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PATH TO UNIVERSAL HEALTH COVERAGE



14 Sept, 2018

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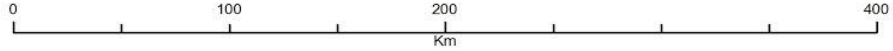
Nepal

(ADMINISTRATIVE DIVISION)



Legend

- International Boundary
- Province Boundary
- District Boundary
- Province Number



Map Published By :
National Geographic Information Infrastructure Division
Survey Department

The administrative boundary are as per the Nepal Gazette Volume 66, Number 58, Part 4 dated 10th March 2017 published by Ministry of Federal Affairs and Local Development.
The administrative boundary are not verified in the field

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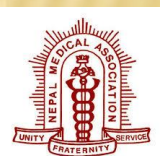


PRESENTATION LAYOUT

- × **Meaning, Definition, Objectives, Vision of Universal Health Coverage (UHC)**
- × **Trends on World**
- × **Expected Outcome**
- × **Monitoring and Evaluation**
- × **Health Coverage**
- × **Common Forms of Inefficiency**
- × **Challenges**
- × **Health Financing Policy for UHC?**
- × **Action Plan & Country Focus; Health Financing Strategies**
- × **References**
- × **Conclusion**

UNIVERSAL HEALTH COVERAGE: EVERYONE, EVERYWHERE

- Health For All is history in the making - you can help make it a reality.
- Universal health coverage means ensuring all people receive the health services they need without being pushed into poverty by paying for them.

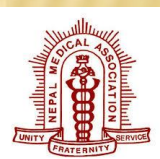


- ❖ **UNIVERSAL HEALTH COVERAGE IS A POLITICAL CHOICE.**
- ❖ **IT TAKES VISION, COURAGE AND LONG-TERM THINKING, BUT THE PAYOFF IS A SAFER, FAIRER AND HEALTHIER WORLD FOR EVERYONE.**



DEFINITION

Ensuring that all people have access to needed promotive, preventive, curative & rehabilitation Services, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.



People +
Services +
Products +
Finances +
Policies +
Information

UNIVERSAL
=
EVERYONE

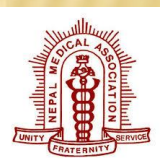
THIS IS **UNIVERSAL HEALTH COVERAGE**



NMA
Nepal Medical Association
Unity. Fraternity. service

OBJECTIVES

1. **Equity in access to health services:** those who need the services should get them, not only those who can pay for them.
2. **Quality of health services is good enough** to improve the health of those receiving services.
3. **Financial Risk Protection:** Ensuring that the cost of using care does not put people at risk of financial hardship.



UNIVERSAL HEALTH COVERAGE BY 2022: THE VISION

UNIVERSAL HEALTH COVERAGE BY 2022: THE VISION

ENTITLEMENT

Universal health entitlement to every citizen



NATIONAL HEALTH PACKAGE

Guaranteed access to an essential health package (including cashless in-patient and out-patient care provided free-of-cost)

- Primary care
- Secondary care
- Tertiary care



CHOICE OF FACILITIES

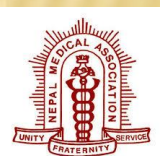
People are free to choose between

- Public sector facilities; and
- Contracted-in private providers

UNIVERSAL HEALTH COVERAGE

**HEALTH IS A HUMAN RIGHT.
NO ONE SHOULD GET SICK AND
DIE JUST BECAUSE THEY ARE POOR, OR
BECAUSE THEY CANNOT ACCESS
THE HEALTH SERVICES
THEY NEED.**

Dr. Tedros Adhanom Ghebreyesus, Director-General WHO



GLOBAL HEALTH SCENARIO LEAD TO UHC

The global aspiration to achieve UHC is evident as countries having gross domestic product (GDP) less than that of India have embarked upon and adopted the concept. China, Sri Lanka and Bangladesh have also adopted UHC and aim to achieve 100% coverage in times to come.



CONTD...

1948 Universal Declaration of Human Rights states:

“Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services.”



CONTD...

In 1966, member states of the International Covenant on Economic, Social and Cultural Rights recognised:

“the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

<http://www.refworld.org/docid/3ae6b36c0.html>



CONTD...

In 1978, Alma-Ata Declaration signatories, noted that “**Health for All**” would contribute both to a better quality of life and also to global peace and security.



CONTD...

