Universal Health Coverage: the importance of a “third wave” of evidence for global health

Tim Evans
Director, Health, Nutrition and Population, The World Bank Group
Presentation to CAHSPR Conference, Toronto May 13 2014
Outline

• The World Bank Group and Health
• A focus on Universal Health Coverage
• A “third wave” in global health research for UHC?
• Riding the “third wave” at the third global symposium on HSR
World Bank New Goals

End Extreme Poverty by 2030

Boost shared prosperity (increase income of bottom 40%)
WBG Strategy:

The strategy includes 3 key elements...

- Focus our client engagement on the most important challenges to achieving the goals
- Become a solutions WBG by marshalling the combined expertise and resources of the WBG across regions, sectors, and entities of the WBG to help clients tackle these challenges
- Leverage resources and ideas from external development partners and the private sector

Global Practices are a central part of becoming a Solutions WBG
World Bank “Global Practices”

- Agriculture
- Education
- Energy & Extractives
- Environment & Natural Resources
- Finance & Markets
- Governance
- Health, Nutrition & Population
- Macroeconomics & Fiscal Management*
- Poverty
- Social Protection & Labor
- Trade & Competitiveness
- Transport & ICT
- Urban, Rural & Social Development
- Water

* Macroeconomics & Fiscal Management includes country economists
Pervasive Inequities in Maternal and Child Health Services Coverage

Enormous Inequities in Financing of Health:
>100 million impoverished due to out of pocket expenditures

Number of people (million)

<table>
<thead>
<tr>
<th>Region</th>
<th>Impoverishment</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>AFR</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>EUR</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>SEA</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>AMR</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>WPR</td>
<td>60</td>
<td>80</td>
</tr>
</tbody>
</table>
"When I grow up, I want to go into medicine and help people who can pay out of pocket."
Translating the WB Goals to the HNP Global Practice

Financial Protection
No one is kept in, or pushed into, poverty due to out-of-pocket expenditures.

Service Coverage
Everyone receives the quality health services they need and is protected from public health risks.

Healthy Societies
All societies invest in the structural foundations of good health, e.g. water & sanitation, education, social protection, transport, gender, environment, etc.
Universal Health Coverage (UHC)

- All people have access to needed services
- Without the risk of financial ruin linked to paying for care

Universal Health Coverage:

• coverage with needed health services (of good quality);
• coverage with financial risk protection
• for all
Universal Health Coverage by 2030
Achieving UHC how?
A 3rd Wave of Global Health Research

• 1st Wave – Biomedical
• 2nd Wave – Clinical-Epidemiological
• 3rd Wave – Systems / Science of Delivery
Why are poorer populations...

- Two times more likely to have TB?
- Three times less likely to access care for TB?
- Four times less likely to complete TB treatment?
- Five times more likely to incur impoverishing payments for TB care?
"there is no good biological reason why someone living in Sierra Leone's life expectancy should be a full 50 years lower than someone living in Japan".  

Sir Michael Marmot, the Chair of the Commission on Social Determinants of Health

"spectacular progress, spectacular inequities".

– Bill Foege, looking back on progress in health in the 20th century,
"although the plight of the bottom billion lends itself to simple moralizing, the answers do not!"

Paul Collier
The Bottom Billion
Health and Development - Globally

- USA
- Japan
- Germany
- France
- Italy
- UK
- Spain
- Korea
- Argentina
- South Africa
- Equatorial Guinea
- Mexico
- Russia
- Brazil
- Argentina
- Namibia
- Gabon
- Equatorial Guinea
- Botswana
- Bangladesh
- Pakistan
- Nigeria
- Indonesia
- India
- China

life expectancy, 2000

GDP per capita, 2000, current PPP $
"People in poor countries are sick not primarily because they are poor but because of other social organizational failures including health delivery, which are not automatically ameliorated by higher income"

Angus Deaton, WIDER Annual Lecture, September 29, 2006.
Making the case for investing in health!

Between 2000 and 2011, about a quarter of the growth in full income in low-income and middle-income countries resulted from VLYs gained.

income growth + value life years gained (VLYs) in that period = change in country's full income over a time period
Macro-economic impact of Thailand UCS: increased private consumption, Bhartia et al 2013

Increase private consumption followed increase in public health spending, when UHC launched in 2002
Health impoverishment in Thailand: before/after the Universal Coverage Scheme (UCS)

Number of households prevented from medical impoverishment

- Before UCS:
  - 1996: 142.27
  - 1998: 131.27
  - 2000: 123.97
  - 2002: 120.05
  - 2004: 112.63
  - 2006: 123.24

- If without UCS:
  - 2007: 118.11
  - 2008: 115.82
  - 2009: 116.41

- After UCS:
  - 2009: 39.75

Number of Households (in 1,000)
Sub-national health impoverishment, Thailand 1996 to 2008
Increasing Coverage of Family Health Teams, Brazil (1998-2006)

