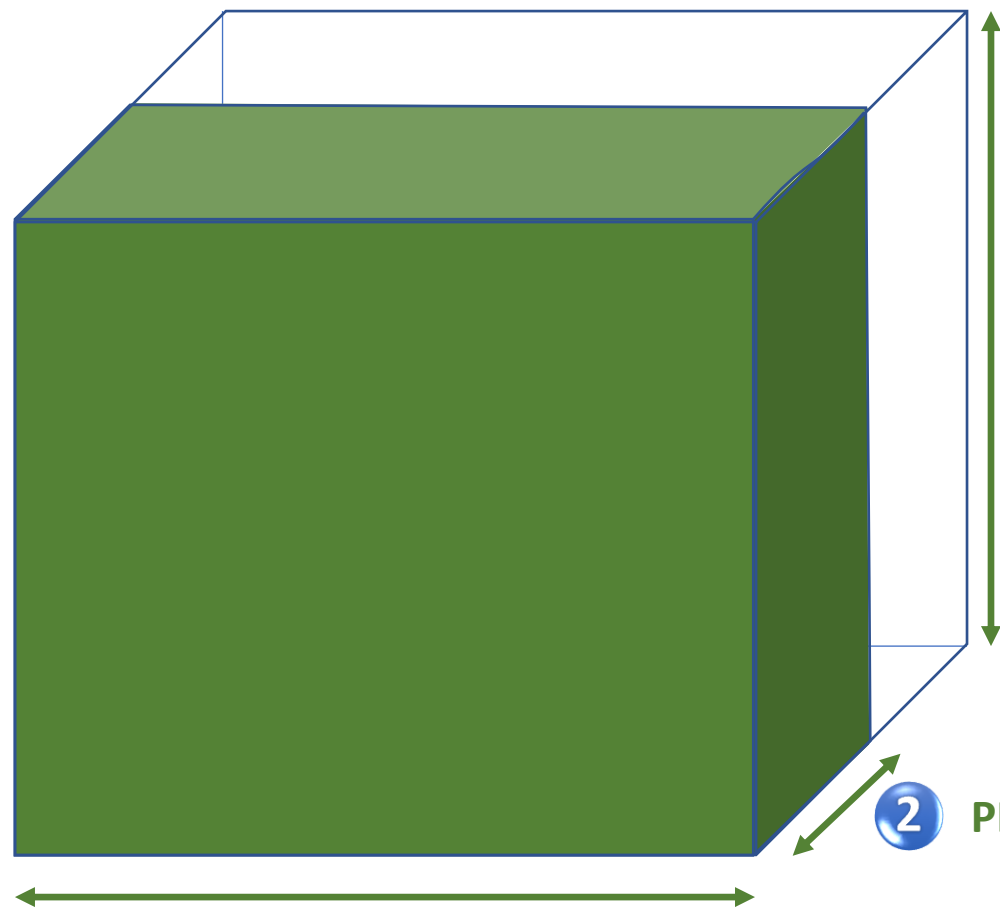
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1. "Unsatisfactory" UHC situation



2. "PHC" situation



1

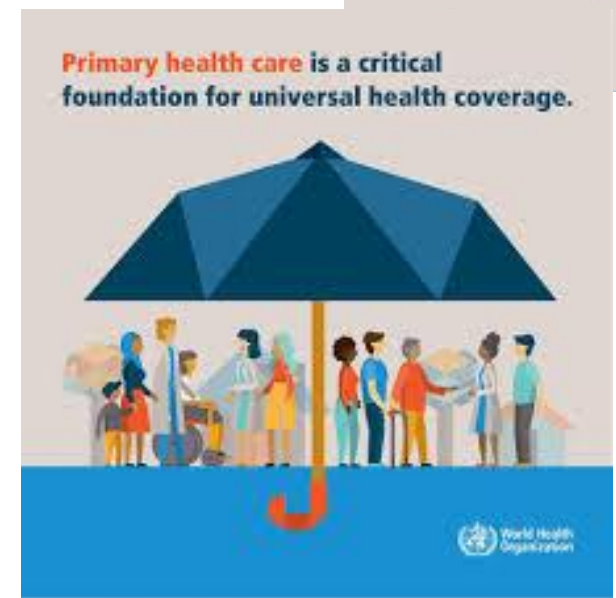
All the population is covered with PHC services