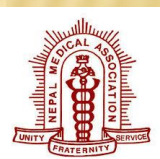
- 100 million people are pushed into poverty because of direct health payments.*
- 79 countries devote less than 10% of general government expenditure to health*
- Health also frequently becomes a political issue as governments try to meet peoples' expectations



*<http://www.who.int/healthsystems/en/> Jun 2015

UNIVERSAL HEALTH COVERAGE (UHC) & WORLD HEALTH DAY

- ✘ In this 70th anniversary year, WHO is calling on world leaders to live up to the pledges they made when they agreed on the Sustainable Development Goals in 2015, and commit to concrete steps to advance #Health For All. This means ensuring that everyone, everywhere can access essential quality health services without facing financial hardship.

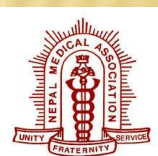


- ✘ “Health for all” has therefore been our guiding vision for more than seven decades. It’s also the impetus behind the current organization-wide drive to support countries in moving towards Universal Health Coverage (UHC).
- ✘ Experience has illustrated, time and again, that Universal Health Coverage is achieved when political will is strong.



WHY UNIVERSAL HEALTH COVERAGE MATTERS?

- ✘ Countries that invest in UHC make a sound investment in their human capital. In recent decades, UHC has emerged as a key strategy to make progress towards other health-related and broader development goals.
- ✘ Access to essential quality care and financial protection not only enhances people's health and life expectancy, it also protects countries from epidemics, reduces poverty and the risk of hunger, creates jobs, drives economic growth and enhances gender equality.

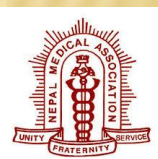


WHAT WORLD HEALTH DAY CAN DO?

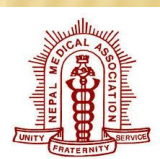
- ✘ Some countries have already made significant progress towards universal health coverage. But half the world's population is still unable to obtain the health services they need. If countries are to achieve the SDG target, one billion more people need to benefit from UHC by 2023.



- ✘ World Health Day will shine a spotlight on the need for UHC - and the advantages it can bring. WHO and its partners will share examples of steps to take to get there through a series of events and conversations held at multiple levels.
- ✘ As the WHO Director-General has said “No one should have to choose between death and financial hardship. No one should have to choose between buying medicine and buying food.”

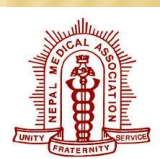


- ✘ Throughout 2018, we aim to **inspire, motivate** and **guide** UHC stakeholders to make commitments towards UHC:
- ✘ **Inspire**—by highlighting policy-makers' power to transform the health of their nation, framing the challenge as exciting and ambitious, and inviting them to be part of the change.

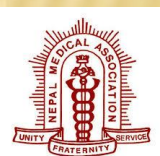


CONTD...

- ✘ **Motivate**—by sharing examples of how countries are already progressing towards UHC and encourage others to find their own path.
- ✘ **Guide**--by providing tools for structured policy dialogue on how to advance UHC domestically or supporting such efforts in other countries (e.g. expanding service coverage, improving quality of services, reducing out-of-pocket payments).



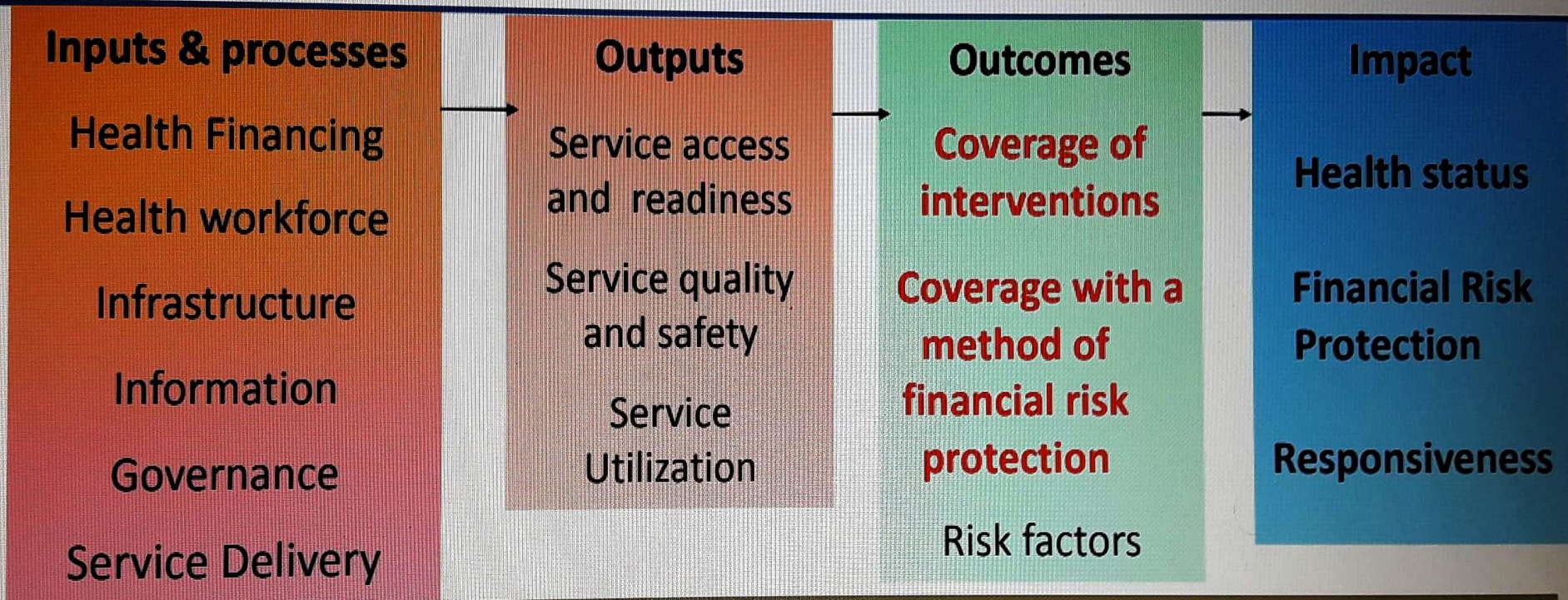
**AT LEAST HALF THE WORLD'S
PEOPLE DO NOT RECEIVE
THE ESSENTIAL
HEALTH SERVICES
THEY NEED.**



