

EXECUTIVE SUMMARY

Tracking Universal Health Coverage: 2017 Global Monitoring Report



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CONTENTS

Preface	v
Contributors	vi
Executive summary	vii
Introduction	vii
Service coverage	vii
Monitoring coverage of essential health services	vii
Equity	viii
Financial protection	viii
Monitoring UHC in the SDG era	x
Introduction	xi
What UHC does and does not mean	xii
The 2017 global monitoring report on progress towards UHC	xiii
References	xiv
Chapter 1. Coverage of essential health services	1
Key measurement concepts	3
Effective service coverage	3
Service coverage	3
Tracer indicators	3
Proxy indicators	3
Index of essential health services	3
Inequalities in service coverage	4
Operationalizing SDG indicator 3.8.1: an index of essential health services	4
Guiding principles	4
Criteria for tracer indicators	4
Selected tracer indicators	5
Calculating the index	10
Data sources	11
First findings on SDG indicator 3.8.1	11
Gaps in health service coverage	13
Time trends in service coverage	15
Inequalities in maternal and child health services in low- and lower-middle-income countries	16
Trends in maternal and child health service coverage inequalities over time	17
Next steps for an index of essential health services	18
References	20

Chapter 2. Financial protection	23
Measures of financial protection	25
Catastrophic spending on health (SDG and non-SDG indicators)	25
Impoverishing spending on health (non-SDG indicators)	25
Operationalizing measures of financial protection	25
Defining and measuring out-of-pocket spending	25
Defining and measuring income and consumption	26
Defining and measuring ability to pay	26
Poverty lines	27
Global Data – and dealing with ‘missing data’	28
Household surveys	28
Missing data, global and regional estimation	30
Levels and trends in catastrophic spending: the SDG 3.8.2 indicators	31
Cross-country variation in catastrophic spending	31
Global and regional estimates of catastrophic spending	32
Trends in catastrophic spending	33
Inequalities in catastrophic spending	35
Levels and trends in catastrophic spending: non-SDG indicators	37
Nonfood spending as a measure of ability to pay	37
Levels and trends in impoverishment due to out-of-pocket spending: non-SDG indicators	39
Cross-country variation in impoverishment	39
Global and regional estimates of impoverishment	40
Trends in impoverishment	41
Depth of impoverishing health spending	42
References	45
Annexes	47
Annex 1. UHC indicators (service coverage and financial protection) by country	48
Annex 2. Current values of the UHC index of coverage of essential health services and values of each of the tracer indicators used to calculate the index, by country	56
Annex 3. List of countries by United Nations regions	64
Annex 4. UHC service coverage index by WHO and World Bank regions, 2015	65
Annex 5. Financial protection indicators by WHO and World Bank regions	66
Table 1. Incidence of catastrophic health spending SDG indicator 3.8.2: 10% threshold	66
Table 2. Incidence of catastrophic health spending SDG indicator 3.8.2: 25% threshold	67
Table 3. Incidence of impoverishing health spending: 2011 PPP \$1.90-a-day poverty line	68
Table 4. Incidence of impoverishing health spending: 2011 PPP \$3.10-a-day poverty line	69

PREFACE

This year's joint Universal Health Coverage Monitoring Report is being published at a crucial moment. Never before has there been as much political momentum for universal health coverage as there is right now. And never before has there been greater need for commitment to health as a human right to be enjoyed by all, rather than a privilege for the wealthy few.

Ensuring that all people can access the health services they need – without facing financial hardship – is key to improving the well-being of a country's population. But universal health coverage is more than that: it is an investment in human capital and a foundational driver of inclusive and sustainable economic growth and development. It is a way to support people so they can reach their full potential and fulfil their aspirations.

This is why we, as the leaders of the World Bank Group and the World Health Organization, have made the achievement of universal health coverage a priority for both our institutions. Part of that commitment is this joint 2017 UHC Global Monitoring Report.

The report reveals that at least half the world's population still lacks access to essential health services. Furthermore, some 800 million people spend more than 10 per cent of their household budget on health care, and almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses.

This is unacceptable.

But what gives us hope is that countries across the income spectrum are leading and driving progress towards UHC, recognizing that it is both the right and the smart thing to do.

We are also encouraged that – although data availability and analysis are still a challenge – most countries are already generating credible and comparable data on health coverage. We would like to acknowledge the role of the Organisation for Economic Co-operation and Development (OECD) and the United Nations Children's Fund (UNICEF) in making this happen.

