

What is UHC?



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Universal Health Coverage

- All people are able to use **needed health services** (including prevention, promotion, treatment, rehabilitation, and palliation), of sufficient quality to be effective;
- The use of these services does not expose the user to financial hardship

HIV/AIDS interventions are by definition part of UHC

- **Part of “needed services”**
- **Quality, access and financial protection are relevant**
- **Equity in relation to need implies non-discrimination (universal means universal)**

UHC is not...

- ...having everyone in an insurance scheme
- ...establishing a basic package of services
- ...reaching some target level of health workers per 1000 population
- ...reaching a spending target
- ...integrated service delivery
- ...reaching some target level of the population within a certain distance of a health facility
- ...having medicines in all facilities
- ...**a scheme to be implemented**

UHC is also not “health”

- Effective coverage is a means to improving health
 - Effective coverage alone does not determine health outcomes (e.g. social determinants)
 - Non-health system actions can be a critical part of the response to HIV/AIDS
- So while HIV interventions are part of UHC, there are other actions to address HIV that are beyond UHC

UHC is a direction and not a destination

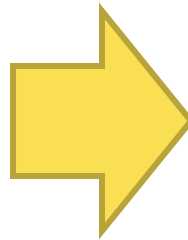
- No country fully achieves all the coverage objectives
- But all countries want to:
 - Reduce the gap between need and use of services (**equity in service use**)
 - Improve **quality**
 - Improve **financial protection**

So how do you move in the right direction?

- **Health system strengthening!**

- Instruments (what we do)**

- Better mix, distribution and capability of HRH
- Investment to improve disease surveillance
- Reducing fragmentation
- Using HTA to help specify the benefit package
- Provider payment reform
- Etc etc



- **UHC**

- Goals (what we want)**

- Equity in service use relative to need
- Quality
- Universal financial protection
- (and intermediate objectives like equity and efficiency in resource use)

“Systems thinking” for a systematic approach

- **Separate ends (e.g. effective coverage) and means (e.g. health program and wider health system)**
 - “The problem is growing HIV incidence among injecting drug users” (defined at objective level)
 - “The HIV program is under-funded” (a possible cause, but NOT the problem itself)
- **Performance problems usually have multiple causes; therefore, solutions must be comprehensive**
 - Beware of easy or so-called “innovative” solutions
 - For every complex problem, there is an answer that is **simple, direct and wrong**

Bringing a “UHC lens” to the HIV/AIDS discussion

- Take the perspective of the Minister (of Health and Finance), not the program manager
- **Unit of analysis** is the system
 - Budget dialog makes sense at sectoral level, not disease-by-disease
 - Assess progress at level of population, not for “scheme members” or program beneficiaries
 - Similarly with efficiency: need a whole system, whole population unit of analysis (look for consolidation of underlying sub-systems)

Summary messages

**All countries can
“move towards
UHC”**

**HIV is included in
UHC**

**Separate ends (UHC)
and means (HSS)**

**Apply systems
thinking for
comprehensive
problem-solving
approach**