EXPECTED OUTCOME FROM UHC



Monitoring and evaluation results chain



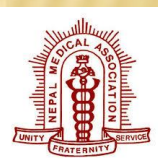
Level and distribution (equity)



Social Determinants

UNIVERSAL HEALTH COVERAGE

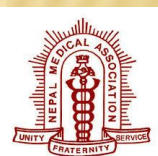
1. Health services: prevention, promotion, treatment, rehabilitation – not just treatment
2. Coverage with services of good quality
3. Universal Health Coverage (UHC) for MDG and sustainable development dialogue
4. UHC is a destination:
 - New technologies
 - Increasing costs
 - Increasing population or changing in population age structure
 - Changing disease patterns



COMMON FORMS OF INEFFICIENCY

- ✘ Spending too much on medicines and health technologies, using them inappropriately, using ineffective medicines and technologies
- ✘ Leakages and waste, again often for medicines
- ✘ Hospital inefficiency particularly over-capacity
- ✘ De-motivated health workers, sometimes workers with the wrong skills in the wrong places □ Inappropriate mix between prevention, promotion, treatment and rehabilitation, or between levels of care

If all types are present, efficiency gains would effectively result in increasing the available funds for health by 20-40%. i.e. substantially more health for the money could be obtained by reducing inefficiency



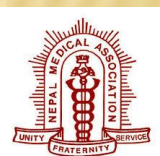
CHALLENGES

1. Pursuing Unrealistic Goals:

- a) UHC doesn't require a universally applicable package of health care services that must be covered.
- b) There is a problem that equal financial access that may be facilitated by health insurance doesn't necessarily mean equal physical access to high quality health care.
- c) Problems with egalitarian perceptions-concepts of opportunity cost.

2. Problem with Medicine

- a) Underuse of generic and higher than necessary prices for medicine.
- b) Use of substandard and counterfeit medicine
- c) Inappropriate and ineffective use of medicine



3. **Health care products and services:** Overuse or supply of equipment, investigations and procedures.
4. **Health Workers:** Inappropriate or costly staff mix, unmotivated workers.
5. **Health Care Services:**
 - a) Inappropriate hospital admissions and length of stay.
 - b) Inappropriate hospital size (less use of infrastructure)
 - c) Medical errors and sub-optimal quality of care.
6. **Health System Leakages:** Waste, Corruption and Fraud
7. **Health Interventions:** Inefficient mix/inappropriate level of strategies

HEALTH FINANCING POLICY FOR UHC?

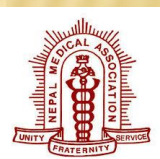
- ❖ Interplay of raising money, pooling it, and using it well that is important
- ❖ e.g. introducing health insurance or reducing user-fees does not necessarily reduce out of pocket payments or patients without focusing on how providers are paid.
- ❖ Setting rules and ensuring they are followed, effective governance is key to improving financing function

ACTION PLAN & COUNTRY FOCUS; HEALTH FINANCING STRATEGIES:

- ✘ Situation analysis – levels of financial risk protection and service coverage; who misses out on what and why?
- ✘ What changes in the financing system would help?
- ✘ Constraint and stakeholder analysis – understanding obstacles, what is feasible in what time frame
- ✘ Develop plans, strategies, policies
- ✘ Implementation with associated advocacy
- ✘ Monitoring and evaluation followed by adjustments

