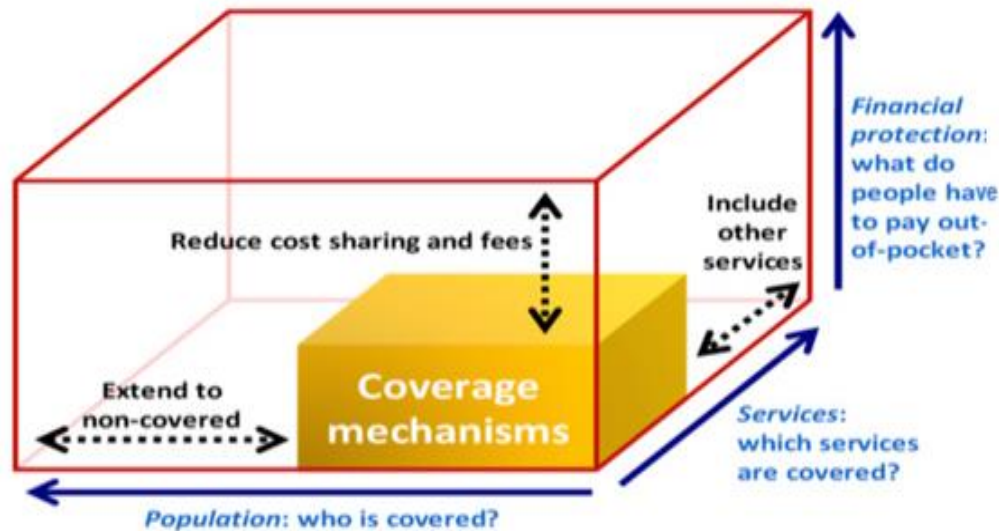


Challenges on the road to universal healthcare

T. Sundararaman..

Universal Health Coverage (UHC)

