Plenary Session: advancing equity through UHC: Are we getting there?

Policy experiences on shifting towards equity as a principle in UHC

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14:30 – 16:00, Convention Hall 1
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Historically, richer groups tend to capture more of the social benefits of increased economic growth.....

Proportion of children 0 – 59 months old who are stunted, by household wealth quintile

- Poorest 20%
- Second 20%
- Middle 20%
- Fourth 20%
- Richest 20%

Note: Prevalence trend estimates are calculated according to the NCHS reference population, as there were insufficient data to calculate trend estimates according to WHO Child Growth Standards. Estimates are age-adjusted to represent children 0–59 months old in each survey.

Information on household wealth quintiles was not originally published in the 1992–1993 and 1998–1999 National Family Health Surveys (NFHS). Data sets with household wealth quintile information for these surveys were later released by Measure DHS. For the analysis here, the NFHS 1990–1993 and 1998–1999 data sets were reanalyzed in order to estimate child stunting prevalence by household wealth quintile. Estimates from these two earlier rounds of surveys were age-adjusted so that they would all refer to children 0–59 months old and would thus be comparable with estimates from the 2005–2006 NFHS.

Leading to widening disparities in health outcomes....

Two-thirds of the countries that have made strong progress in reducing the under-five mortality rate have shown worsening inequalities since 1990.

In short, gaps between better off and worse off have increased.

This suggests that the delivery, financing, and use of essential health services for children favor the better off.

Source: Social & economic policy brief, UNICEF, August 2010

... and growing inequalities within most countries

Source: DHS, various years (reanalysed by UNICEF, 2010). PROGRESS FOR CHILDREN, Achieving the MDGs with Equity, Number 9, September 2010, UNICEF
Some potential drivers of these inequities are found in current UHC efforts

- **Supply-side**
  - Hub-to-spoke expansion of services; the poor are the last to receive investments & to be reached
  - The scope and quality of services supplied is lower in the periphery, and in rural and poorer areas
  - Institutional & informal discrimination, beyond financial

- **Demand-side**
  - Urban & rich: more aware of services, and have more powerful networks to capture benefits.
  - Poor face proportionately greater opportunity costs
  - Avoidance of care can be due to fear of discrimination as well as fear of impoverishment

There are multiple causes of deprivation hidden within national aggregates

- Children from poorer households, from rural areas, and whose mothers have less education are at higher risk of dying before age five

39 countries with most recent DHS surveys conducted after 2005 with further analyses by UNICEF for under-five mortality rates by wealth quintile. 47 countries for rates by mother’s education and 48 countries for rates by residence. Source: Levels & Trends in Child Mortality Report 2011; Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation
MDG 1: Eradicate extreme poverty and hunger

Iodized salt consumption is higher among the richest households than the poorest households in countries with available data

Percentage of households consuming adequately iodized salt among the richest 20% of households as compared to the poorest 20%, by country

[Diagram showing percentage comparison of salt consumption across different countries and income levels]

Health inequities are often linked to multiple deprivations: e.g., Education marginalization

[Graph showing average number of years of schooling by gender and income level in various countries]

Source: SOWC 2012
Many potential paths to UHC....

World Health Assembly Resolution 58.33, 2005:
Defines Universal Health Coverage as ensuring for all people coverage with health services; with financial risk protection; for all

But what is a pro-equity progression along each axis? And what are the opposing forces?
An alternative: shifting the curve towards pro-equity strategies

- Coverage of health solution
- Ideal uptake for the poorest 20%
- Typical uptake for the poorest 20%

A shift would avert many preventable deaths

Assessing health system bottlenecks to access for children & other at-risk groups

- Quality of coverage
- Continuity & appropriateness
- Initial utilization
- Accessibility – physical access of services
- Availability – human resources
- Availability – essential health commodities
- Population needing a service

Adapted by T O'Connell from Tanahashi T. Bulletin of the World Health Organization, 1978, 56 (2)
Resolving inequities requires data on inequities in access faced by each group

Analysis of services delivered at primary health facilities in Ethiopia

![Chart showing inequities in access to health services in Ethiopia]

Source: UNICEF 2011 reanalysis of DHS, MICS data

Strategies to shift the curve

Reducing the gap

1. Delivery system
2. Demand Empowerment
3. Legislation & Policy changes

Reorienting towards pro-equity delivery & demand

Source: The Lancet 2012; 380:1341-1351
DOI: 10.1016/S0140-6736(12)61378-6
Research areas on how to shift the curve, and move towards UHC with Equity

3 research areas

Specific context of different populations
Factors affecting coverage
- Current coverage: lower in more deprived populations
- Bottlenecks: larger and more evident in more deprived populations

Factors affecting impact
- Fertility, mortality, mortality: higher rates and burdens in more deprived populations
- Causes of mortality: easier to address in deprived populations

Factors affecting cost
- Epidemiology: more illness episodes in deprived populations
- Geography: deprived populations living in more dispersed and remote settings
- Costs and financing context
  - Direct and indirect out-of-pocket spending: higher in more deprived populations

Policy choices

Selection of a strategic approach
- Mainstream an equity focus

Selection of interventions
- High-impact intervention package

Modelling of interactions

Supply and demand reductions

Estimation of incremental cost

Estimation of cost out-of-pocket spending

UNICEF contributes to inserting equity into UHC efforts by supporting monitoring not only of results, but of the equity of the results and the paths taken to achieve those results.

An optimistic note
- We are getting real movement towards UHC,
- Yet, in the majority of countries we could accelerate progress by shifting the curve, through greater use of explicitly pro-equity UHC strategies and policies.

Thank you!