Our data have revealed major gaps. The more we know about those gaps – and how different countries are bridging them – the closer we come to identifying what we must do to improve health coverage.

But if the world is serious about meeting its goal of achieving Universal Health Coverage by 2030, we all need to be far more ambitious.

To this end, the World Bank Group and the World Health Organization are committed to working with countries to increase access to essential health services, ensure that people don't fall into poverty because of health expenses, and move closer to our goal of Universal Health Coverage by 2030. That won't be easy, but it's possible. We are ready to make it happen.

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President
The World Bank Group

Tedros Adhanom Ghebreyesus
Director General
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EXECUTIVE SUMMARY

Introduction

A number of the 17 Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015 have targets that relate to health. However, one goal – SDG 3 – focuses specifically on ensuring healthy lives and promoting well-being for all at all ages. Target 3.8 of SDG 3 – achieving universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – is the key to attaining the entire goal as well as the health-related targets of other SDGs.

Target 3.8 has two indicators – 3.8.1 on coverage of essential health services and 3.8.2 on the proportion of a country's population with catastrophic spending on health, defined as large household expenditure on health as a share of household total consumption or income. Both must be measured together to obtain a clear picture of those who are unable to access health care and those who face financial hardship due to spending on health care. Since the SDGs aim to “leave no one behind”, indicators should be disaggregated by income, sex, age, race, ethnicity, disability, location and migratory status, wherever data allow. This report presents the results of the latest efforts to monitor the world's path towards UHC.

Service coverage

Monitoring coverage of essential health services

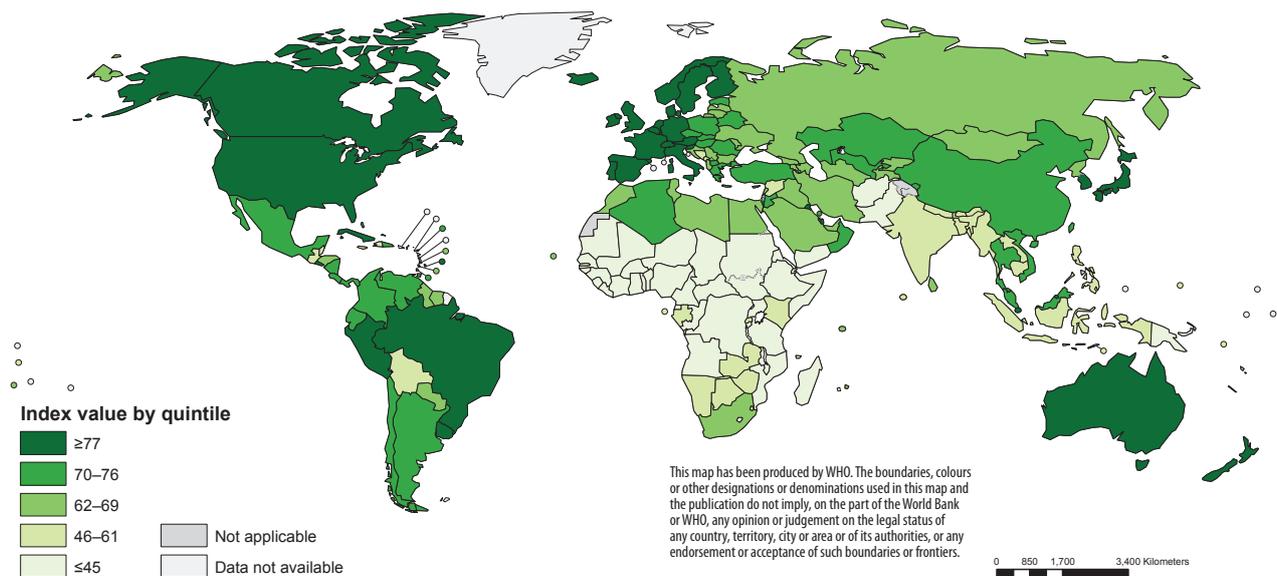
Progress towards UHC is a continuous process that changes in response to shifting demographic, epidemiological and technological trends, as well as people's expectations. The goal of the service coverage dimension of UHC is that people in need of promotive, preventive, curative, rehabilitative or palliative health services receive them, and that the services received are of sufficient quality to achieve potential health gains. A UHC service coverage index – a single indicator computed from

tracer indicators of coverage of essential services – was developed to monitor SDG indicator 3.8.1. For the first time, this report presents methods and baseline results for 183 countries for the index. The UHC service coverage index is straightforward to calculate, and can be computed with available country data, which allows for country-led monitoring of UHC progress.

