Equity in Universal Health Coverage – policy and M&E implications

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Equity in UHC

- **"Health Equity in Action" ➔ How to unpack "equity" in UHC?**
- **Equity is hardwired in many ways in the UHC principles:**
  1. Universality as an imperative – translation of right to health
  2. Breaking poverty/illness cycles – increasing welfare through better health and better financial protection
  3. Focus on government interventions to correct health market failures
  4. Fairness in financing – progressivity
  5. M&E with focus on specific groups

Universality as an imperative

- **Access to health services based on need**
- **What does this mean from an equity lens**
  1. True universality is in the effective coverage (access, availability, etc.)
  2. Progressive realization when maximizing coverage with limited resources ➔ coverage translates to Maximizing health gains related to need
     - Cost-effectiveness as an underlying strategy, but not full story
     - Priority to services that will have high impact for disadvantaged people (e.g. skilled birth attendance)
     - Specific question for debate: health promotion is (usually) cost-effective – is it equitable?

Breaking poverty/illness cycles

- **UHC policies improve health while also supporting non-health aspects of well-being**

  - Productivity gains from health - breaking poverty/illness cycles at HH and national level

  - Financial risk protection - safeguarding people against the financial hardship associated with paying for health services

Government intervention

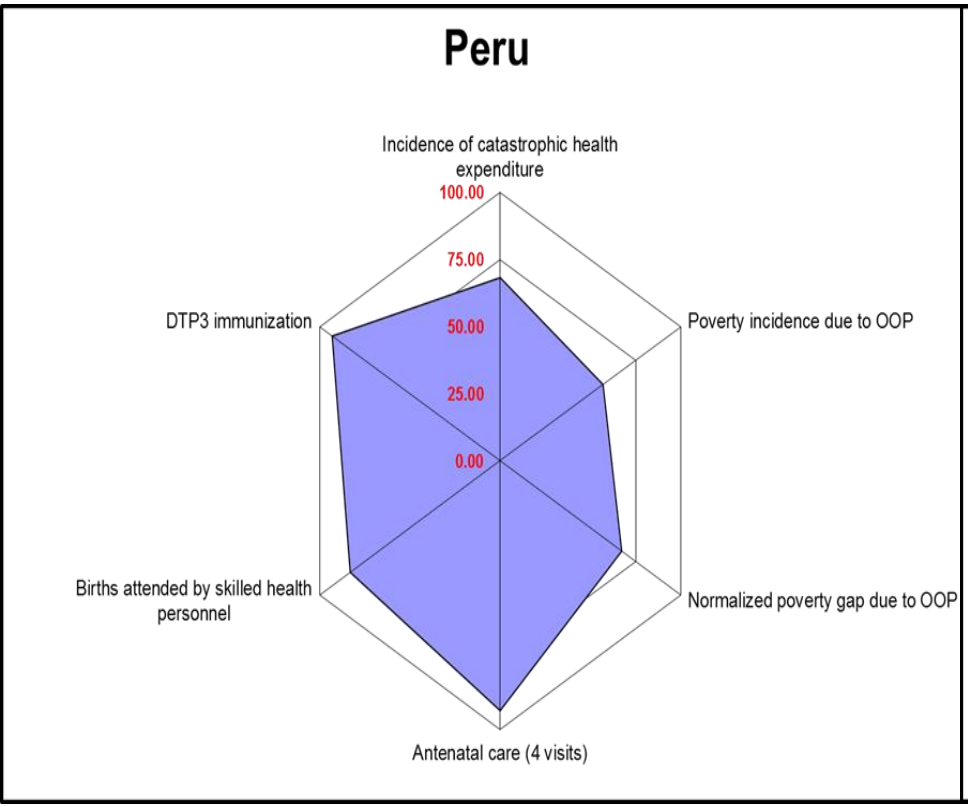
- **Government intervention to correct market failures include a host of actions including:**
  - **Government interventions cover a host activities : licensing, information management, pharmaceutical regulations, etc. ➔ both public and private sectors**
  - **Public investment in health – through different supply and demand side channels**