CONCLUSION

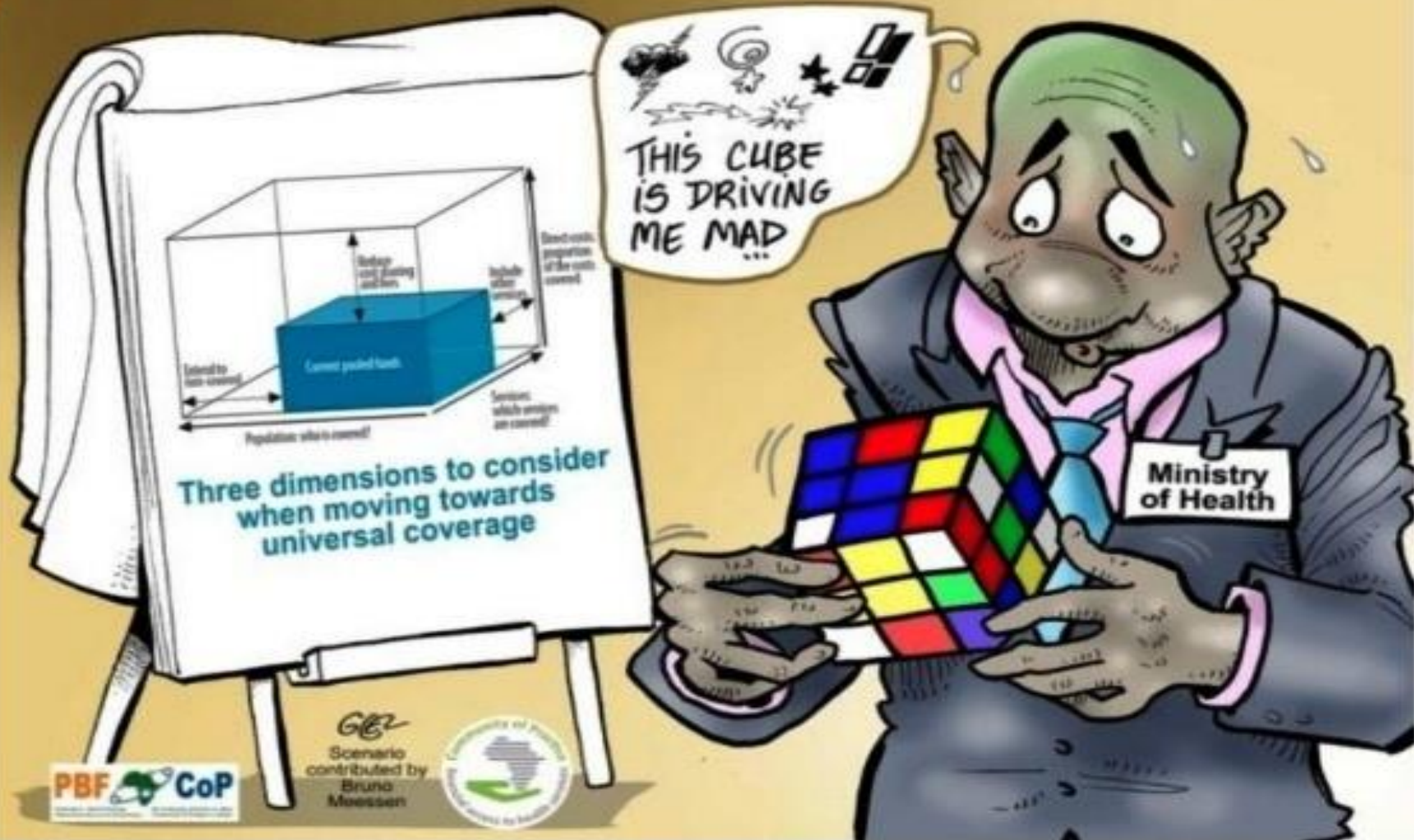
- ✘ The member states of WHO endorsed Universal Coverage as an important goal for the development of health financing systems but, in order to achieve this long-term solution, flexible short-term responses are needed.
- ✘ There is no universal formula. Indeed, for many countries, it will take some years to achieve Universal Coverage and the path is Complex.
- ✘ The responses each country takes will be determined partly by their health financing systems that have developed to date, as well as by social preferences relating to concepts of solidarity.



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Moving towards Universal Health Coverage... more difficult than expected



Source: <http://www.healthfinancingafrica.org/home/a-picture-is-worth-a-thousand-words-what-if-we-sketched-universal-health-coverage-together>



Thank You !