2

PHC package offered

3

Financial protection Guaranteed for the PHC package

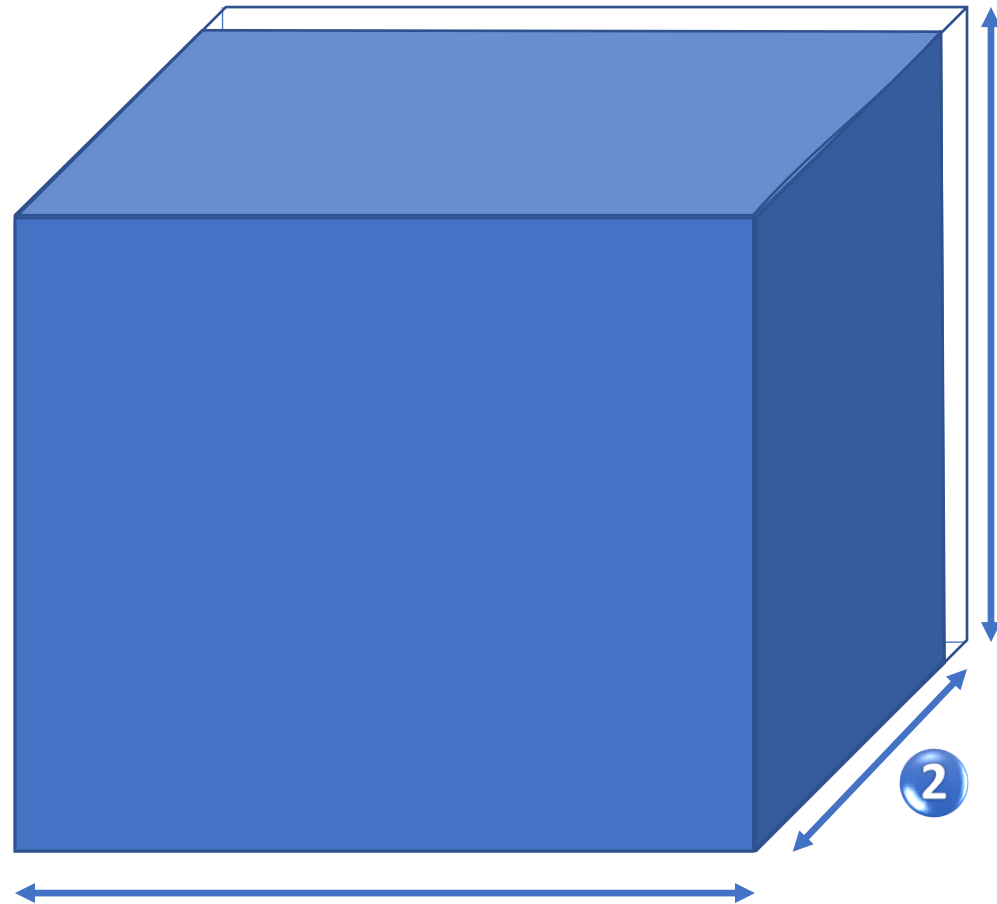


**PHC is a good approach
And some countries go
further**



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3. Expansion of services included in the package



