Health Systems: Moving towards Universal Health Coverage

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Overview

- Progress and problems in health systems in the Region
- Importance of health systems
- Strengthening health systems and supporting development of universal health coverage
- Where CCs contribute
### Health MDGs scorecard for WHO regions

<table>
<thead>
<tr>
<th>Indicator</th>
<th>World</th>
<th>Africa</th>
<th>Americas</th>
<th>Eastern Mediterranean</th>
<th>Europe</th>
<th>South-East Asia</th>
<th>Western Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-5 mortality rate per 1000 live births (2012)</td>
<td>48</td>
<td>95</td>
<td>15</td>
<td>57</td>
<td>12</td>
<td>50</td>
<td>16</td>
</tr>
<tr>
<td>Measles immunization % coverage (2012)</td>
<td>84</td>
<td>73</td>
<td>94</td>
<td>83</td>
<td>94</td>
<td>78</td>
<td>97</td>
</tr>
<tr>
<td>Maternal mortality ratio per 100 000 live births (2013)</td>
<td>210</td>
<td>500</td>
<td>68</td>
<td>170</td>
<td>17</td>
<td>190</td>
<td>45</td>
</tr>
<tr>
<td>Skilled birth attendant % births (2006–2013)</td>
<td>72</td>
<td>48</td>
<td>94</td>
<td>58</td>
<td>98</td>
<td>67</td>
<td>93</td>
</tr>
<tr>
<td>Contraceptive use % married women aged 15–49 (2006–2012)</td>
<td>63</td>
<td>27</td>
<td>74</td>
<td>46</td>
<td>69</td>
<td>59</td>
<td>80</td>
</tr>
<tr>
<td>HIV incidence per 100 000 population (2012)</td>
<td>33</td>
<td>176</td>
<td>15</td>
<td>9.9</td>
<td>18</td>
<td>12</td>
<td>5.9</td>
</tr>
<tr>
<td>Malaria mortality rate per 100 000 population (2012)</td>
<td>11</td>
<td>63</td>
<td>0.02**</td>
<td>0.5**</td>
<td>0**</td>
<td>0.07**</td>
<td>0.03**</td>
</tr>
<tr>
<td>TB treatment % success rate (2011)</td>
<td>87</td>
<td>82</td>
<td>78</td>
<td>88</td>
<td>66</td>
<td>89</td>
<td>94</td>
</tr>
<tr>
<td>Water % using improved drinking water sources (2012)</td>
<td>90</td>
<td>66</td>
<td>96</td>
<td>87</td>
<td>98</td>
<td>91</td>
<td>93</td>
</tr>
<tr>
<td>Sanitation % using improved sanitation facilities (2012)</td>
<td>64</td>
<td>33</td>
<td>88</td>
<td>68</td>
<td>93</td>
<td>45</td>
<td>70</td>
</tr>
</tbody>
</table>

- On track
- Insufficient progress
- Off track

* Region with MMR>100 in 1990 is not categorized; ** Rates based on reported malaria deaths.
Refer to page 8 for health MDGs scorecard colour code criteria.
Problems in Health Systems in Asia-Pacific Region

- **Financing incentives** – high out-of-pocket payment, push physician behavior towards short consultation, high-throughput, over and under servicing in relation to profit margin, non-referrals, discontinuity of care

- **Service coordination** – fragmentation due to specialization, lack of teamwork

- **Quality systems** – underdeveloped for both technical quality and experiential elements of care; lack of feedback on quality of care process and outcomes

- **Medical education** – concentrates on body systems and disease conditions; does not incorporate social context, psychosocial and cultural issues, ethics and communications

- **Patient information** – limited availability, inappropriate forms

- **Health care governance** – poor accountability, disorderly growth, few opportunities for community input and feedback
Why health systems matter: AMR as example

- Resistance problems – TB, HIV, malaria, and a myriad of hospital-acquired infections

- Underlying issues – affordability of medicines, quality of medicines, affordability of medical care, access to medical care, prescribing practices, infection prevention and control in healthcare settings

- Systemic issues – poverty, perception of health service quality, regulation of medicines and health workforce, service availability and access, financial risk protection, provider payment system, antibiotic stewardship
Why health systems matter: NCDs as example

- Premature mortality and increased prevalence of diseases and risk factors – cardiovascular disease, stroke, diabetes, cancer; tobacco, diet, alcohol, physical inactivity

- Underlying issues – health literacy and self-management capabilities; access to primary care, screening, and early intervention; affordability of health care and medicines; quality of health care; continuity of care; decision support

- Systemic issues – social determinants of health and socioeconomic inequalities, health system design (including workforce and financing), health service models, patterns of urbanisation, policy coherence
Why health systems matter: disaster management

- Injuries and ill-health – trauma, communicable disease outbreaks, mental ill-health, unmanaged NCDs

- Immediate health system issues – availability of health facilities and personnel, availability of medical supplies and equipment, affordability of health services and medicines

- Underlying challenges – preparedness in hospitals and health centres post-disaster to manage communicable and non-communicable diseases, availability of water and electricity and soundness of physical facilities, building community resilience
Health System Strengthening

Focusing on:

6 Building blocks and

4 Goals of a health system:

1. health, across the entire population & equity across socioeconomic groups
2. social and financial risk protection in health
3. responsiveness and people-centredness
4. efficiency
Regional health systems strategies:

