MEASURING UNIVERSAL HEALTH COVERAGE

Recommendations from Civil Society on Indicator 3.8.2

There is unprecedented global consensus that **Universal Health Coverage (SDG Target 3.8) means everyone can access the quality health services they need without being pushed or pushed further into poverty.** It requires two indicators to capture coverage (3.8.1) and financial protection (3.8.2).

Recent changes to indicator 3.8.2 mean that we will not be able to measure how many people are suffering financial hardship to pay for the health services they need.

At the upcoming meeting of the Inter-Agency Expert Group (IAEG) in Mexico, **we urge all members to revise the Universal Health Coverage indicator 3.8.2.**

- From "number of people covered by health insurance or a public health system per 1,000 population"
- To "lack of coverage by a form of financial protection."

There is no one-size-fits-all approach to 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. The current indicator does not measure what matters. And it risks promoting just one mechanism—insurance—without tracking the impact of paying for health on the individual.

CURRENT INDICATOR vs. RECOMMENDED INDICATOR

CURRENT INDICATOR (as of 19th February):
"Number of people covered by health insurance or a public health system per 1000 population."

- × "Access to a public system or insurance" is neither a measure nor a guarantee of financial protection.
- × Does not measure financial costs.
- × Does not meaningfully distinguish between countries; would measure 100% efficacy in all countries with any public health system.
- × Household spending can increase, and financial protection can be reduced, despite coverage by insurance or a public health system
- × No accepted universal meaning or definition and so won't allow for 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 IAEG or the SDGs.

RECOMMENDED INDICATOR:
"Lack of coverage by a form of financial protection"*

- ✓ 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

**This should be measured by calculating the proportion of the population with large household expenditure on health, as a total share of household expenditure or income (e.g. greater than 25%)*

COUNTRY EXAMPLES

Countries around the world have demonstrated that "the number of people covered by health insurance or a public health system" is not fit for purpose as a measure of financial protection.

- **KOREA** covered 100% population with health insurance in 1989 but individuals paid 65% of all health costs and faced huge financial risk for hospitalization or chronic illness. Coverage has since remained at 100% while payments have fallen.
- **UK and AZERBAIJAN** both have a public system – 100% coverage, but out of pocket payments are less than 10% in the UK and more than 70% in Azerbaijan.
- **CHINA** expanded its rural insurance scheme during the 2000s, but high patient co-payments increased financial hardship, in the early days.
- In **VIETNAM**, nearly 60% of the population was enrolled in health insurance in 2010, but continued to face financial risk due to no cap on co-payments for members.
- **NIGERIA** has a huge informal population. Investments in health insurance have not expanded health access among the poor. Health indicators remain among the worst in Africa despite its relatively larger economy.

These examples show that having a public health system or insurance mechanism doesn't guarantee better financial protection, and that changes in financial protection often do not correlate with changes in insurance coverage.

HUGE SUPPORT TO REVISE INDICATOR 3.8.2

631 INDIVIDUALS—including **Atul Gawande**, **Michael J. Klag** and **Edna Ismail**—signed a letter to the Inter-Agency and Expert Group in February 2016 calling for robust measurement of financial risk protection. Leaders like **Graça Machel** and **Anne Mills** have also come forward to add their support.

300+ ORGANIZATIONS 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 indicator is not fit for purpose, and call for this to be revised.

MEASURE WHAT MATTERS.

Questions?

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