1

All the population is covered with Improved affordable services

2

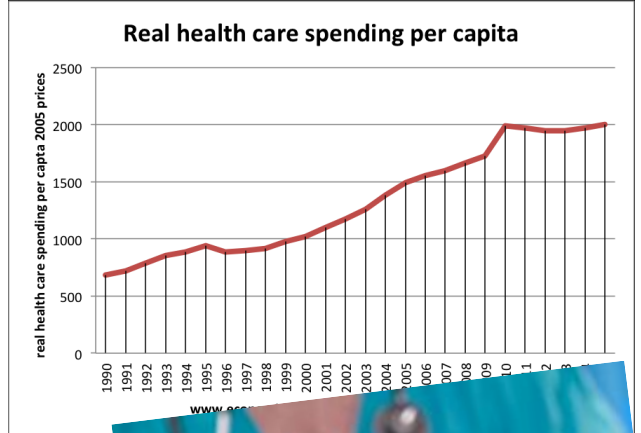
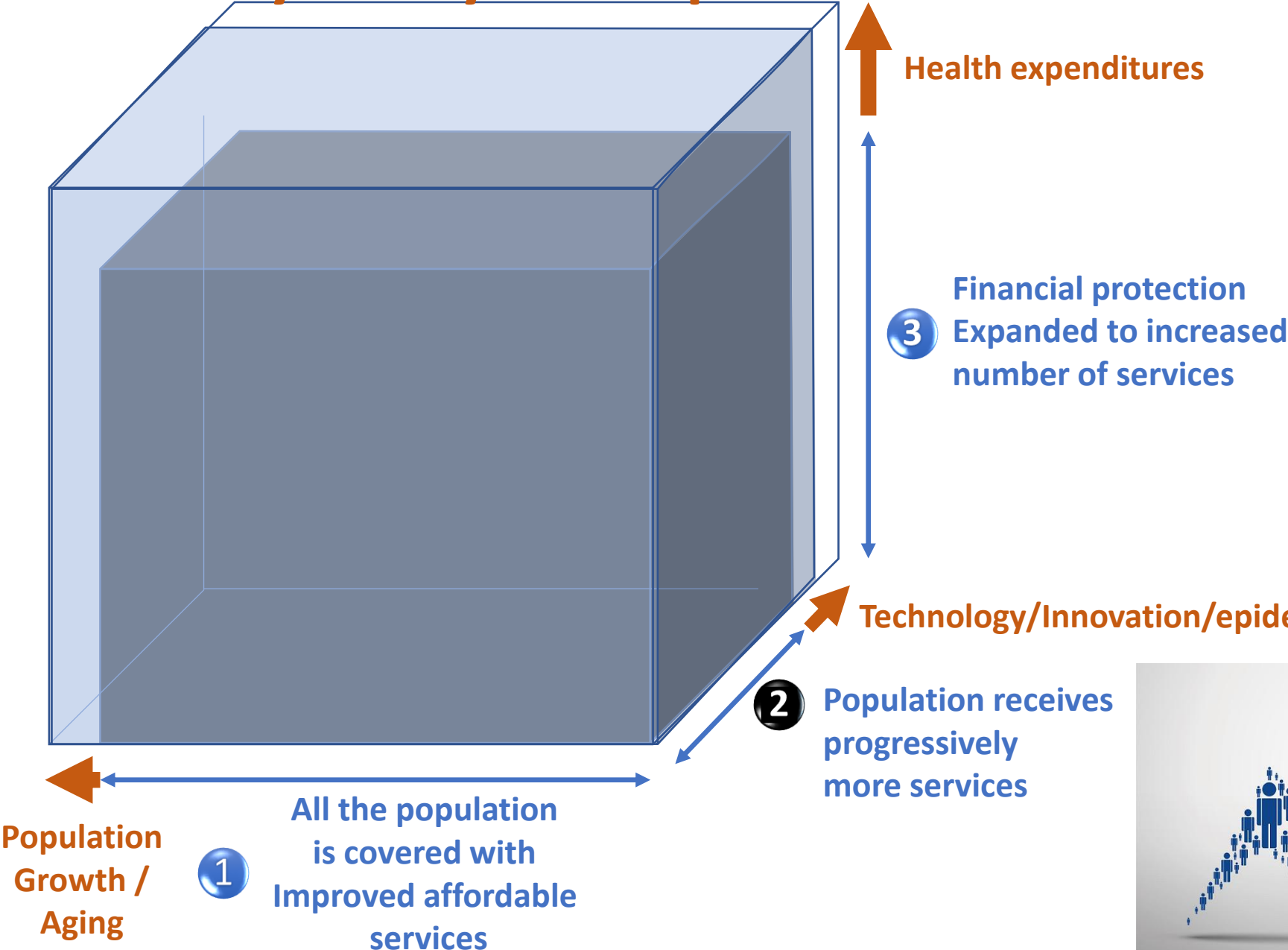
Population receives progressively more services

3

Financial protection Expanded to increased number of services



4. In reality – a dynamic process – the cube expands



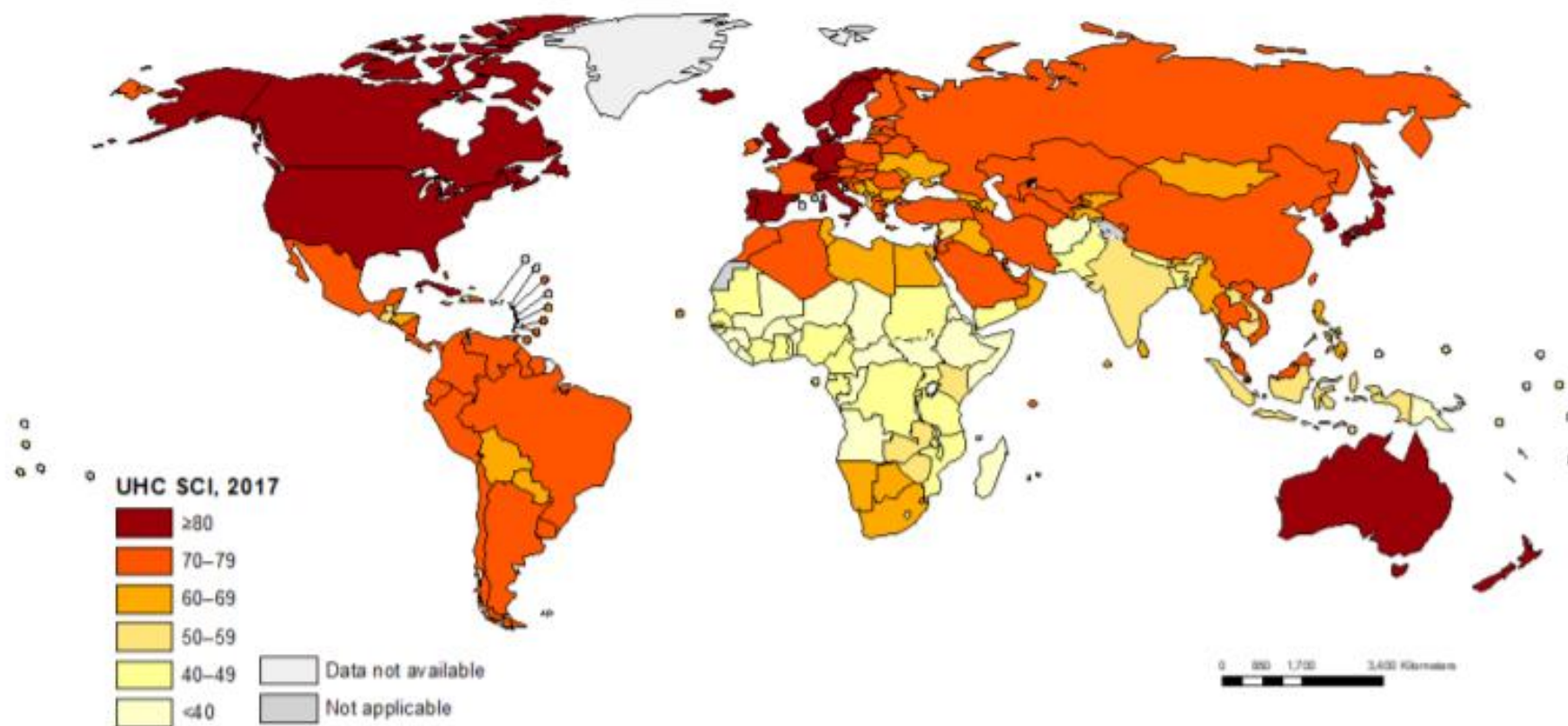
What is the current UHC situation?



