

UNDERSTANDING AND MEASURING COVERAGE

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European Observatory on Health Systems and Policies

a partnership hosted by WHO

on Health Systems and Policies

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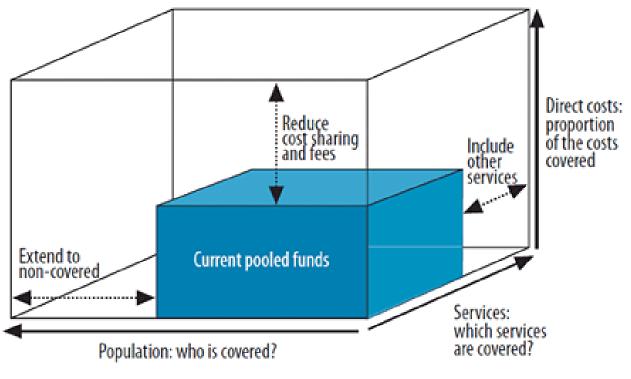
Observatory

Coverage as a sub-function

		performance outcomes
functions sub-functions	intermediate	final
LEADERSHIP and GOVERNANCE		
overall governance, policy formulation		
organization and design		
generating intelligence		
regulation and planning	efficiency	
participation and stakeholder		
involvement		
HEALTH FINANCING	access	
collecting revenues		improved health (level and equity)
pooling of funds	equity in use	
purchasing services	66	responsiveness
providing coverage	effectiveness	
GENERATING RESOURCES	1	financial risk protection
investing in physical resources	quality	the second s
training of human resources	a of other	improved macro-level efficiency
DELIVERING SERVICES	safety	
-	satisfaction	
	Salisiaction	
•		
public health services primary care secondary care pharmaceutical care mental health care	satisfaction	

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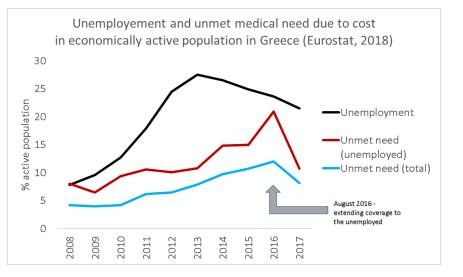




- Population
- Services
- Costs (user charges)



Population: who is covered?



Assessment

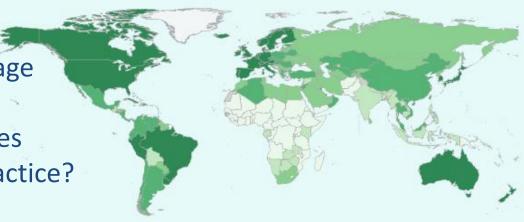
Extent of population coverage

- criteria and basis for entitlement (e.g. residents, citizens, etc.)
- nature of SHI membership (e.g. compulsory vs voluntary)
- groups covered without contributions
- excluded groups
- Performance:

Excluding people from coverage undermines financial protection, exacerbates inequalities and is inefficient

Service: what is covered?

- Assessment:
 Range of services covered
- Existence of standard package
- How are services defined?
- Basis for inclusion of services
- Are services available in practice?
- Are any services excluded?



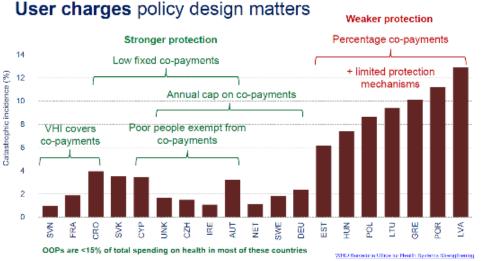
UCH service coverage index by quintile, 2015 (GHO WHO)

• Performance:

Basis of service inclusion/exclusion criteria impacts objectives: costeffectiveness, need, preferences, financial protection.

Gaps in service coverage can lead to financial hardship and/or unmet need, exacerbate inequalities in service use.





Source: WHO Barcelona office for Health Systems strengthening (2018)

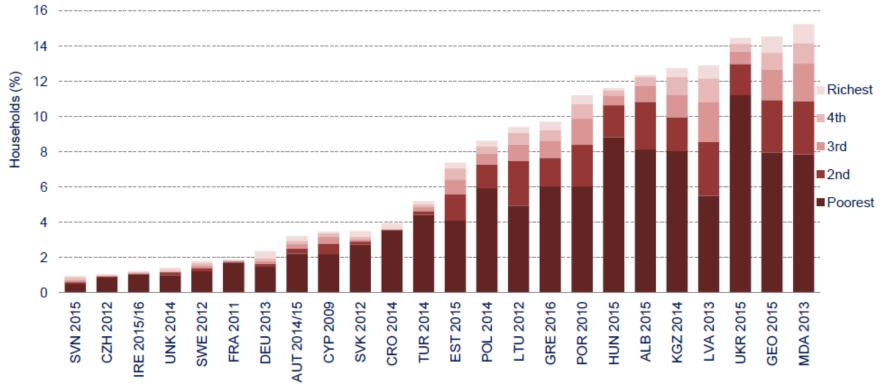
Assessment

Extent and design of user charges for accessing services

- Types of user charges
- Exemptions and caps
- Role of OOP payments
- Gaps in coverage
- Role of voluntary health insurance and private sector
- Performance