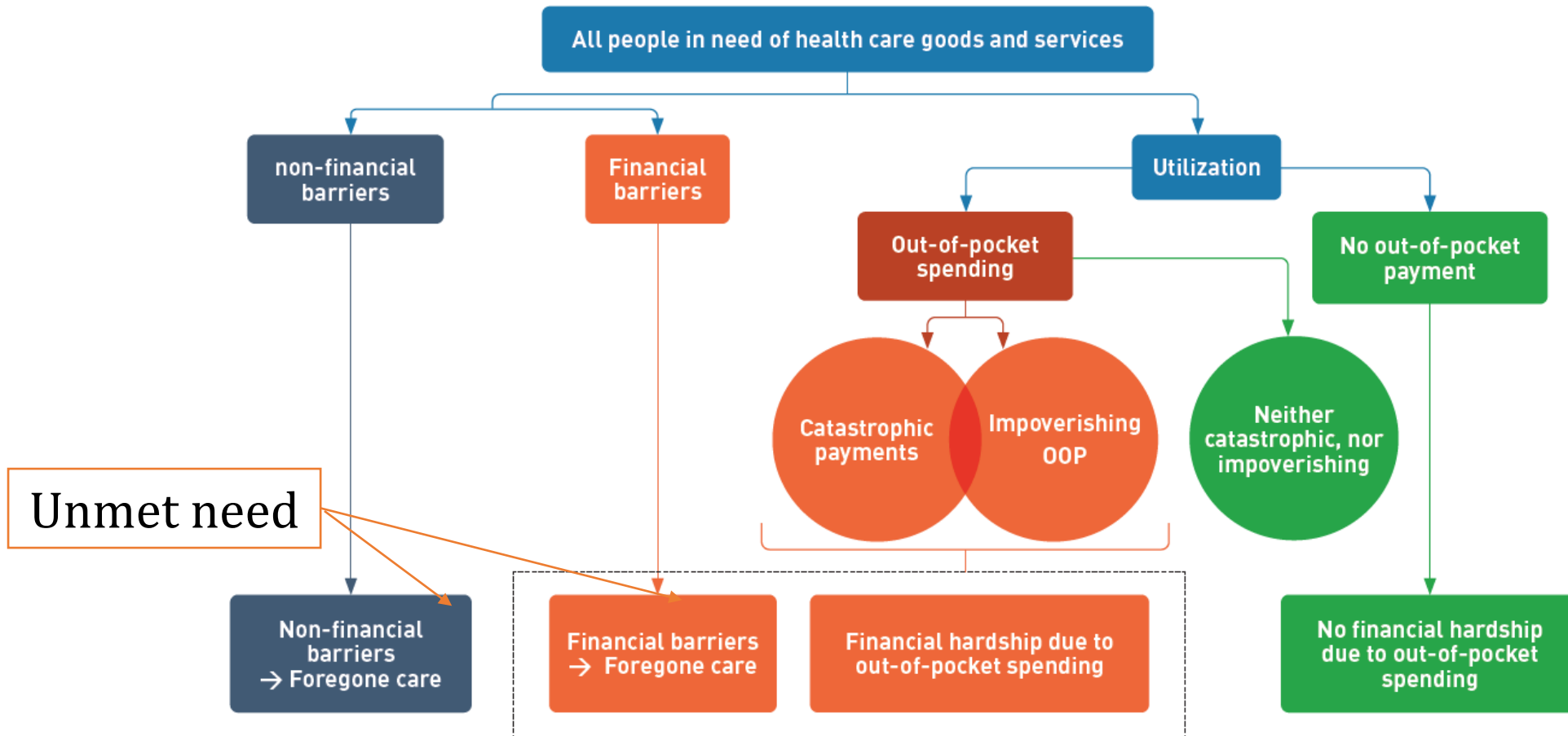
Towards universal coverage



- X axis: Population coverage
- Y axis: Financial protection
 - Catastrophic incidence
 - Impoverishment incidence
- Z axis: Service coverage

All people and communities can use the promotive, preventive, curative, rehabilitative and palliative **health services they need**, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to **financial hardship**.