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UHC service coverage index by country 2017

FIGURE 1 Outside of high-income countries, country-level service coverage index (SCI) in 2017 varied within WHO regions



Note: This map has been produced by WHO. The boundaries, colours or other designations or denominations used in this map and the publication do not imply, on the part of the World Bank or WHO, any opinion or judgement on the legal status of any country, territory, city or area or of its authorities, or any endorsement or acceptance of such boundaries or frontiers.

Source: WHO.

Challenges

- 3.5 Billion people do not have access to quality essential health services
- 9.2% of world population incur catastrophic out-of-pocket expenditures
- Global gap of 18 Million health workers by 2030
- 22% of global population lives in fragile contexts
- Important changes: demography & aging, migration, epidemiology, climate, outbreaks, chronic conditions

Despite challenges, UHC is attainable

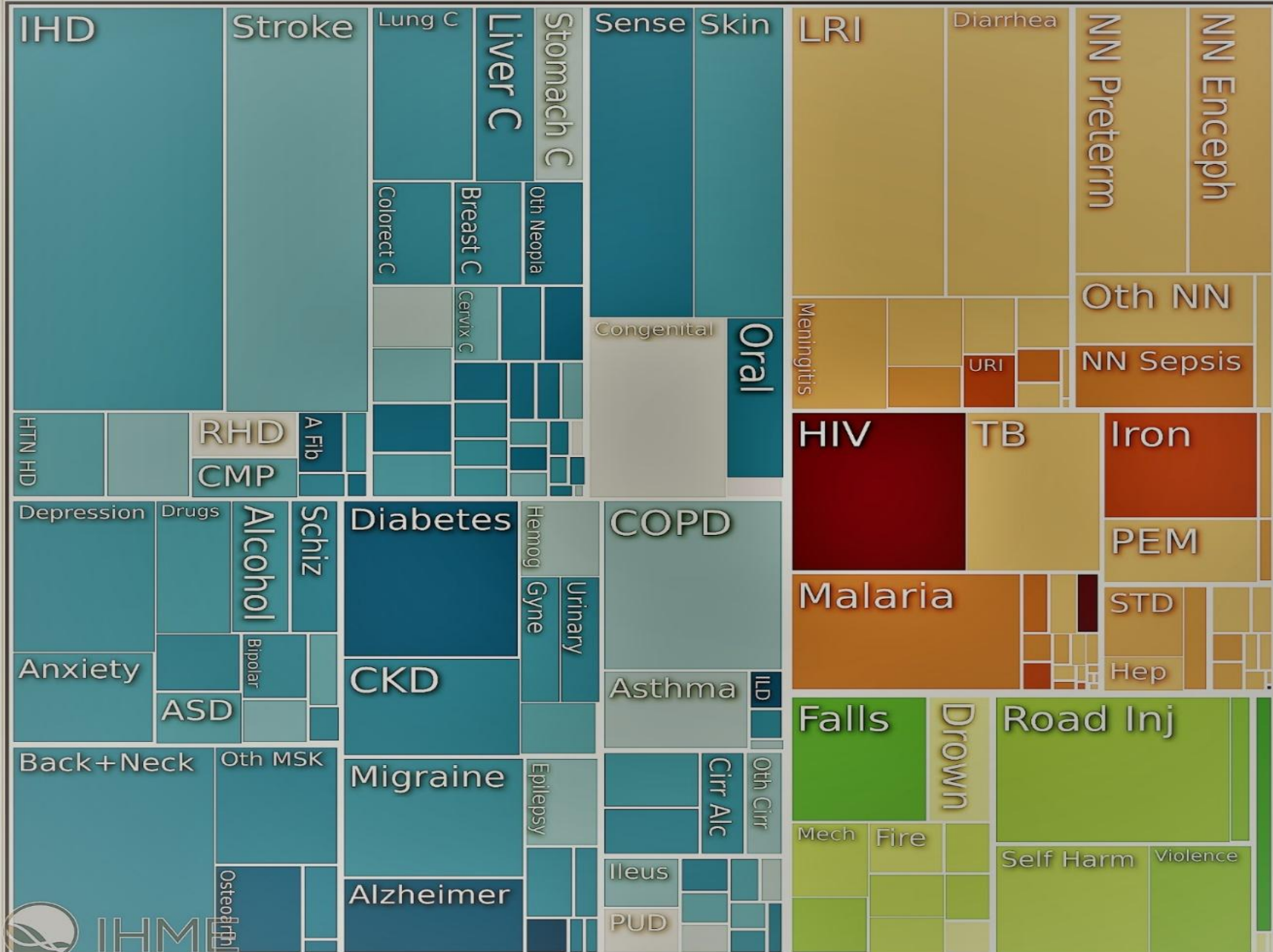
- Political commitment for UHC (75 countries have UHC legislation)
- Primary Health Care Astana commitment – PHC a critical foundation for UHC
- Employment in the health sector is linked to economic growth – and profitable to gender balance
- And investing in health is good for economic growth..

