

MEASURE WHAT MATTERS FOR UNIVERSAL HEALTH COVERAGE

An urgent civil society request for support from Ministers of Health

There is an unprecedented global consensus that Universal Health Coverage (Sustainable Development Goal (SDG) Target 3.8) **means everyone can access the quality health services they need without suffering financial hardship**.

Recent changes to the SDG indicator for Universal Health Coverage (UHC) mean that the SDGs will not track **how many people are suffering financial hardship** when accessing the health services they need.

The change to the indicator also risks dictating the path countries should take to achieve UHC. This is against the spirit and letter of both the UN UHC resolution and the Sustainable Development Goals.

We are seeking support from Ministers of Health to ensure we collectively succeed in securing a transparent and accountable process for further reviewing the UHC SDG indicator and ensuring it measures what matters – financial protection for health. **We urge you to support in two ways:**

1. Please consider signing up to a **statement from Ministers of Health** overleaf for the attention of the UN Economic and Social Council ahead of their High Level meeting on SDGs in July
2. Please support the amendments outlined for WHA Resolution: Health in the 2030 Agenda for Sustainable Development.

There is no one-size-fits-all approach to achieving UHC and countries at all income levels are taking different paths. But the principle of access to health without financial hardship is fundamental and must be measured.

WHAT'S THE PROBLEM?

Millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care, and excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care.

The PROPOSED SDG indicator to measure financial protection for health is:
“Number of people covered by health insurance or a public health system per 1000 population.”

It fails as a measure for UHC because:

- × “Access to a public system or insurance” is neither a measure nor a guarantee of financial protection.
- × Out-of-pocket spending can increase, and financial protection can be reduced, despite coverage by insurance or a public health system
- × No universal meaning or definition - so won't allow cross-country comparisons
- × Does not allow data disaggregation, undermining SDG priority to leave no one behind.
- × Not policy-neutral. Risks promoting one potential route to UHC—insurance—above others. This is not the job of the SDGs.

RECOMMENDED SDG INDICATOR (by WHO):
“Lack of coverage by a form of financial protection”
*measured as % of household spending on health **

- ✓ Relevant to the target: Directly measures the financial impact on households to meet the costs of health services.
- ✓ Methodologically sound: Methodologies dating back to the 1990s, refined over a 3-years of extensive and inclusive consultations involving expert academics and international agencies.
- ✓ Internationally agreed: Standard definition which is scientifically robust and policy neutral.
- ✓ Data available: Information is readily available from routine household surveys conducted by national statistical offices (e.g. Budget Surveys, Income and Expenditure Surveys, Living Standards Measurement Surveys)
- ✓ Amenable to disaggregation

** household expenditure on health, as a share of total household expenditure or income. Considered catastrophic at e.g. 25% of household spending*

1. Please support the

Statement from Ministers of Health on UHC Measurement

For the attention of Members of the UN Economic and Social Council and the Inter-agency and Expert Group on the Sustainable Development Goal Indicators:

We, Ministers of Health reaffirm the international commitment to move forward towards the achievement of Universal Health Coverage by 2030 as agreed by world leaders in the Sustainable Development Goals (SDGs).

Universal Health Coverage (UHC) means that all people have access to needed health services of good quality without suffering financial hardship. UHC is a critical component of sustainable development and poverty reduction, and a key element of social inequity reduction.

Despite significant progress in many countries towards UHC , millions of people are driven below the poverty line each year because of catastrophic out-of-pocket spending for health services, and excessive payments can discourage the impoverished from seeking or continuing care.

In light of this we express our deep concern that we are still missing a technically measurable and appropriate indicator for monitoring progress of financial protection for health in the SDG monitoring framework. This should be urgently addressed by statisticians together with health financing experts.

Such an indicator should reflect the universally agreed definition of financial protection for health and measure progress in reducing household expenditure for health. Similarly, in line with the UN Resolution 67/81 for Global Health and Foreign Policy, the UHC indicator should not seek to influence the choice of health financing policy instrument in the particular context of each country.

We call on all members of the Economic and Social Council who will meet this July to discuss and endorse the global SDG indicator framework proposed by the Inter-agency Expert Group on SDG Indicators to lay out a clear, transparent and accountable process for refinement of the indicator 3.8.2 to meaningfully measure progress towards achieving financial protection for health for all.

Signed

2. Please support

Proposed Amendments to WHA Resolution 'Health in the 2030 Agenda for Sustainable Development'

Priority amendments are in paragraphs (2) and (7) below

(OP) 1. URGES Member States

(2) to strengthen health systems, including ensuring an adequately skilled [,adequately compensated health workforce, [and] [in order to] achieve [~~or consolidate~~] [and sustain] universal health coverage, defined as universal access to quality promotion, prevention, treatment, rehabilitation and palliation services, including access to safe, effective, quality and affordable essential medicines and vaccines for all, ensuring [and] financial ~~risk~~-protection [**add: from out-of-pocket expenditure on health**] for all as fundamental to the achievement of the 2030 Agenda for Sustainable Development, as appropriate, through comprehensive national and / or subnational plans, with reference to the Global Strategy on Human Resources for Health;] [refer to PP7 to include similar language]

(4) [**remove: to strengthen the mobilization and effective { use of [additional] domestic resources for health, {add: 'to strengthen the effectiveness and equity of domestic resource mobilisation and use for health'**}]supplemented by international assistance as appropriate, and] to appropriately prioritize investments in health within the revitalized Global Partnership for Sustainable Development, and within national and subnational partnerships, recognizing and in accordance with the broad multisectoral impact that health investments can have on economies and communities; [**reference paras 20 and 125 from Addis document**]

(7) to develop, on the basis of existing mechanisms wherever possible,quality, inclusive, transparent national [**accountability**] processes, consistent with national policies, plans and priorities, for regular monitoring and review of progress towards the goals and targets of the 2030 Agenda for Sustainable Development, which should form the basis for [**add: technically appropriate and policy neutral**] global and regional progress assessment; [**note: this para will likely be finalized only in May pending outcome of deliberations in NY about reporting on the agenda as a whole**]

PP8 Recalling resolution EBSS3.R1 (2015) on Ebola, in which the Executive Board recognized the urgency for all countries of having strong, resilient and integrated health systems capable of fully implementing the International Health Regulations (2005), and of having the capacity for health-related emergency preparedness and progress towards universal health coverage that promotes universal, equitable access to health services and ensures [**remove: affordable, good-quality service delivery**] [**add: financial protection from out-of-pocket expenditure on health**]

Huge support to revise SDG indicator 3.8.2 for UHC:

300+ organisations around the world – including The Rockefeller Foundation, Oxfam, Save the Children, the Graça Machel Trust, the London School of Hygiene and Tropical Medicine – agree that the current SDG indicator for financial protection for health is not fit for purpose, and have called for this to be revised.

For further information contact:

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