Service utilisation & financial hardship

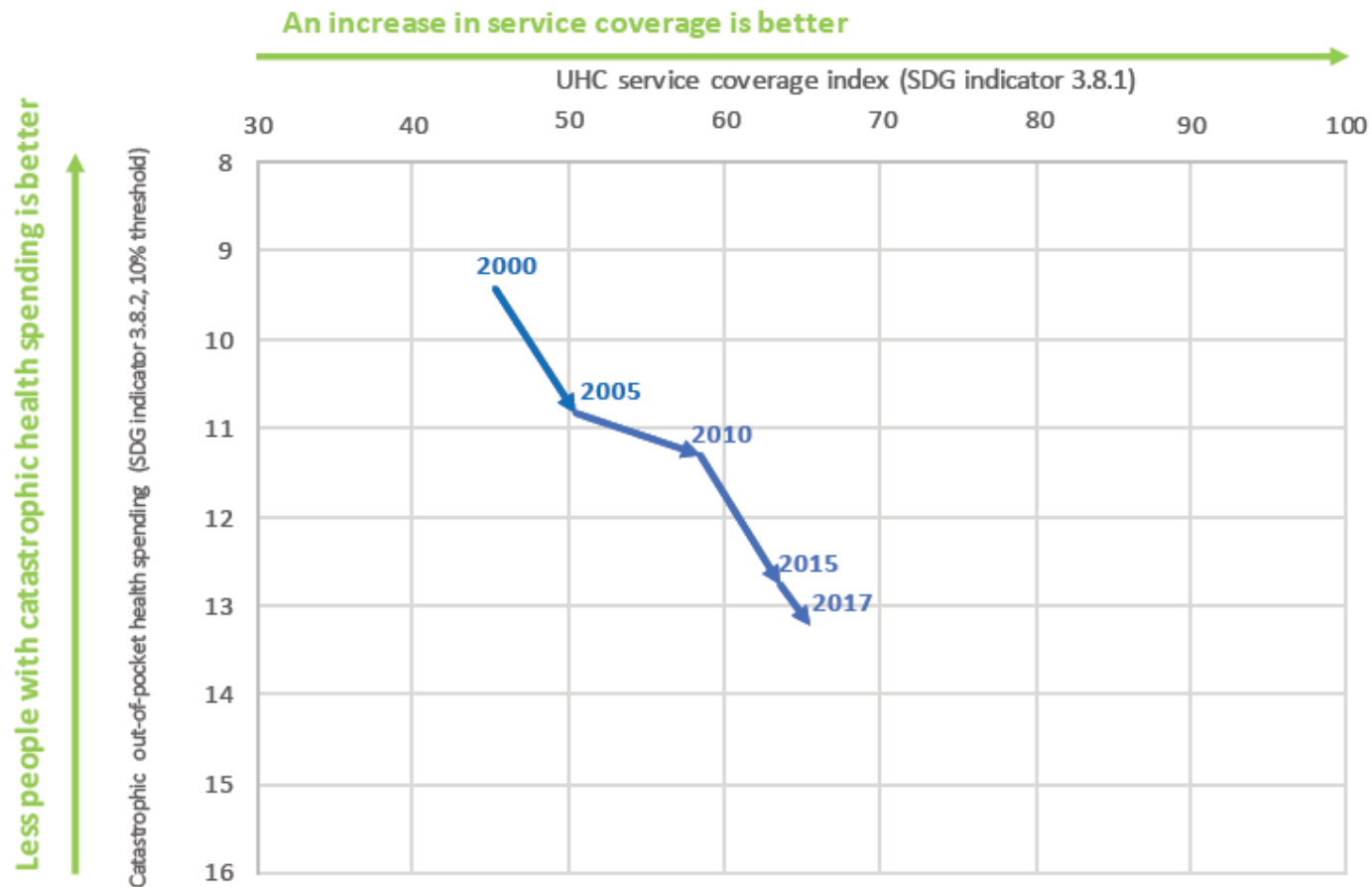


Source: Tracking Universal Health Coverage: 2021 Global monitoring report <https://www.who.int/publications/i/item/9789240040618>

The measure of financial protection

- Proportion of population with large household expenditures on health
 - **Incidence of catastrophic expenditure**
 - Out-of-pocket expenditure exceeding 10% of household consumption
 - Out-of-pocket expenditure exceeding 25% of household consumption
 - Incidence of impoverishment
 - At \$1.90-a-day poverty line
 - At \$3.10-a-day poverty line
 - Other poverty lines e.g., national poverty line, relative poverty line (using 50% of median consumption) etc
- Source: SDG Indicators — SDG Indicators (un.org)
<https://unstats.un.org/sdgs/metadata/>

SDG 3.8.1 SCI & SDG 3.8.2 catastrophic at 10% threshold (2000- 2017) (WHO global health estimates 2020, & WHO service coverage index 2021).