Which services to be covered A difficult choice?



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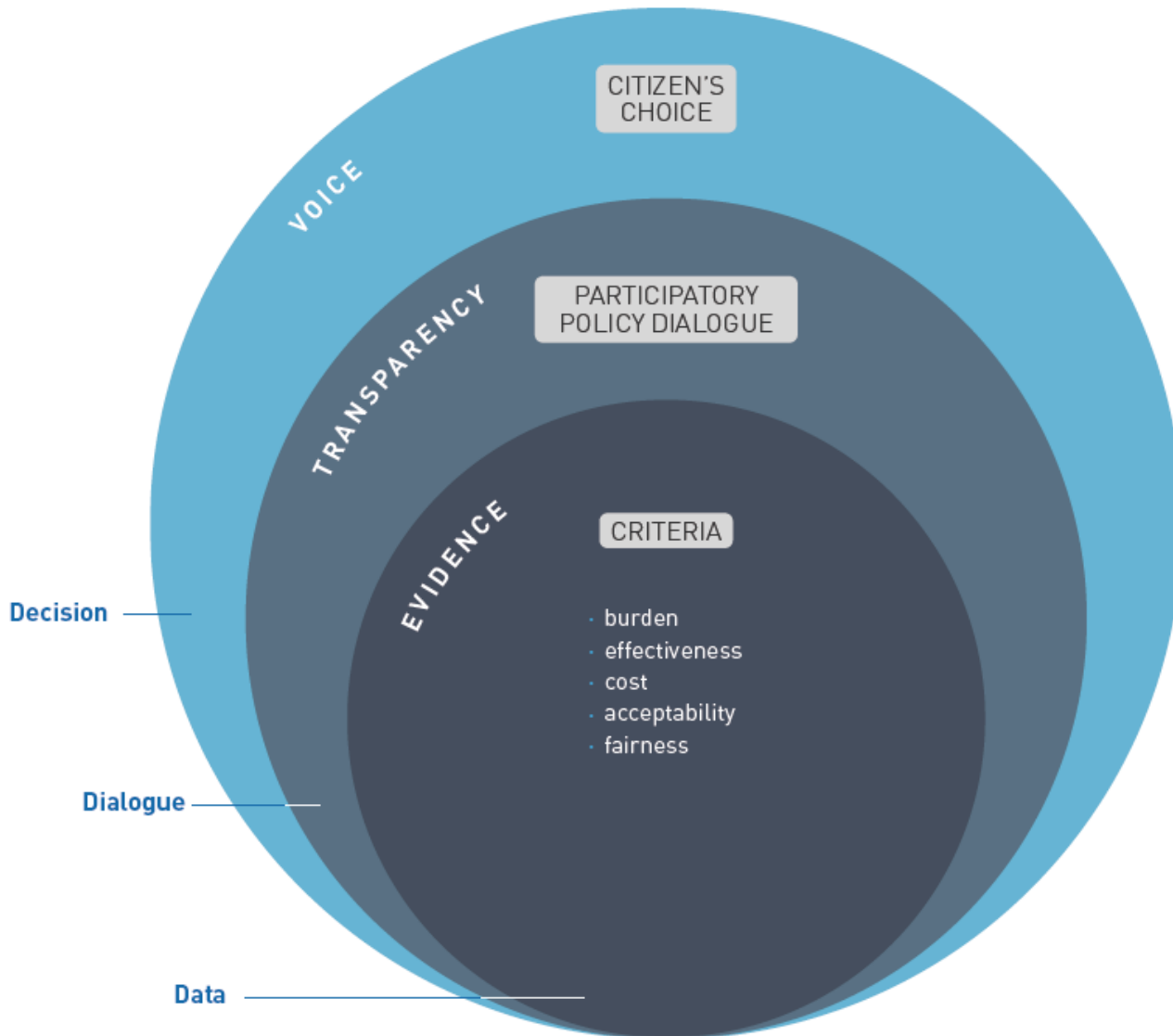
Global
Both sexes, All ages, 2016, DALYs



