

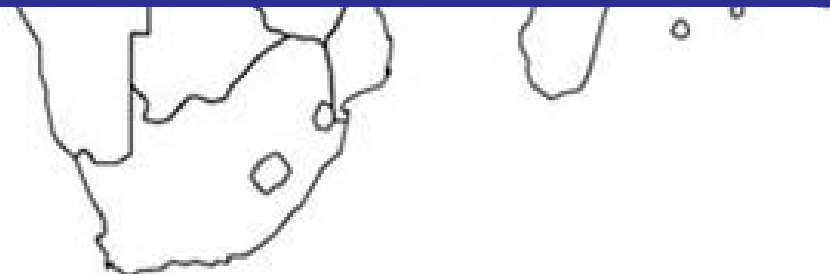


**FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:  
PEER-TO-PEER LEARNING WORKSHOP  
FINDING SOLUTIONS TO COMMON CHALLENGES  
FEBRUARY 15-19, 2016  
ACCRA, GHANA**

**Day I, Session V.**



#access2care #NHISAfrica16





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# Economic Transitions in Health and UHC in Africa



Dr. Ariel Pablos-Mendez  
Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop  
Accra, Ghana, February 15-19, 2016



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# A New Chapter in Health History

**End of Euro-colonialism**

**End of the Cold War**

**The Grand Recession**

**Tropical Medicine**

**International Health**

**Global Health**

**A New World Health**

**1960's**

**1990's**

**2010's**

- Colonial arrangements
- Pioneer age/missions
- Western tech experts
- Parasitic diseases and anti-viral vaccines
- Eradication campaigns

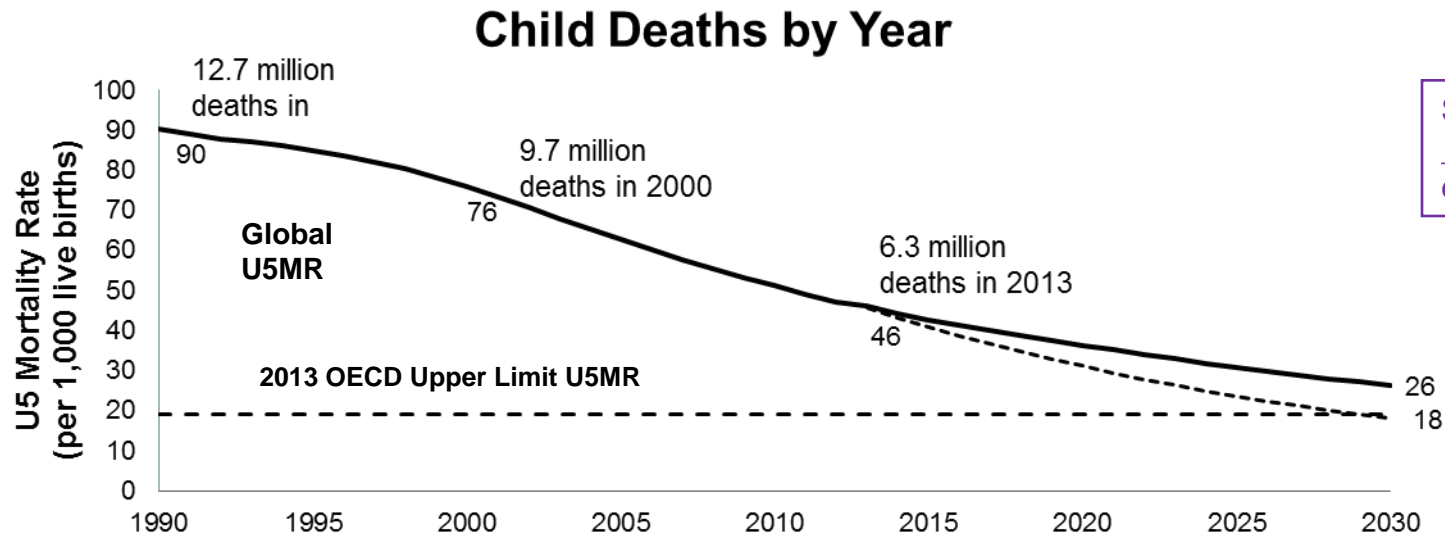
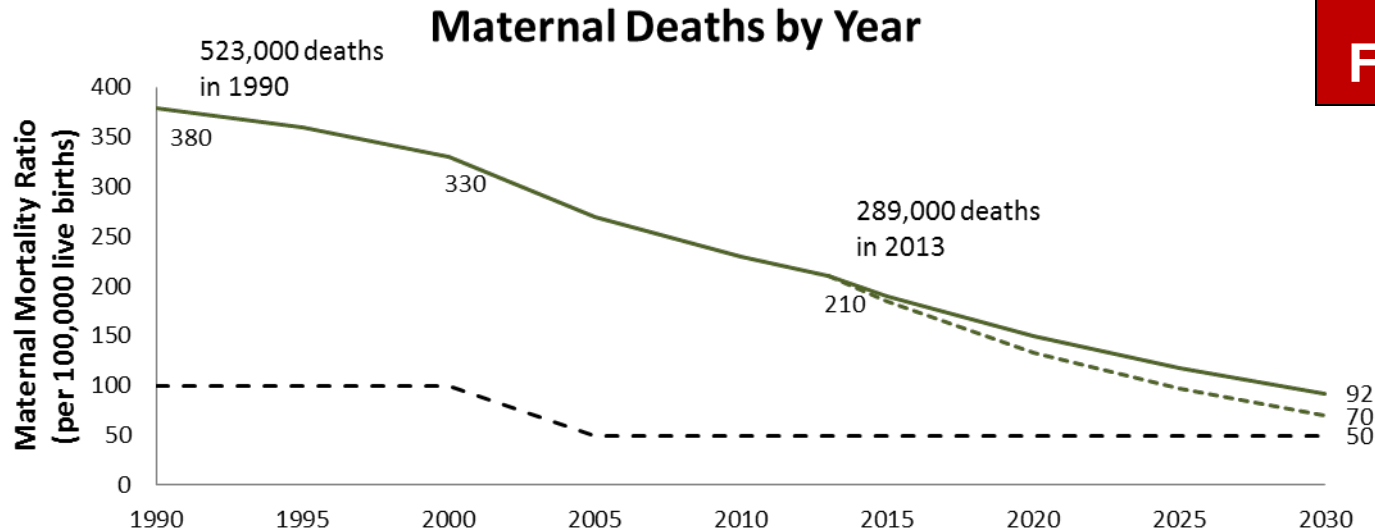
- New UN member states
- East-West geopolitical divide
- International solidarity
- Health as social construct
- Primary Health Care for all (Alma Ata to Selective PHC)

