Universal Health Coverage

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Definition

All people receive the quality, essential health services they need, without being exposed to financial hardship

affordable access for all
World Health Report 2010

“the single most powerful concept that public health has to offer”

WHO Director-General Margareth Chan
SDG 3

«Ensure healthy lives and promote well-being for all at all ages»

3.8 “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”
The cube
Subsequent cubes
The path

Making fair choices on the path to universal health coverage
Final report of the WHO Consultative Group on Equity and Universal Health Coverage
Elements

- Expanding priority services
- Including more people
- Reducing out-of-pocket-payments
- Overall strategy and trade-offs
- Public accountability and participation
- Indicators of progress
Which services to expand first?
Which services to expand first?

Clear criteria pertaining to:

- Cost-effectiveness
- Priority to the worse off
- Financial risk protection

Cost per healthy life year as a multiple of GDP per capita
Whom to include first?

First reduce barriers for

- low-income groups
- rural populations
- other groups disadvantaged in terms of coverage or health
How to make the shift in payments?
How to make the shift in payments?

When making the shift

• first eliminate OOPPs for high-priority services
• first eliminate OOPPs for low-income groups and other disadvantaged groups, if it can be done effectively
• make contributions depend on ability to pay and use primarily depend on need
Overall strategy

1. Categorize services into priority classes
2. Expand coverage for high-priority services to everyone
3. Ensure that disadvantaged groups are not left behind
Unacceptable trade-offs

1. To expand coverage for low- or medium-priority services before there is near universal coverage for high-priority services.

2. To give high priority to very costly services whose coverage will provide very small or worse-off financial protection when the health benefits are very small compared to alternative, less costly services.

3. To expand coverage for well-off groups before doing so for worse-off groups when the costs and benefits are not vastly different.

4. To first include those with the ability to pay and not include informal workers and the poor, even if such an approach would be easier.

5. To shift from out-of-pocket payment toward mandatory prepayment in a way that makes the financing system less progressive.
Thanks!

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