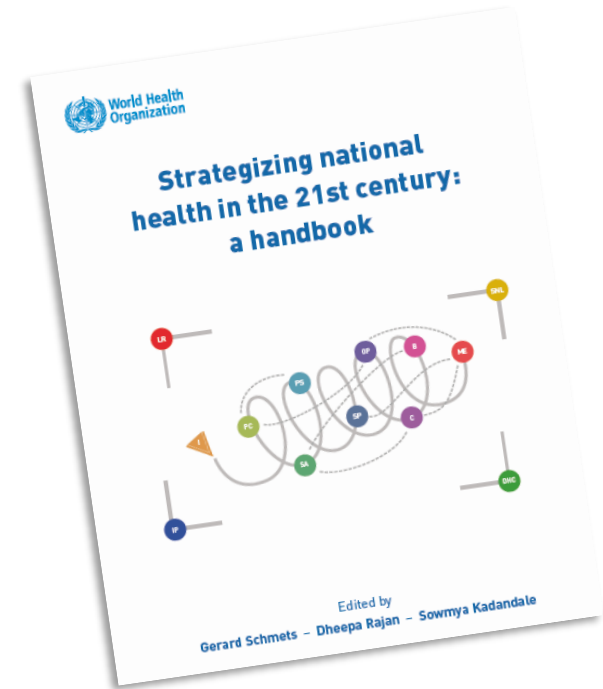
Annual % change
1990 to 2016
DALYs/100,000



PRIORITIES



<https://www.who.int/healthsystems/publications/nhpsp-handbook/en/>



Determinants of Health?



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The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