- Globalization: trade, markets, information and communication technology (ICT)
- AIDS and Millennium Development Goals (MDGs)
- World Health Organization joined by World Bank, Non-governmental organizations (NGOs)
- New Philanthropy and Funds
- Public-private partnerships
- Health Systems neglect



# Setting the Stage for a “Grand Convergence”

**EXAMPLE  
FROM EPCMD**



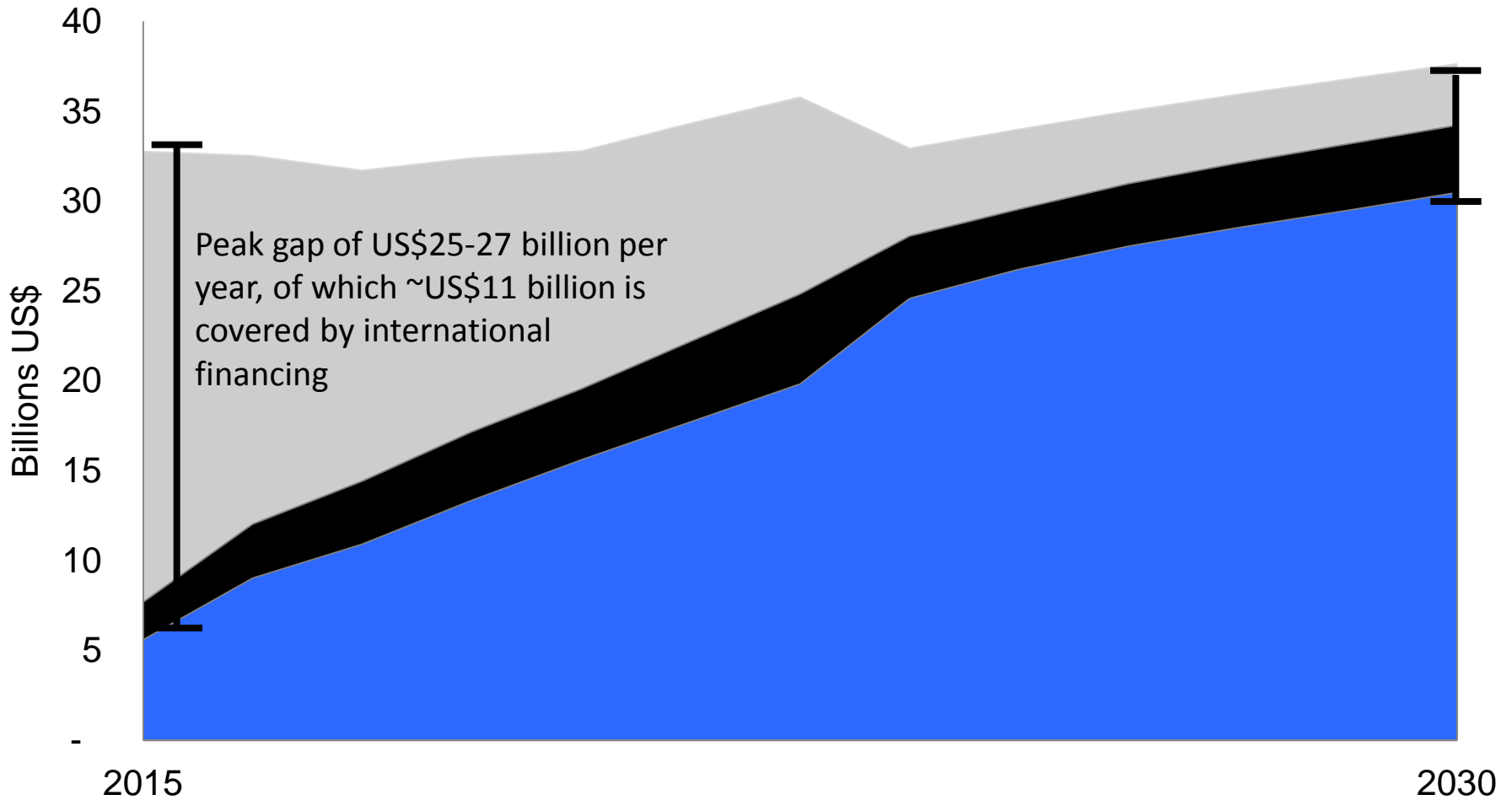
SDG goal: <25 per 1,000 live births in every country





## A Large Gap in Health Financing

Grand convergence costs in 63 low- and lower-middle-income countries  
(Example from RMNCHA)