User charges undermine efficiency (high administrative costs, reduce both inappropriate and appropriate use) and equity (disproportionate burden on poor and chronically ill)

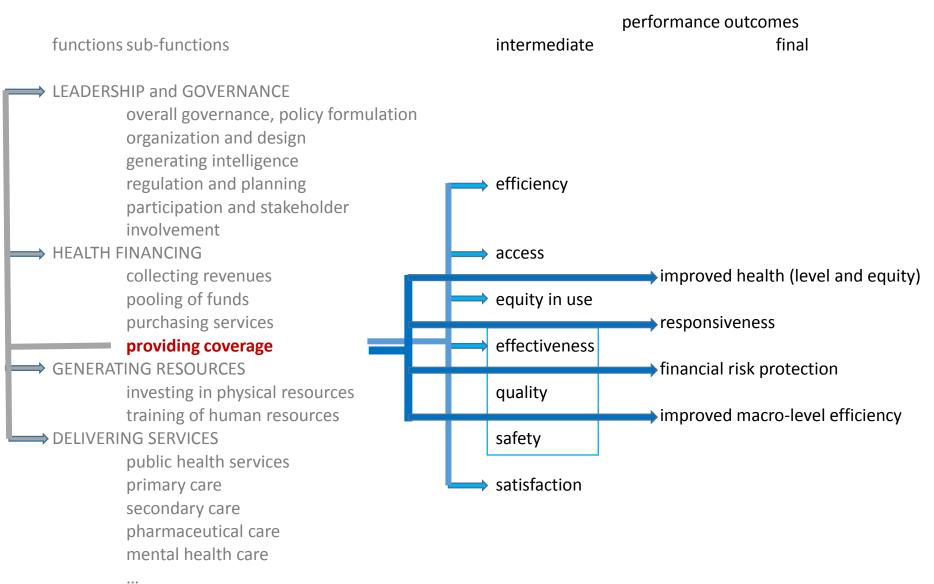




WHO Barcelona Office for Health Systems Strengthening; catastrophic incidence broken down by consumption qu

Households experiencing catastrophic spending by quintile Source: WHO Barcelona Office for Health Systems Strengthening (2018)

Overall impact on performance





• Access and equity in access:

% population excluded from coverage; service utilization, unmet need (with breakdowns); resource distribution (workforce and physical)

• Effectiveness:

% of public spending of total expenditure on health, share of OOPs, approach to providing coverage; design of service coverage and costsharing

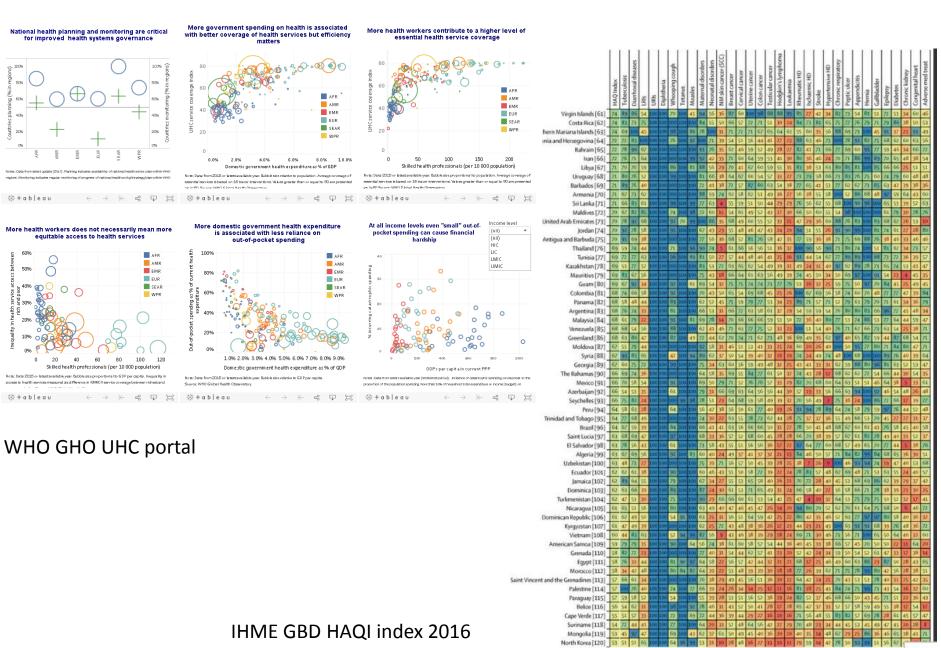
• Efficiency:

administrative costs; user charges as deterrents; level of fragmentation

- Financial protection and equity in financing: catastrophic or impoverishing spending, exemptions based on income and need
- Population health:

e.g. Healthcare Access and Quality Index

... and there are some data





Challenges

- Complex links to other functions and sub-functions
- Many proxy quantitative indicators but few direct measures
- Importance of country context and qualitative measures
- Not easy to measure progress in time

Advantages

- Can expose performance issues in other areas
- Major focus due to SDGs and UCH2030 agenda
- A number of indicators available on global level