Source: SIAB - Sistema de Informação da Atenção Básica
“Dose-Response”
A 10% increase in Family Health Team coverage resulted in 4.6% decrease in INFANT mortality

Percentuais de variação da mortalidade infantil associados a 10% de incremento na cobertura da Saúde da Família, de acesso a água e de leitos hospitalares por mil habitantes. Brasil, 1990-2002

Evaluation of the impact of the Family Health Program on infant mortality in Brazil, 1990–2002

James Macinko, Frederico C Guanais and Maria de Fátima Marinho de Souza

*J. Epidemiol. Community Health* 2006;60:13-19
doi:10.1136/jech.2005.038323
Immunization Coverage by Asset Quintile over time in Bangladesh (Source: Adams et al. Lancet 2013).

Source: BDHS data
Two views of the health system in Bangladesh

(Source: Ahmed et al. Lancet 2013)
Pluralism + Polycentricism

• Embracing complex realities of governance:
  – “Mixed Health Systems” – Nishtar 2010, Lagomarsino et al. 2010
  – “Pluralism and Marketisation” – Standing and Bloom, 2001
Higher mortality due to NCDs and Injuries in Africa than in China

Age-standardized mortality rates (per 100,000 population), 2008
Effective Coverage of MDG and NCD Interventions in Chile (Source J. Vega 2014)

<table>
<thead>
<tr>
<th>MDG Diseases</th>
<th>Coverage (%)</th>
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</thead>
<tbody>
<tr>
<td>Antenatal care (&gt;=1 visit)</td>
<td>96%</td>
</tr>
<tr>
<td>Skilled birth attendance</td>
<td>100%</td>
</tr>
<tr>
<td>Family Planning</td>
<td>99%</td>
</tr>
<tr>
<td>Pentavalent 3 immunization</td>
<td>94%</td>
</tr>
<tr>
<td>TB treatment success</td>
<td>82%</td>
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<td>HIV-AIDS ART coverage</td>
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<tr>
<td>NCD</td>
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<tr>
<td>High Blood Pressure</td>
<td>17%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>35%</td>
</tr>
<tr>
<td>Depression</td>
<td>58%</td>
</tr>
<tr>
<td>PAP smear</td>
<td>56%</td>
</tr>
<tr>
<td>Mammography</td>
<td>54%</td>
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Public vs Private

High Blood Pressure: 18% Public, 13% Private
Diabetes: 34% Public, 42% Private
Depression: 56% Public, 61% Private
PAP smear: 52% Public, 61% Private
Mammography: 77% Public, 82% Private
50% rise in tobacco price from tax increases in China

- prevents 20 million deaths + generates extra $20 billion/y in next 50 y
- additional tax revenue would fall over time but would be higher than current levels even after 50 y
- largest share of life-years gained is in bottom income quintile

Riding the Third Wave!
New thinking and “new” methods

SYSTEMS THINKING
for Health Systems Strengthening

POOR ECONOMICS
rethinking poverty & the ways to end it

Abhijit V. Banerjee & Esther Duflo

‘A marvellously insightful book by two outstanding researchers on the real nature of poverty.’
Amartya Sen
New Measures for UHC

Coverage for Prevention and Treatment Services

Prevention services: Mammogram; Pap Smear; 4+ antenatal visits; Full immunization; Improved water; Adequate sanitation; Non-use of tobacco.

Treatment services: Skilled birth attendance; ARI treatment; TB treatment; Diabetes treatment; Dental care; Eye surgery.
Nuts and Bolts Case studies: the “delivery” of UHC
- Objectives and methodology of “Nuts and Bolts”
- Findings, implications
- The New Convergence
- Conclusions
- Acknowledgements

Universal Health Coverage Assessment Tool -- UNICAT
- Objectives of UNICAT
- Logic, history, components
- Sample questions
- Status of pilot
25 UNICO Country Case Studies

- Argentina
- Brazil
- Chile
- China
- Colombia
- Costa Rica
- Ethiopia
- Georgia
- Ghana
- Guatemala
- India
- Indonesia
- Jamaica
- Kenya
- Kyrgyz Republic
- Mexico
- Nigeria
- Peru
- Philippines
- South Africa
- Thailand
- Tunisia
- Turkey
- USA- Massachusetts
- Vietnam
The JLN is a practitioner-to-practitioner learning network of 9 countries in Africa and Asia committed to accelerating progress of UHC reforms:

- Ghana
- India
- Indonesia
- Kenya
- Malaysia
- Mali
- Nigeria
- The Philippines
- Vietnam
Toward Universal Health Coverage by 2030
Thank You