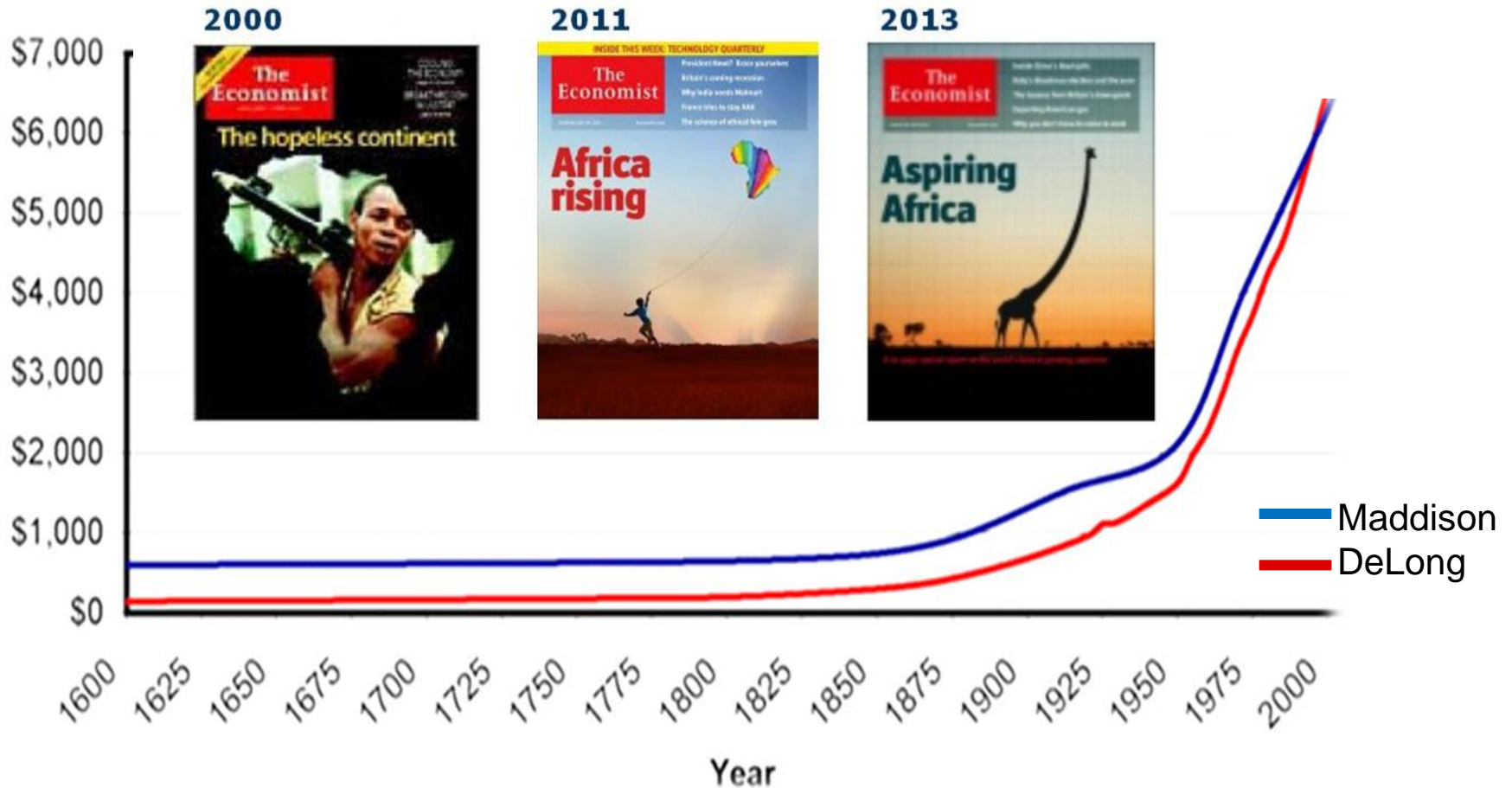




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# Unprecedented Economic Growth

**World per capita GDP  
1990 dollars**