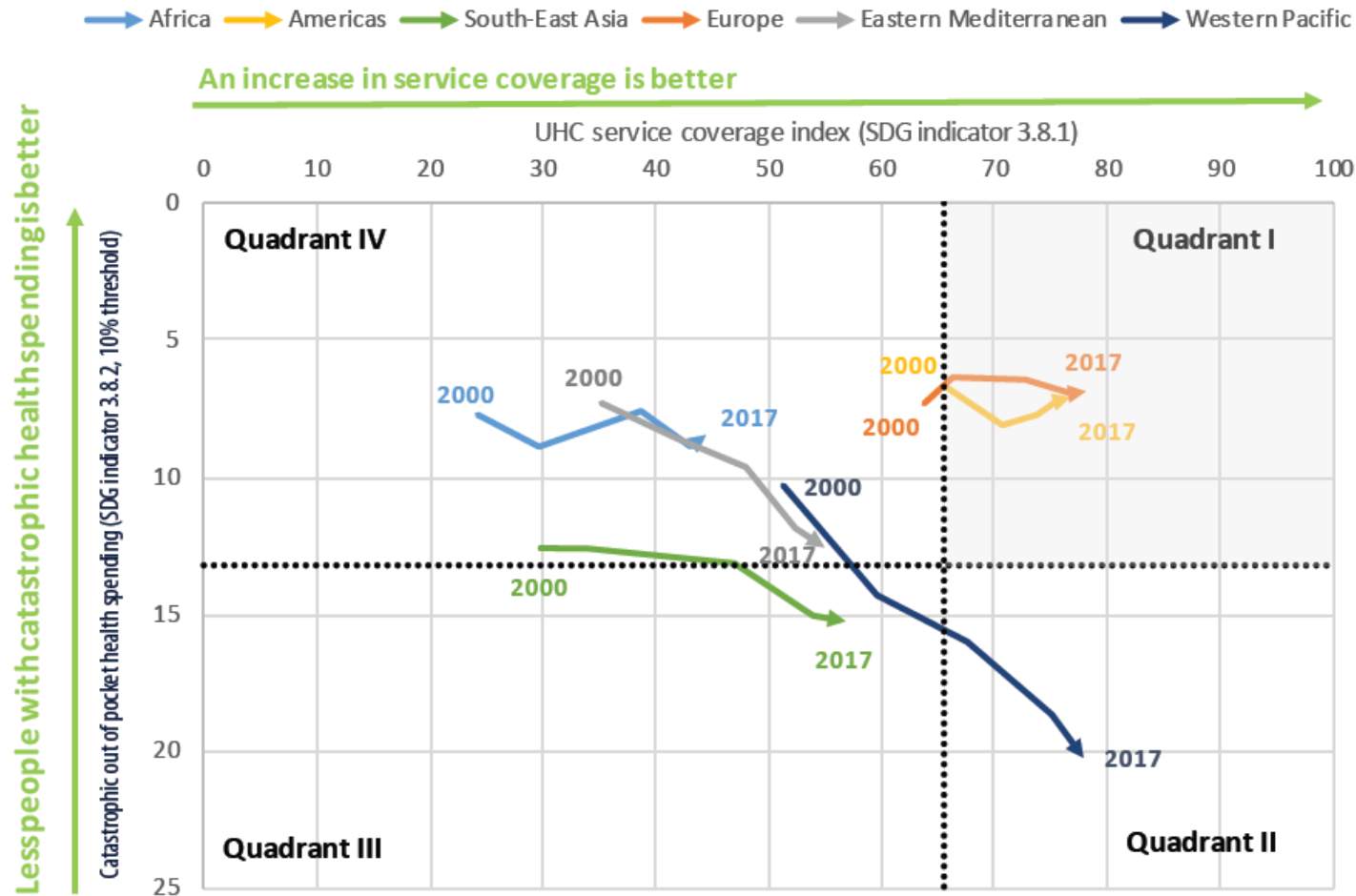


*global population-weighted average data

improved service coverage

but worsened catastrophic health spending

What about by WHO regions?