The changing global context: Challenges & opportunities



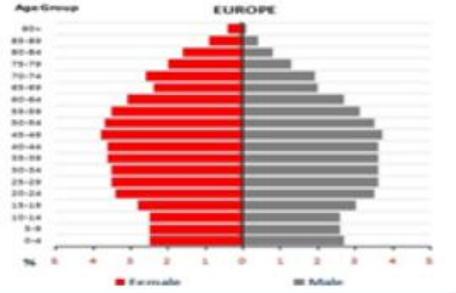
SDGs



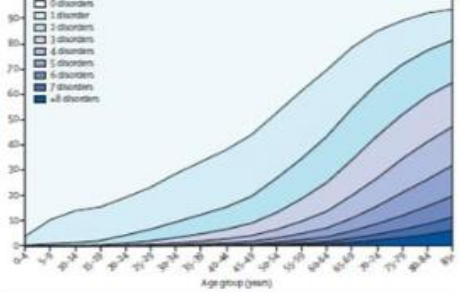
Globalization



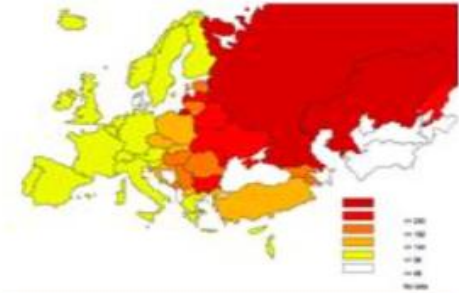
Migration



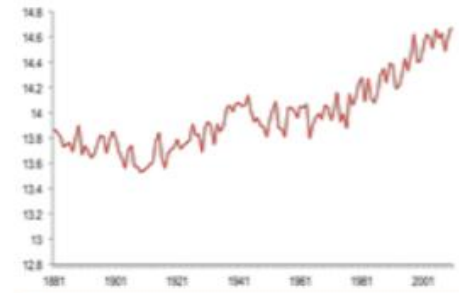
Ageing



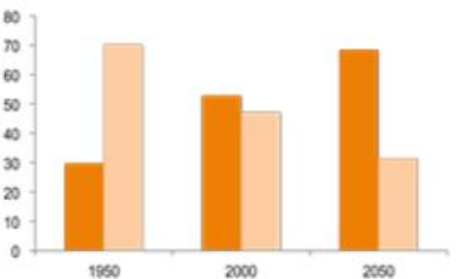
Multi-morbidity



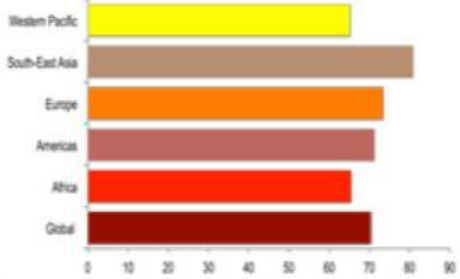
NCDs



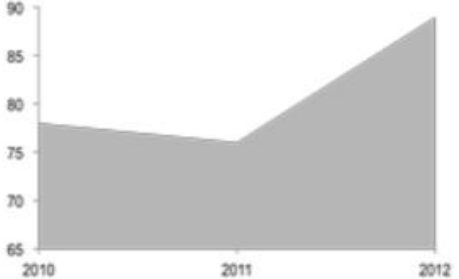
Climate change



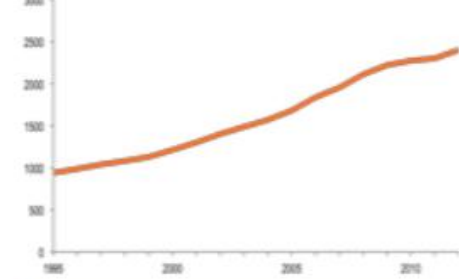
Urbanization



Citizen voice

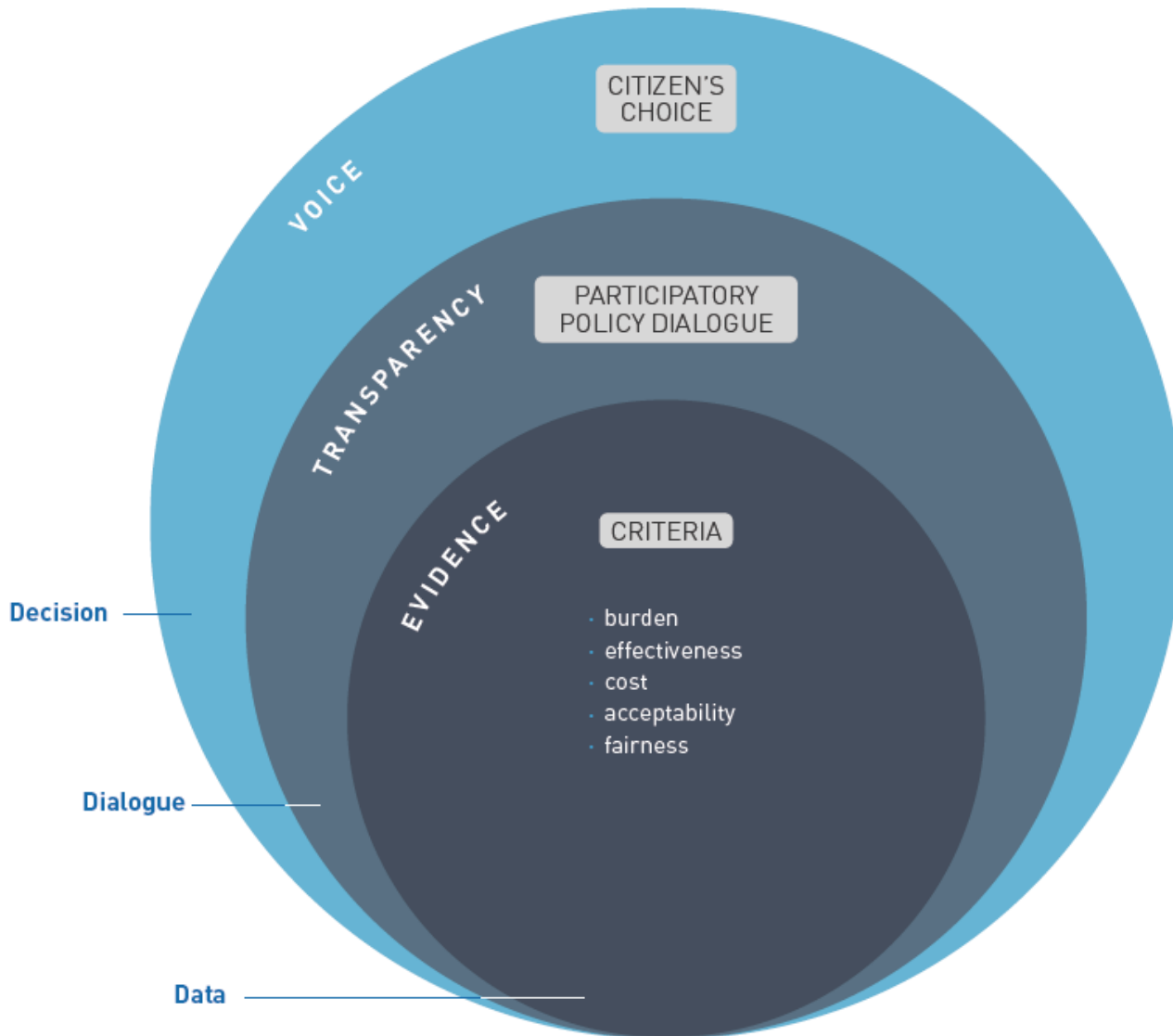


Innovation

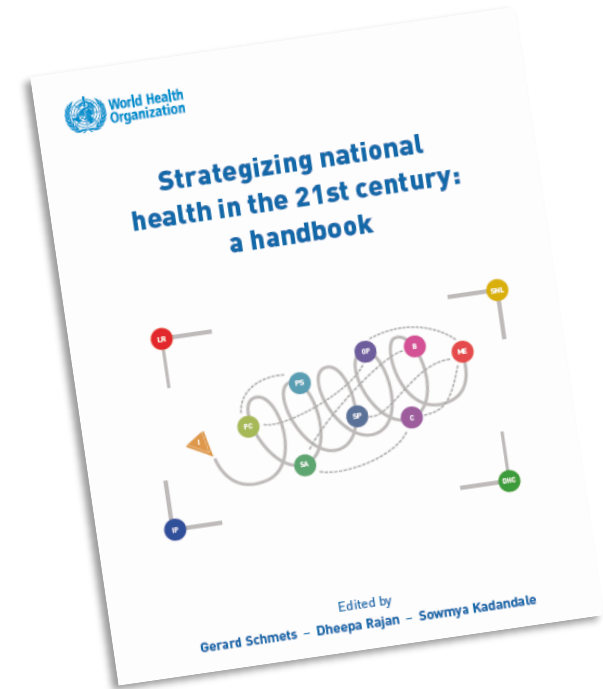


Rising costs

PRIORITIES



<https://www.who.int/healthsystems/publications/nhpsp-handbook/en/>



Migrants – who should be included in UHC?



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Refugee (UNHCR):

Refugees are people outside their country of origin because of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order, and who, as a result, require international protection

Migrant (IOM): Any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or what the length of the stay is.

Refugee and Migrants

Global Compact on SOR Migration (non binding): Refugees and migrants are entitled to the same universal human rights and fundamental freedom, which must be respected and protected and fulfilled at all times. However, migrants and refugees are distinct groups governed by separate legal frameworks. Only refugees are entitled to the specific international protection defined by international refugee law. The Global Compact refers to migrants and presents a cooperative framework.

BRIEF OVERVIEW OF THE GLOBAL SITUATION

10. The number of international migrants² has grown as a proportion of the global population. In 2017, international migrants constituted 3.4% of the global population as compared with 2.8% in 2000. During the period 2000–2017, the total number of international migrants rose from 173 million to 258 million, an increase of 49%.³

11. The Office of the United Nations High Commissioner for Refugees reports that, globally, the number of forcibly displaced people, 68.5 million, is the highest level of human displacement ever;⁴ the figure includes 25.4 million refugees. There are also 10 million stateless people, who lack a nationality and access to basic rights such as education, health care, employment and freedom of movement.

HEALTH CONSEQUENCES AND CHALLENGES

12. Many refugees and migrants lack access to health care services, including health promotion, mental health services (in particular those for post-traumatic disorders, which affect many refugees and migrants), disease prevention, treatment and care, as well as financial protection.