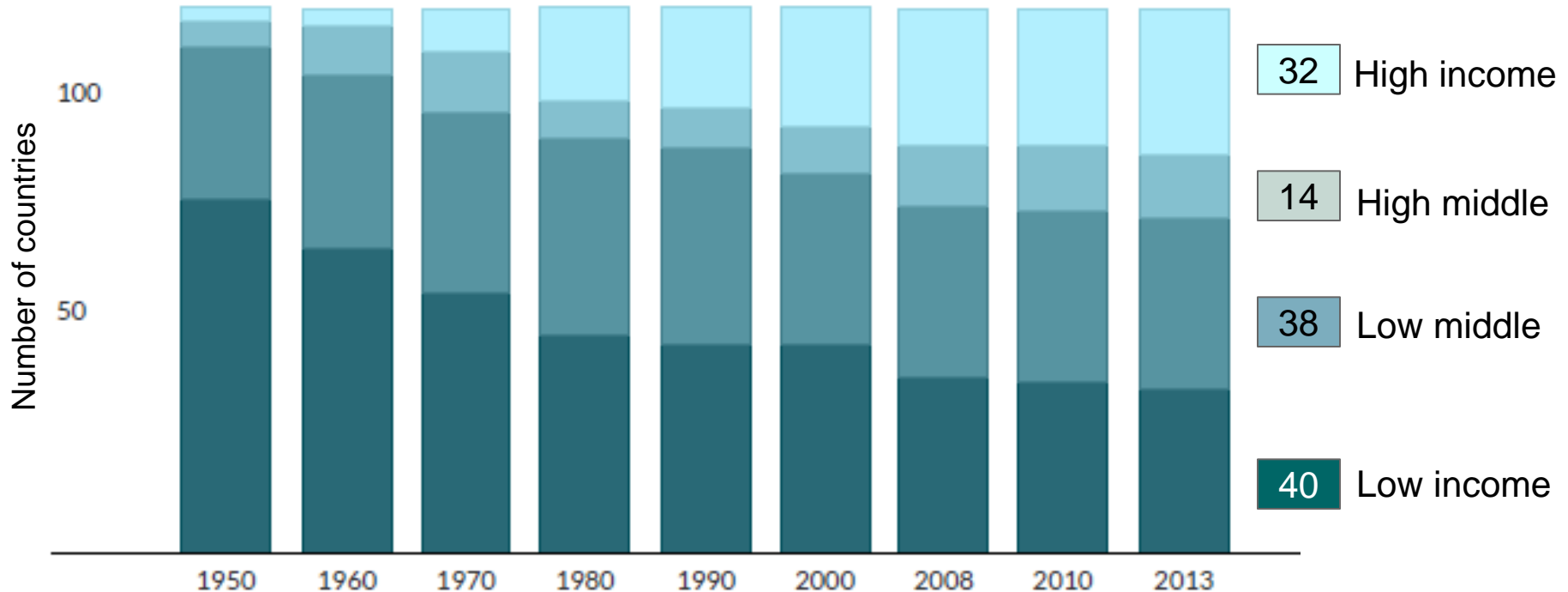


Source: J. Bradford DeLong, *Estimates of World GDP, One Million B.C. – Present, 1998*