- Health financing
- Human resources for health
- Traditional medicines
- Labs strengthening
- Access to essential medicines
- Health system strengthening based on primary health care values
Need for a whole of system approach

- Action in one part of the system influences other parts of the system
- The weakest part of the system determines its outputs
- Look at whole system implications when deciding policies, programmes and strategies
- Balanced development of health systems needed to assure equitable and sustainable health outcomes
Universal health coverage (UHC) – addressing needs of communities

- **Access to good quality needed services**
  - Prevention, promotion, treatment, rehabilitation and palliative care

- **Financial protection**
  - No one faces financial hardship or impoverishment by paying for needed services

- **Equity**
  - Everyone, universality
UHC – core to WHO work

UHC in WHO’s history
- WHO's constitution (1948)
- Alma-Ata Declaration (1978)
- WHR on Primary Health Care (2008)
- WHR on Health Systems Financing - The Path to Universal Coverage (2010)
- Commission on Macroeconomics and Health; Commission on Social Determinants of Health

Post-2015 Agenda
- All countries (rich or poor) can make progress
- Offers a way of sustaining gains and protecting investments of health-related MDGs
- Accommodates other internationally agreed health goals, such as NCDs
- Concerns health equity and the right to health

Independent of post 2015 agenda, UHC remains core to WHO work
Three Dimensions of UHC

The trade-off among the three dimensions

The available funding will always be limited

Choices have to be made; priorities have to be set

Financial protection: what do people have to pay out-of-pocket?

Reduce cost sharing and fees

Include other services

Services: which services are covered?

Population: who is covered?

Coverage mechanisms
The Journey to Universal Health Coverage

**Early stage**
- Public funding
- Making essential medicines and basic services available to all

**Intermediate stages**
- Expanding the package of services and improving quality and efficiency
- Diversified public funding sources

**Advanced stage**
- Sustaining an adequate level of public funding
- Maintain comprehensive service package and adjust to meet increased demand

Equity, Efficiency, Sustainability
Strengthening health systems for UHC

- Health policy and financing - sound governance, policy and legislation; equitable and efficient financing system; affordable care; adequate investment in prevention

- Integrated people-centred services – hospital and primary care services (including traditional medicines) that are safe and of sufficient quality; services organised around needs of patients and communities

- Essential medicines and technologies – quality use of medicines; affordable prices; adequate regulatory and technology assessment systems

- Health intelligence and innovation – useful health information systems; efficient health information infrastructure; relevant research; evidence-informed and ethical decision-making
Addressing cross-cutting issues for health systems and programmes

- Equity, gender, human rights mainstreaming – building capacity, strengthening evidence, supporting implementation
- Social determinants of health – convening other sectors, building evidence, advocacy
- Vulnerable populations – reorient health systems to address needs of older people, migrants, ethnic minorities
Articulation of UHC aspirations in WPR Member States

Cambodia
Health Strategic Plan, 2008-2015
“provide stewardship for the entire health sector and to ensure supportive environment for increased demand and equitable access to quality health services in order that ALL the peoples of Cambodia are able to achieve the highest level of health.”

Lao PDR
Health Sector Reform Framework to 2025
“Reach UHC by 2025”
“a sector-wide/systematic approach to achieve a common goal – affordable, reliable, accessible health service to all Lao people”

Mongolia
Mongolian Constitution, 1992
“The right to live in a safe and healthy environment and free access to primary health care.”
The Health Sector Strategic Master Plan: 2005-2015
“responsive and equitable, pro-poor, client-centred and quality services”
Articulation of UHC aspirations in WPR Member States

Malaysia

Country Health Plan, 2011-2015:

One of 3 Key Result Area:

“Health Sector Transformation Towards A More Efficient & Effective Health System in Ensuring UNIVERSAL Access to Healthcare”

Philippines

Universal Health Care Study Group, University of Philippines

“Provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public”

Vietnam

Law on Health Insurance (2009)

“UNIVERSAL Health insurance coverage by 2014”

5-year Health Sector Development Plan (2011-2015)

“Continue to develop a health care system towards equity, efficiency and development, improving quality of care, meeting the growing and diverse needs for health care.”
Articulation of UHC aspirations in WPR Member States

PNG
National Health Plan 2011-2020:

Key Goal: “Strengthened Primary Health Care for ALL and improved service delivery for the rural majority and urban disadvantaged.”

Fiji
MOH Strategic Plan 2011-2015

“To provide high quality health care delivery services by a caring and committed workforce with strategic partners……., facilitating a focus on patient safety and best health status for ALL of the citizens of Fiji.”

Samoa
Health Sector Plan, 2008-2018

“Promotion of Appropriate and Affordable health services which enables EQUAL access by ALL the people of Samoa.”
How CCs contribute to UHC

- Country – technical assistance, program reviews, training in other countries (through the regional office)
- Regional – comparative research, knowledge synthesis, support communities of practice
- Global – normative standards and guidelines (medicines, technologies, international classification of disease, eHealth standards, data definitions)
Conclusion

- UHC is a globally accepted vision for health system development and necessary for achievement of equitable and sustainable health outcomes.
- High-level government commitment and multisectoral approach are critical and are evident in the Asia-Pacific.
- A whole of system approach is needed, linking programs with appropriate financing, workforce development, information systems, accountability.
- UHC is a journey with every country having its own targets and priorities.
- CCs can play a critical support role in this journey.