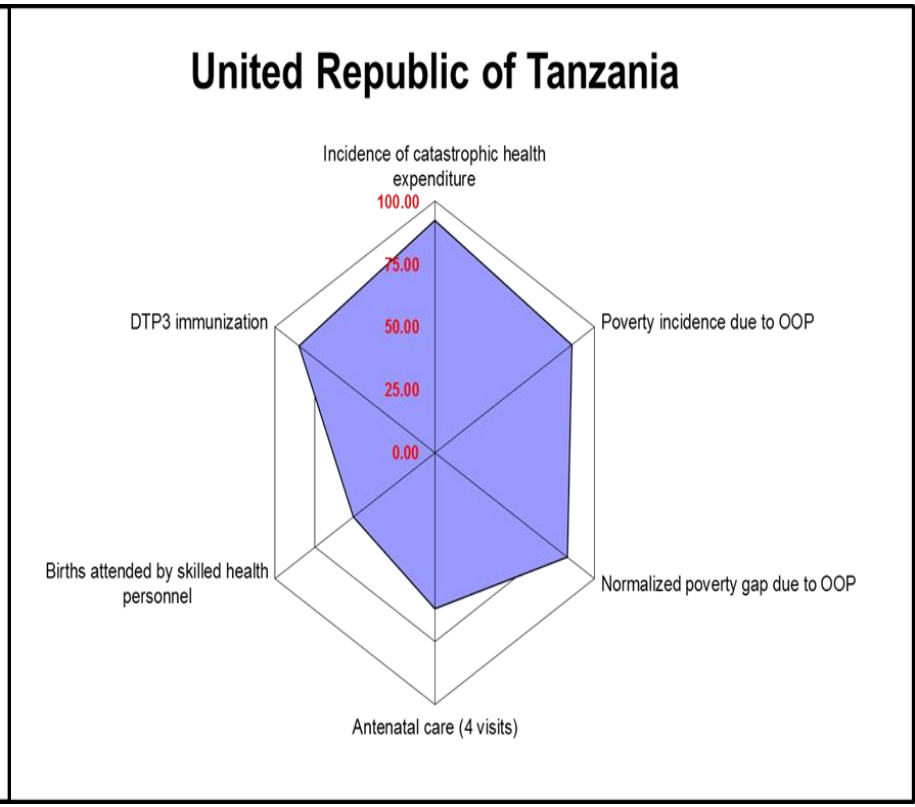
Fairness in financing

- UHC will need to be used to operationalize the principle of solidarity - the need for progressive contribution based on capacity to pay
- Unfairness/inequity (and inefficiency!) of out-of-pocket payments is now well understood
- The focus should be on the system level progressivity of prepayments: mix of direct and indirect contributions/taxes (from HH, corporations) – constructing Kagawani indexes?!

Equity in Measuring UHC

- Effective service coverage (utilization + need + quality)
- Financial protection