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## The Good News: Countries generally doing better economically, increasing their own ability to pay for health



124 countries for which there is longitudinal data

Low-income < \$2,000 GDP per capita; lower-middle-income \$2,000 to \$7,250; upper-middle-income \$7,250 to \$11,750; high-income > \$11,750 (1990 PPP dollars)

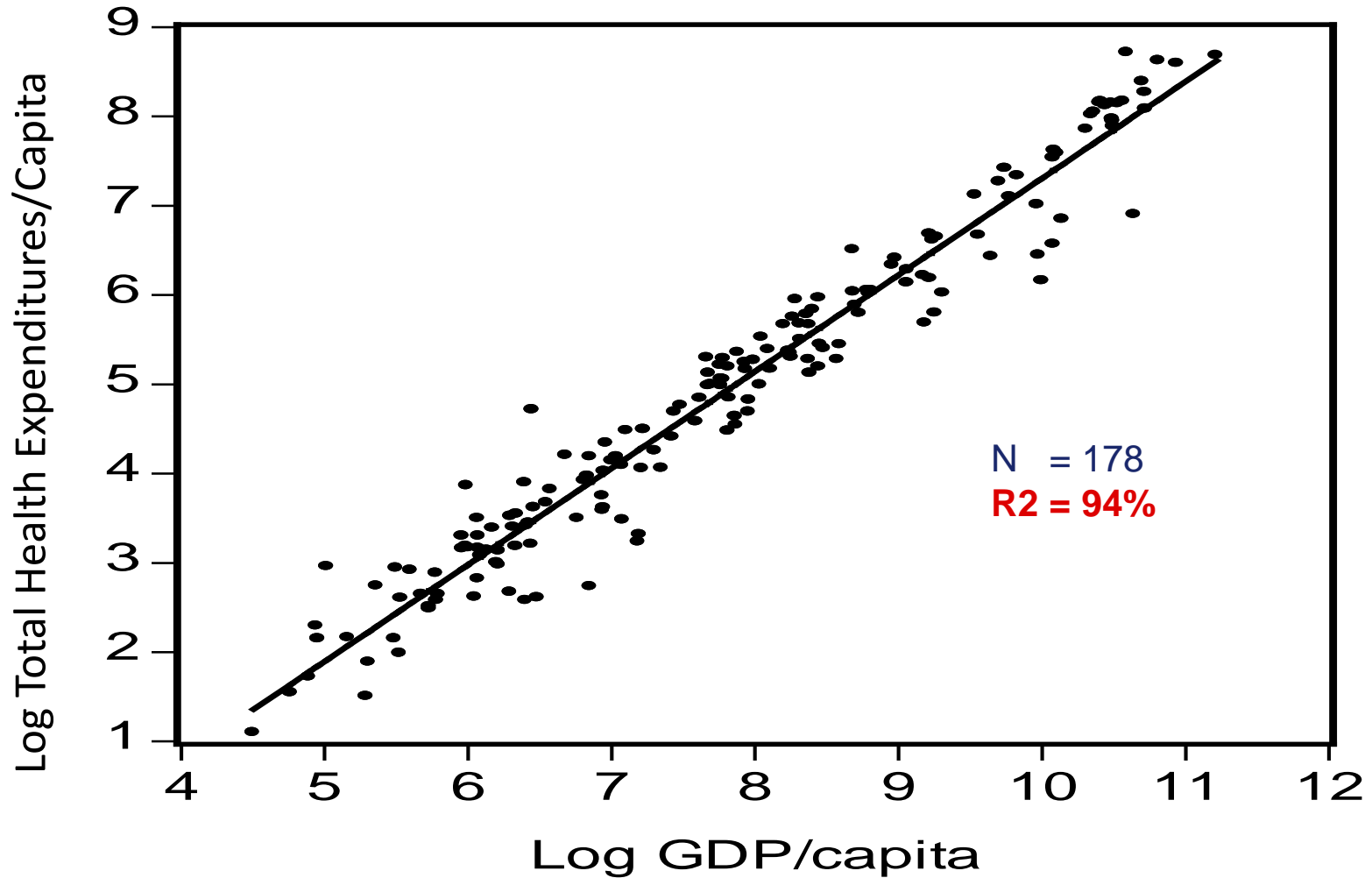
Source: Felipe, Abdon, and Kumar 2012 (Center for Global Development).