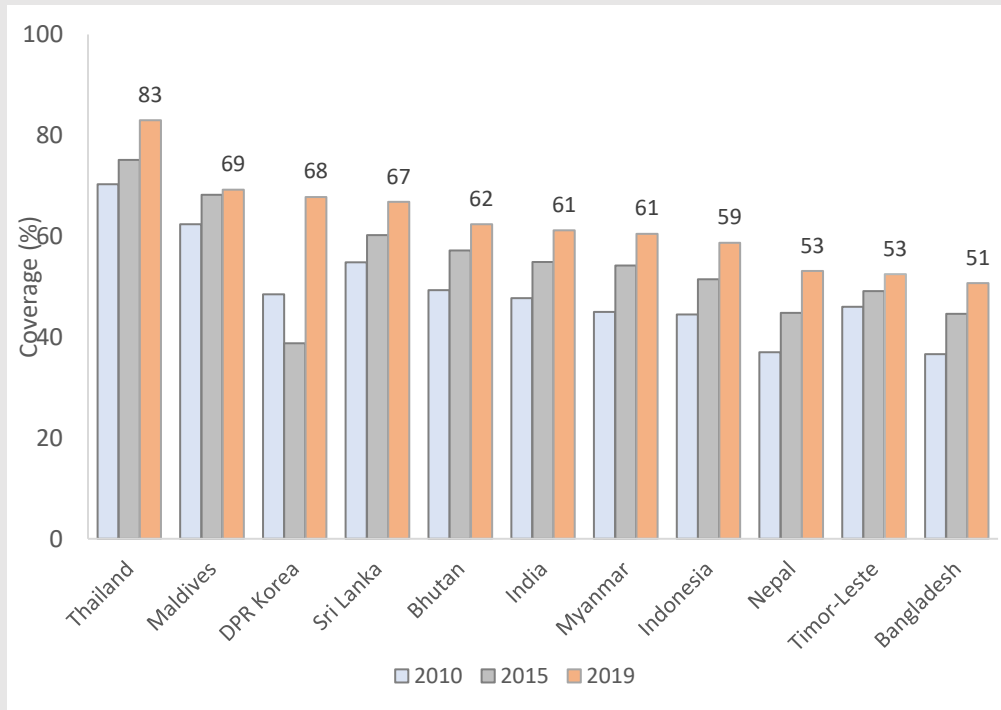
All regions – better SCI

Western Pacific, Eastern Mediterranean, South-East Asia – more people facing catastrophic health spending

UHC in South-East Asia

Essential Service Coverage (SDG 3.8.1)

- Service coverage index increase from 47 (2010) to 61 (2019)

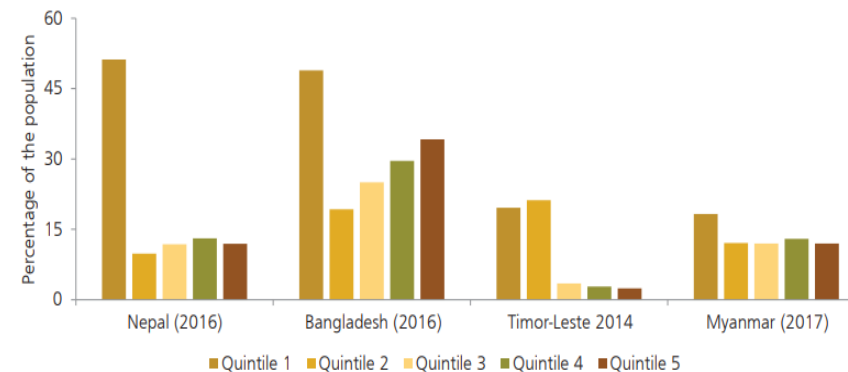
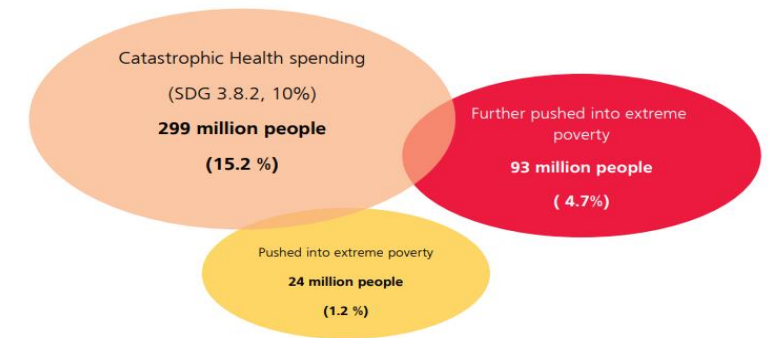


Source: Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, WHO SEARO (2022)

Financial protection (SDG 3.8.2)