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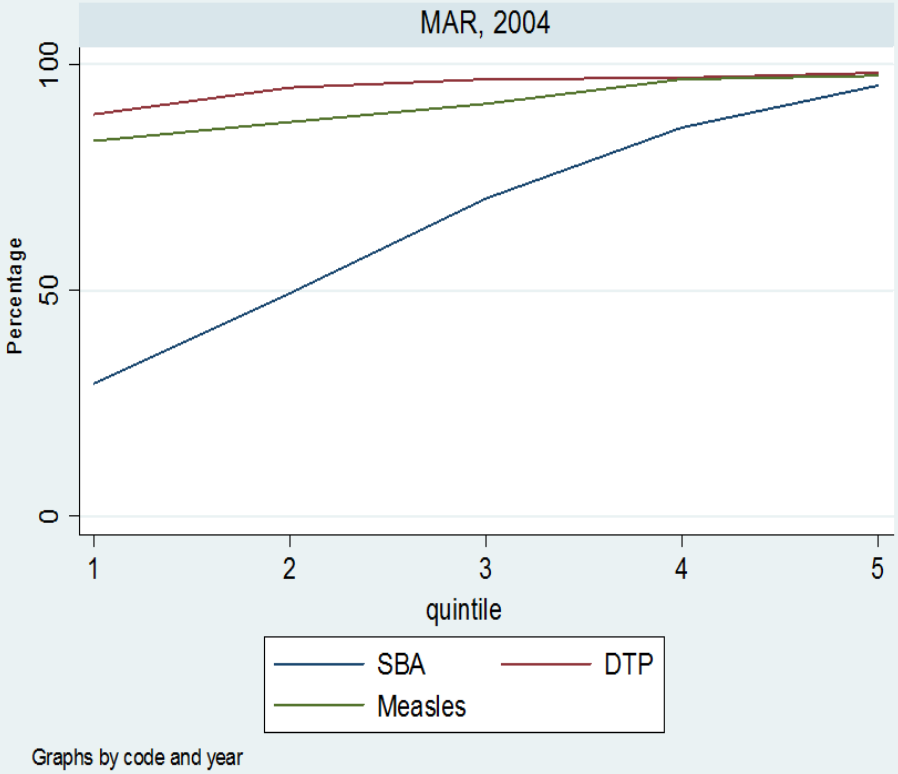
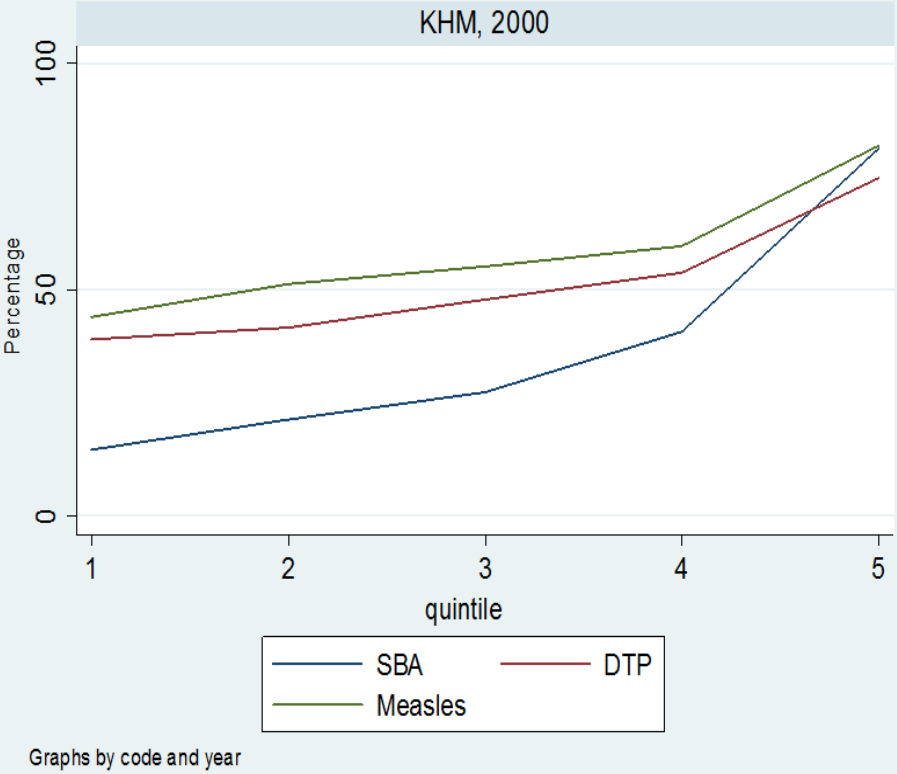
Equity in UHC M&E





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A quick detour from a country perspective: Egypt

- Constitution of 2014 – Chap. 18 puts health as a key area for inclusive socio-economical development (general focus on social sectors)
- How to translate the constitutional aspiration into reality and how to be sure equity is included?
- Universality and effective coverage:
  - Progressive realization: Egypt is on a path towards a universal SHI system and more effective coverage, but road is long so transitional targeting important (geographical targeting) - but need to be aware of adding to fragmentation
  - Benefit package redesign – efficiency and equity question

A quick detour from a country perspective: Egypt

- Government intervention to correct market failures:
  - Increase availability and access to services
  - Increase quality and safety of services – strong system to license, accredit providers, control pharmaceutical sector, etc.

- Fairness in financing – are the Egyptians currently paying according to their means (complicated question in a fragmented system):
  - Current high levels of OOPs
  - Increase fairness in financing by increase use of gov budget funds for health (currently 5% of government expenditure on health)

- M&E ➔ the current health Pillar in the SDS is advocating for disaggregated measures for health

Conclusions

- UHC policies are generally understood as means to reducing inequities in health, but also societal inequalities
- Desire to move towards UHC can be translated into actions with negative implications on equity
- Understanding all the equity implications of UHC and strategies for UHC will be needed to guide policy
- UHC M&E framework needs to be sensitive to equity