UNDERSTANDING AND MEASURING COVERAGE

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<th>Functions Sub-functions</th>
<th>Performance Outcomes</th>
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<td><strong>LEADERSHIP and GOVERNANCE</strong></td>
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<td>overall governance, policy formulation</td>
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<td><strong>DELIVERING SERVICES</strong></td>
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What is coverage?

- 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?

• Performance:
  Basis of service inclusion/exclusion criteria impacts objectives: cost-effectiveness, need, preferences, financial protection.
  Gaps in service coverage can lead to financial hardship and/or unmet need, exacerbate inequalities in service use.
Depth: user charges

User charges policy design matters

- **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)

Source: WHO Barcelona office for Health Systems strengthening (2018)
Households experiencing catastrophic spending by quintile
Source: WHO Barcelona Office for Health Systems Strengthening (2018)
Overall impact on performance

functions sub-functions

LEADERSHIP and GOVERNANCE
- overall governance, policy formulation
- organization and design
- generating intelligence
- regulation and planning
- participation and stakeholder involvement

HEALTH FINANCING
- collecting revenues
- pooling of funds
- purchasing services
- providing coverage

GENERATING RESOURCES
- investing in physical resources
- training of human resources

DELIVERING SERVICES
- public health services
- primary care
- secondary care
- pharmaceutical care
- mental health care

performance outcomes

intermediate
final

- efficiency
- access
- equity in use
- responsiveness
- effectiveness
- financial risk protection
- quality
- improved macro-level efficiency
- safety
- satisfaction
How can we measure performance in provision of coverage? Examples:

- **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 cost-sharing

- **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

Who Gho UHC Portal

Ihme GBD Haqi Index 2016
Issues to keep in mind for understanding and measuring coverage

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