13. Nationality should never be a basis for determining access to health care; legal status (often) determines the level of access, as appropriate within national insurance schemes and health systems, without revoking the principle of universal health coverage as set in international agreements. Refugees and migrants may, in some circumstances, fear detection, detention or deportation and may be subject to trafficking or slavery. Unaccompanied children are particularly vulnerable and need specific provisions.

COVID-19?



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Covid & UHC – a couple of thoughts..

- Covid has demonstrated that many countries are not well equipped.
- Even countries that ranked very high regarding IHR / JEE
- Countries with strong health systems offer better response
- However, EPHFS often neglected
- Some countries place economy before Public Health and well being (e.g., Economic crisis 2008)
- Need to address pandemic and ensure continuity of services in the same time (Ebola)
- Paradigm shift: UHC and Health Security – Health and economy

Table 1. Summary of 16 health system recommendations to respond to COVID-19

1. Expand capacity for communication and proactively manage media relations.	2. Bolster capacity of essential public health services to enable emergency response.	3. Clarify first-point-of-contact strategy for possible COVID-19 cases: phone, online, physical.	4. Protect other potential first contact health system entry points.
5. Designate hospitals to receive COVID-19 patients and prepare to mobilize surge acute and intensive care unit (ICU).	6. Organize and expand services close to home for COVID-19 response.	7. Maintain continuity of essential services while freeing up capacity for COVID-19 response.	8. Train, repurpose and mobilize the health workforce according to priority services.
9. Protect the physical health of frontline health workers.	10. Anticipate and address the mental health needs of the health workforce.	11. Review supply chains and stocks of essential medicines and health technologies.	12. Mobilize financial support and ease logistical and operational barriers.
13. Assess and mitigate potential financial barriers to accessing care.	14. Assess and mitigate potential physical access barriers for vulnerable groups of people.	15. Optimize social protection to mitigate the impact of public health measures on household financial security.	16. Ensure clarity in roles, relationships and coordination mechanisms in health system governance and across government.

Thank you!



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