

NCD Alliance submission: WHO consultation on Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework, February 2014

The NCD Alliance welcomes the opportunity to respond to the WHO/World Bank discussion paper on a framework for monitoring progress towards universal health coverage (UHC) at the global and country level.

Accelerating progress towards UHC is essential to ensuring the health and wellbeing of all people. Approximately 100 million people are pushed into poverty every year as a result of out-of-pocket payments for health care., and a large proportion are due to non-communicable diseases (NCDs). UHC remains a distant reality for many low- and middle-income countries (LMICs), where the NCD burden is impacting disproportionately. Out-of-pocket payments for NCD treatment and care trap poor households in cycles of catastrophic expenditure, impoverishment, and illness, particularly in countries lacking social protection and health insurance. Coverage and access (in terms of availability and physical access) to NCD services, including early diagnosis, treatment, and palliative care, are severely inadequate.

The *World Health Report 2010* acknowledges “countries will take differing paths towards universal coverage depending on where they start,” trading off between the proportions of the population to be covered, the range of services to be made available, and the proportion of the total costs to be met. Regardless, the realization and implementation of UHC should be guided by clear principles, reflect current epidemiological trends, and prioritize those services universally recognized as essential to securing the health of a country in the short- and long-term.

NCD Alliance’s key recommendations:

- **Use the term “NCDs” in the monitoring framework, not “CCIs”:** NCDs is the recognised and adopted term by Member States, WHO and the United Nations, and civil society. The WHO definition of NCDs¹ was the focus of the UN Political Declaration in 2011, and has since been the focus of all WHO/UN global NCD policy, including the *Global NCD Action Plan 2013-2020*. The WHO definition also recognises common cause issues, such as mental health and road injuries, that will benefit from many of the approaches to tackling NCDs.
- **Add a fourth domain on “health security”:** In addition to the three identified domains for monitoring progress - access to essential quality services; financial protection; and populations covered - recommend adding a domain on “health security”. Health security is a measure of the extent to which the population is secure in the knowledge that there are services available, when needed.
- **Clarify the definition of “health services” and “non-personal interventions”:** The paper defines all interventions related to health as “services,” yet includes population-based health measures such as tobacco taxation. Population-based health measures and policy interventions are critical for NCD prevention, as outlined in the *Global NCD Action Plan 2013-2020*.
- **Consult with civil society on the service coverage indicators:** Civil society must play a central role in identifying priority service coverage interventions included in the framework, to reflect all health needs.
- **Set an essential services coverage target of 100%:** A target of 100% coverage of essential services reaffirms the message that all people should have access to the quality, essential health services they need. Although this is a distant reality for many LMICs, it is the standard to which the global health community should aspire to.
- **Promote UHC as an enabler in the post-2015 human development agenda:** The development of this monitoring framework could inform the positioning of UHC in post-2015. The NCD Alliance reinforces our position that UHC should be framed as an enabler to health in post-2015, not as the overarching health goal. UHC is one of the contributors to health status and will not in itself deliver higher health status. It is a necessary path to improve health outcomes, but not sufficient alone. Action beyond the health sector is needed, particularly to reduce the avoidable NCD burden.

¹ Comprised mainly of the four groups of diseases: cardiovascular diseases, cancers, diabetes and chronic lung diseases which are responsible for the majority of deaths caused by NCDs and are largely caused by four shared modifiable behavioural risk factors).

NCD Alliance detailed comments (following the structure of the discussion paper)

Guiding Principles (pp 3)

- Support principle 1. The framework should comprise two inter-related but separate UHC measures: i) essential health services coverage for the population; and ii) financial protection coverage for the population.
- Support principle 2 and 4. Measures should encompass the full population across the lifecycle (including children and youth, adolescents, adults and ageing populations), be inclusive of all genders, and should be disaggregated by socioeconomic status to assess the degree to which coverage is equitably distributed.
- Recommend that principle 3 - “measures should capture all levels of the health system” - requires further clarification. The paper says “health system” but then includes the population-wide measure of tobacco taxation as an example. This and similar examples would not be exclusively implemented by the health system.

Methodological Considerations (pp 4)

Service coverage

- Support selecting a measure for service coverage related to the health MDGs. However, we recommend that the second set of interventions is specifically related to NCDs, rather than CCIs.
- When monitoring service coverage, recommend focusing on quality of services in addition to the expansion of coverage. The quality of services is a major challenge for all health issues, including NCDs.
- There is a lack of detail on what is included within the service coverage areas, and the rationale behind the choice of indicators in the illustrative table. This is a significant and important task, as the whole monitoring exercise will depend on these indicators. The NCD Alliance is consulting with our network and experts to develop specific recommendations from a NCD perspective.

Financial risk protection coverage

- Support the use of the two commonly used indicators to track the level of financial risk in health recognizing that they capture the impact of catastrophic health expenditures across all income levels, and the worsening of poverty due to relatively small out of pocket payments.

Equity in coverage

- Support the commitment to place equity at the heart of UHC. Addressing the social inequalities of health is critical to reducing the burden of NCDs in all countries, regardless of income level. For example, in LMICs vulnerable and socially disadvantaged people get sicker and die sooner as a result of NCDs, compared to people of a higher socio-economic status.
- Recommend exploring additional measures of equity beyond an equity goal focused on the poorest 40% of the population. The NCD Alliance believes that the global community needs to be more ambitious in addressing equity remembering the first principle of the post 2015 development agenda to “leave no-one behind”. A goal focused on 40% could exclude vulnerable populations who are impacted disproportionately by NCDs for example indigenous communities, women and children. It is important to adopt a rights based approach to UHC that emphasizes the rights of the most vulnerable populations to access essential health services.

Targets for assessing country progress towards UHC (pp 6)

- **80% coverage:** As the discussion paper highlights, for essential health services, the “ideal” coverage target would be 100% across the cluster of priority interventions. The paper then goes on to say that it would be more realistic to set a lower target of at least 80% coverage. **The NCD Alliance strongly recommends setting an actual target of 100%.** In both cases, it would be useful to see further detail on the 80% target and the extent to which it could be considered more realistic. In addition, an indicator that considers the rate of increase towards achieving universal coverage could provide an indicator of the efforts of each individual country, particularly when benchmarking progress.
- **Investing in better UHC monitoring:** The more successful global monitoring efforts have been accompanied by investments in country level surveillance and institutional capacity strengthening, including developing the health workforce and relevant health information systems. **The NCD Alliance supports investing in the development of a comprehensive set of indicators and survey instruments for assessing coverage of services and financial protection,** recognizing that governments are under considerable pressure to report back on numerous health targets. This framework will need to be supported by investments in data collection and surveillance at the national level in addition to taking advantage of monitoring and evaluation infrastructure established for other health challenges. As the *Global NCD Action Plan 2013-2020* highlights, in order to meet its goals “financial and technical support will need to increase significantly for institutional strengthening in order to conduct surveillance and monitoring.”