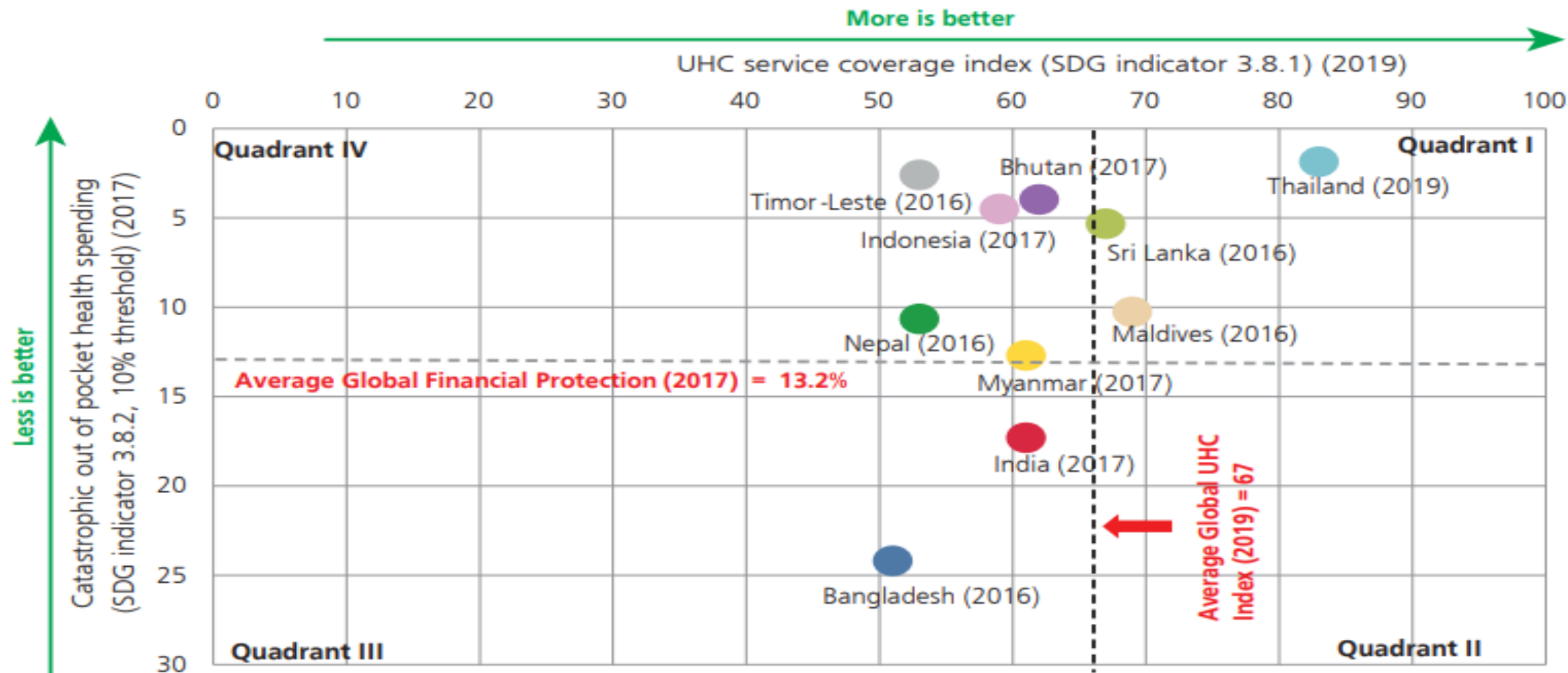
- Highest Out-of-pocket health spending, especially on pharmaceutical
- Lowest public health expenditure
- 299 million with catastrophic health spending (over 10% household budget threshold)
- High health inequity

Catastrophic and impoverishing spending 2017



% of households with financial hardship

Trends in UHC SCI (SDG 3.8.1) and Catastrophic OOP (SDG 3.8.2)



Source: Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, WHO SEARO (2022)

1. What are ongoing strategies in our countries for achieving financial protection- how well are they working? What is the PHM demand/policy recommendation??