The levels of service coverage vary widely between countries (Fig. 1). As measured by the UHC service coverage index, it is highest in East Asia (77 on the index) and Northern America and Europe (also 77). Sub-Saharan Africa has the lowest index value (42), followed by Southern Asia (53). The index is correlated with under-five mortality rates, life expectancy and the Human Development Index. Moving from the minimum index value (22) to the maximum value (86) observed across countries is associated with 21 additional years of life expectancy, after controlling for per capita gross national income and mean years of education among adults.

Coverage of essential services has increased since 2000. Time trends for the UHC service coverage index are not yet available, but average coverage for a subset of nine tracer indicators used in the index with available time series increased by 1.3% per annum, which is roughly a 20% increase from 2000 to 2015. Among these nine tracer indicators, the most rapid rates of increase were seen in coverage of antiretroviral treatment for HIV (2% in 2000 to 53% in 2016) and use of insecticide-treated nets for malaria prevention (1% in 2000 to 54% in 2016). Nevertheless, there is still a long way to go to achieve UHC. Although data limitations preclude precise measurement of the number of people with adequate service coverage, it is clear that at least half of the world's population do not have full coverage of essential services. Considering selected health services, over 1 billion people have uncontrolled hypertension, more than 200 million women have inadequate coverage for family planning, and nearly 20 million infants fail to start or complete the primary series of diphtheria, tetanus, pertussis (DTP)-containing vaccine, with substantially more missing other recommended vaccines.

Fig. 1. UHC service coverage index by country, 2015: SDG indicator 3.8.1



SDG: Sustainable Development Goal; UHC: universal health coverage.

Equity

Because of the lack of data, it is not yet possible to compare the UHC service coverage index across key dimensions of inequality. Until these data gaps are overcome, inequalities in service coverage can be assessed by looking at a narrower range of service coverage indicators, in particular for maternal and child health interventions. For a set of seven basic services for maternal and child health, only 17% of mothers and infants in households in the poorest wealth quintile in low-income and lower-middle-income countries in 2005–2015 received at least six of the seven interventions, compared with 74% in the richest quintile.

Considering changes in large gaps in coverage over time, the median percentage of mother-child pairs that received less than half of seven basic health services declined between 1993–1999 and 2008–2015 across all wealth quintiles for 23 low- and lower-middle-income countries with available data. Absolute reductions were larger in poorer wealth quintiles, and therefore absolute inequalities were reduced between these two time periods.

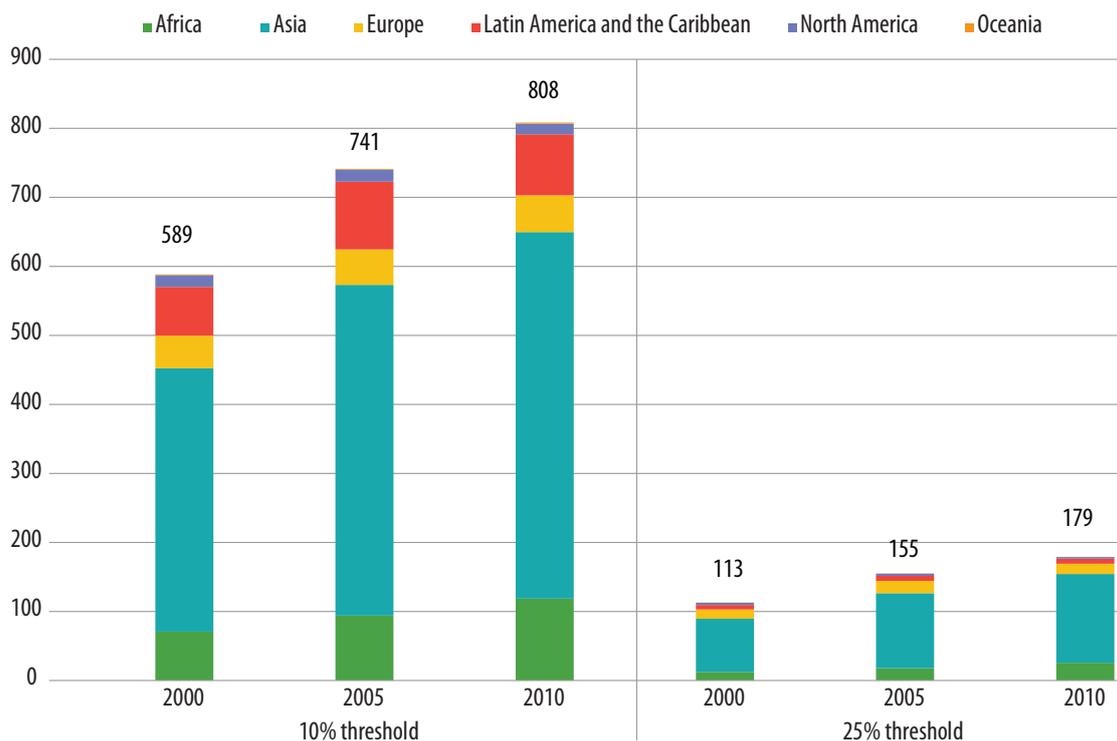
Unless health interventions are designed to promote equity, efforts to attain UHC may lead to improvements in the national average of service coverage while inequalities worsen at the same time. Gaps in service coverage remain largest in the poorest quintile, which reinforces the importance of structuring health services so that no one is left behind.