1. Allocation to health- how is it decided? What is our demand? What proportion is externally funded....
2. Allocation of financing to facilities and districts- what is the basis? How do we suggest it be organized?
3. What the publicly financed insurance programs- are they separate for govt servants, organized workers and others- is there any effort to integrate them? Do they provide financial protection? What are we suggesting we do with them?
4. What is the use of performance based incentives
5. What are the main forms of privatization in our countries-both **passive** – secondary to decreased public provider access and **active**- handing over...

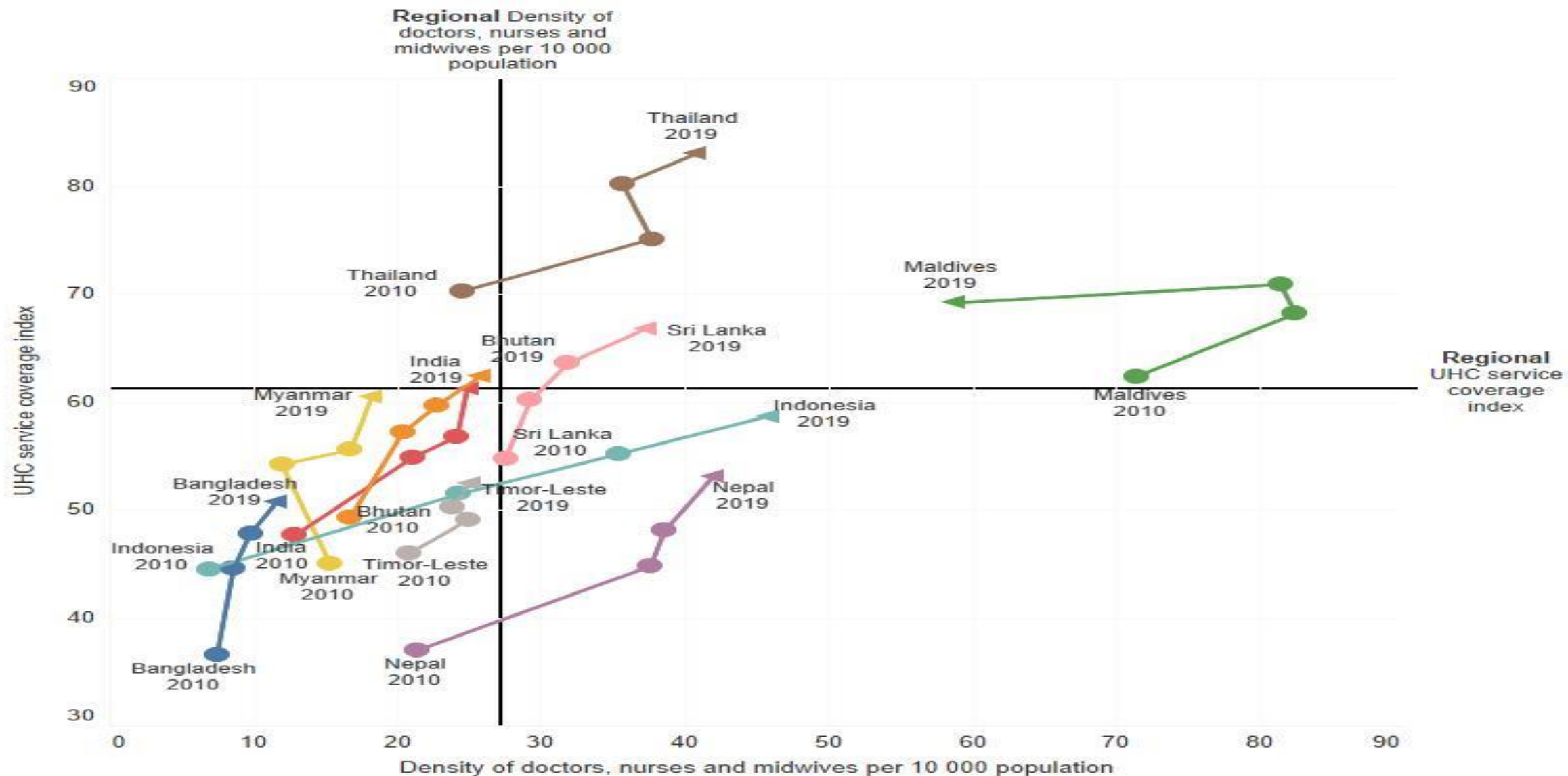
Put together in a maximum of two slides- the main demands for progress towards financial protection.

2. The access to minimum range of services---

1. How selective or comprehensive is the package of services available in the district health system- mainly primary level, but also secondary and tertiary level? What are the efforts to make it more comprehensive and what are the barriers? Does the link between selective health care and the poor image and functioning of the public health services- understood? What should be the PHM demands in this area?
2. What are the efforts at quality of care in whatever services are available? How should we raise this issue?
3. Are there efforts to integrate private care providers into the system? How are they working? What is our thinking in this area
4. What is the level of integration of traditional healthcare systems and providers into the system? What do you think are PHM policy recommendations in this area.

Could the group put down the PHM's position/call for the LMICs in the region in two slides?

Trends in UHC SCI (SDG 3.8.1) and doctors, nurses and midwives density (SDG 3.c.1) , 2014–2020



Source: Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region, WHO SEARO (2022)

3 Human resources for health- the current situation and our demands....

- What is the primary level care team in our countries? What are our demands?
- What would be the public sector health workers in a normative district/population of 100,000. (Dt and other hospitals, PHCs, other public health staff, CHWs, total). How many would be advocating for?)
- What are the terms of their employment? Is there an ongoing struggle? What are the demands?
- What is the thinking/focus on performance improvement? How are we posing this issue? (monetary incentives? Accountability? Skills? Basic needs? Positive practice environment?)
- Are enough health workers available for different positions? What are the strategies required for attraction and retention of skilled health workers in rural and remote area?

What is the situation with regard to emigration of the health professionals?

together some understanding on some of these issues in two or three slides?

Are we aware of the global health worker compact– and the code on international recruitments/migration of health workers- what is the level of implementation in the country...how did the pandemic affect this.

4. Social determinants...

- What are the functions that public health systems are carrying out- for example through the municipal health officer- in the area of social determinants for health? What functions can be advanced for primary care teams to be engaged with as different from local bodies?
- What are the institutions within or outside the department that currently address the access to basic services - Water, sanitation, nutrition, environment hygiene and other determinants of health?
- Do some of these do better than what we have seen with respect to health sector- or are they facing similar problems?
- What would the main demands we would make in a district or at national level with regard to government intervention in these areas? What are the ways phm and allies are already acting on these areas..

(Inequalities taken up in separate session):

On governance: Two broad questions:

- Is there an acceptance of the need to progress towards UHC accepted and how does this relate to right to health and concept of health justice ?
- How is the role of the government conceptualized as distinct from the roles of the market, of professionals and communities?
- Some understanding of egalitarian, utilitarian and libertarian perspectives...

5. Governance- and political will

- How would you characterize the political will in your countries for achieving universal healthcare and right to health? (This requires to be related to the political ideology and the understanding of role of government- with respect to markets and public good) How much in the public discourse is role of government in provision of healthcare seen as a right- *how far is delivery of this right equated with good governance? How often does the media take up health issues?*
- Who are the main players in shaping public policy in health sector- political parties? Private sector- corporates? International donor agencies, international consultancies? Academia? Civil society?
- Decentralization- How far are decisions taking place closest to where they can be acted upon-. Are management capacities built for this.
- Learning- Adaptive Systems: what are the main institutions that provide evidence, and information on health- health data etc in your countries- how do we see their contribution towards achieving health for all/ right to health.
- Affirmative action to reach vulnerable sections—

Put down in two or three slides- an assessment of which forces or political directions are a positive asset to move towards RTH and which are barriers...

Thank you.