Financial protection

Many families worldwide suffer undue financial hardship as a result of receiving the health care that they need. UHC efforts in this area focus on two issues: “catastrophic spending on health”, which is out-of-pocket spending (without reimbursement by a third party) exceeding a household’s ability to pay; and “impoverishing spending on health”, which occurs when a household is forced by an adverse health event to divert spending away from nonmedical budget items such as food, shelter and clothing, to such an extent that its spending on these items is reduced below the level indicated by the poverty line.

The incidence of catastrophic spending on health is reported on the basis of out-of-pocket expenditures exceeding 10% and 25% of household total income or consumption. This is the approach adopted for the SDG monitoring framework. Across countries, the mean incidence of catastrophic out-of-pocket payments at the 10% threshold is 9.2%. Incidence rates are inevitably lower at the 25% threshold with a mean of 1.8%. At the global level (Fig. 2), it is estimated that in 2010, 808 million people incurred out-of-pocket health payments exceeding 10% of household total consumption or income, (some 11.7% of the world’s population), and 179 million incurred such payments at the 25% threshold (2.6% of the population).

Fig. 2. Global and regional trends in catastrophic payments: SDG indicator 3.8.2



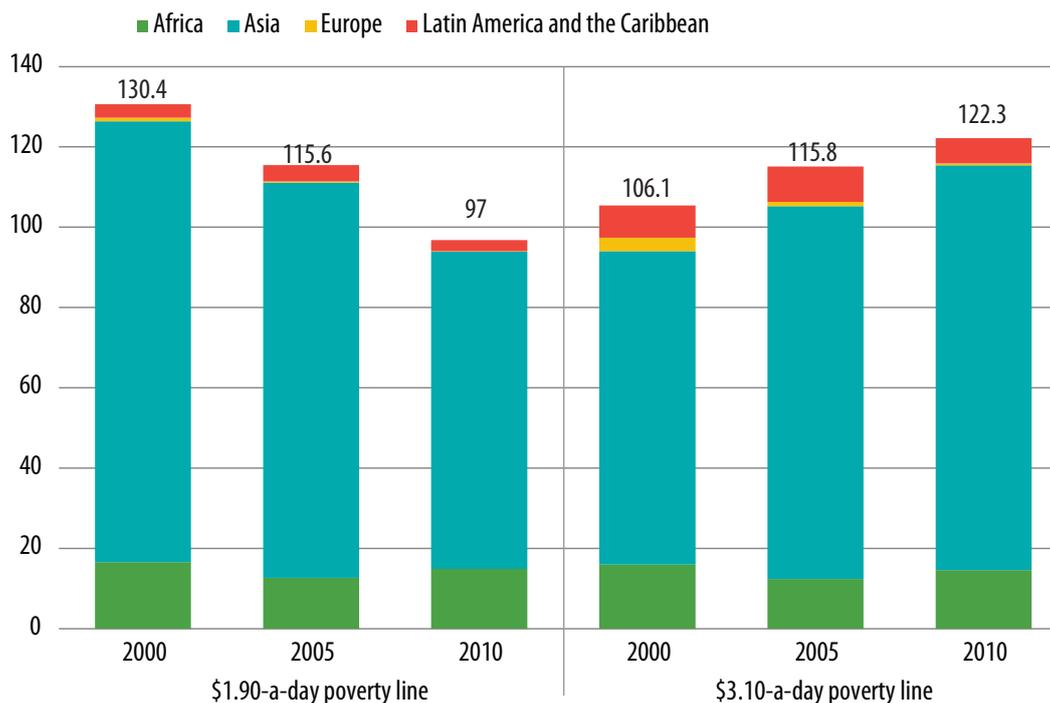
In 2010, Latin America and the Caribbean was the region with the highest rate at the 10% threshold (14.8%). Asia had the second-highest rate (12.8%) and was the region where most people facing catastrophic payments are concentrated. Both the percentage and the size of the global population facing catastrophic payments have increased at all thresholds since 2000. At the 10% threshold, the region with the fastest increase in population facing catastrophic payments is Africa (+5.9% per year on average) followed by Asia (+3.6% per year). North America is the only region where both the incidence and the population exposed have decreased (-0.9% per year).

While monitoring SDG indicators of catastrophic expenditures is important, it is not the only way in which progress can be monitored, nor is it sufficient on its own to fully understand the picture as countries strive to provide financial protection. Catastrophic payments can be measured in different ways. In addition, financial protection can also be measured using metrics other than catastrophic spending. So, this report also provides global and regional results using complementary measures of financial protection.

Indicators of impoverishing spending on health are not part of the official SDG indicator of universal health coverage per se, but they link UHC directly to the first SDG goal, namely to end poverty in all its forms everywhere. These indicators are based on international poverty lines - specifically 1.90 a day international dollars using 2011 purchasing power parity (PPP) for extreme poverty and 2011 PPP 3.10 a day international dollars for moderate poverty. This report measures the incidence of impoverishment as the difference between the number of people in poverty with out-of-pocket spending included in household total consumption or income, and the number without.

An estimated 97 million people were impoverished on health care at the 2011 PPP \$ 1.90-a-day poverty line in 2010, equivalent to 1.4% of the world's population. At the 2011 PPP \$ 3.10-a-day poverty line, the figure is 122 million (1.8%). At these two international poverty lines impoverishment rates in upper-middle-income countries and high-income countries are close to or equal to zero. At the 2011 PPP \$ 1.90-a-day poverty line, the number and percentage of people globally impoverished fell between 2000 and 2010 from 130 million (2.1%) to 97 million (1.4%). By contrast, at 2011 PPP \$ 3.10-a-day, both the percentage and number of people impoverished increased from 106 million (1.7%) to 122 million (1.8%), (Fig. 3).

Fig. 3. Global and regional trends in impoverishment due to out-of-pocket payments: \$1.90-a-day and \$3.10-a-day poverty lines



In 2010, Asia and Africa had the highest rates of impoverishment at the 2011 PPP \$ 1.90-a-day poverty line (1.9% and 1.4% respectively). Between 2000 and 2010, Africa saw reductions in the incidence of impoverishing spending on health at both the 2011 PPP \$ 1.90 and 2011 PPP \$ 3.10 lines, while Asia saw a marked reduction at the 2011 PPP \$ 1.90 line and an increase at the 2011 PPP \$ 3.10 line.

The report also focuses on the depth of poverty, taking into account the monetary impact of out-of-pocket payments on those pushed, and further pushed, into poverty due to spending on health.

Note that a low incidence of catastrophic or impoverishing spending on health could result from people being protected from financial hardship, but it could also result from people not getting the care they need because they cannot access it or because they cannot afford it. Financial protection always needs to be jointly monitored with service coverage.

Monitoring UHC in the SDG era

The monitoring efforts in this report relate directly to one of the defining characteristics of the SDGs: promoting accountability by encouraging countries to commit to reporting of their progress. Most of the data provided in the following pages have been subject to an official consultation with World Health Organization (WHO) Members States carried out in 2017. Countries are the main actors in monitoring and evaluation, and national ownership is key to the success of achieving the SDGs. Each country's process of monitoring and evaluation will take account of national and potentially subnational priorities. Countries can also contribute to regional SDG monitoring frameworks. It is hoped that by developing metrics and reporting internationally comparable data, this report may encourage countries and regions to refine and tailor them to their local circumstances.

As the data show in this report, the process is fraught with challenges, not just in reaching the targets themselves, but also in terms of measuring progress towards them. The road to UHC is long, but the global commitment to achieving and measuring it is underway.

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