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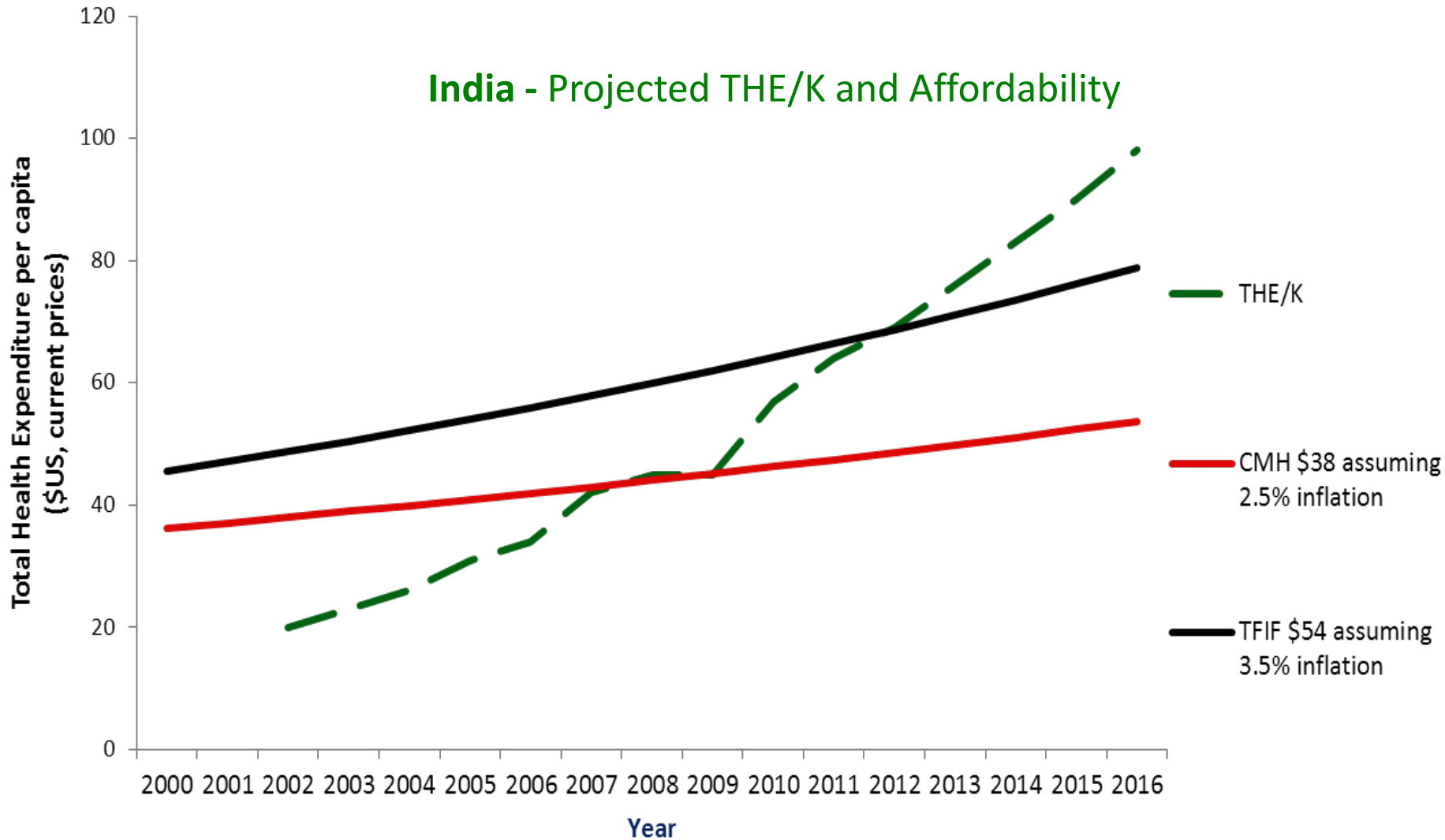
# “The First Law of Health Economics”





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# The Economic Transition of Health

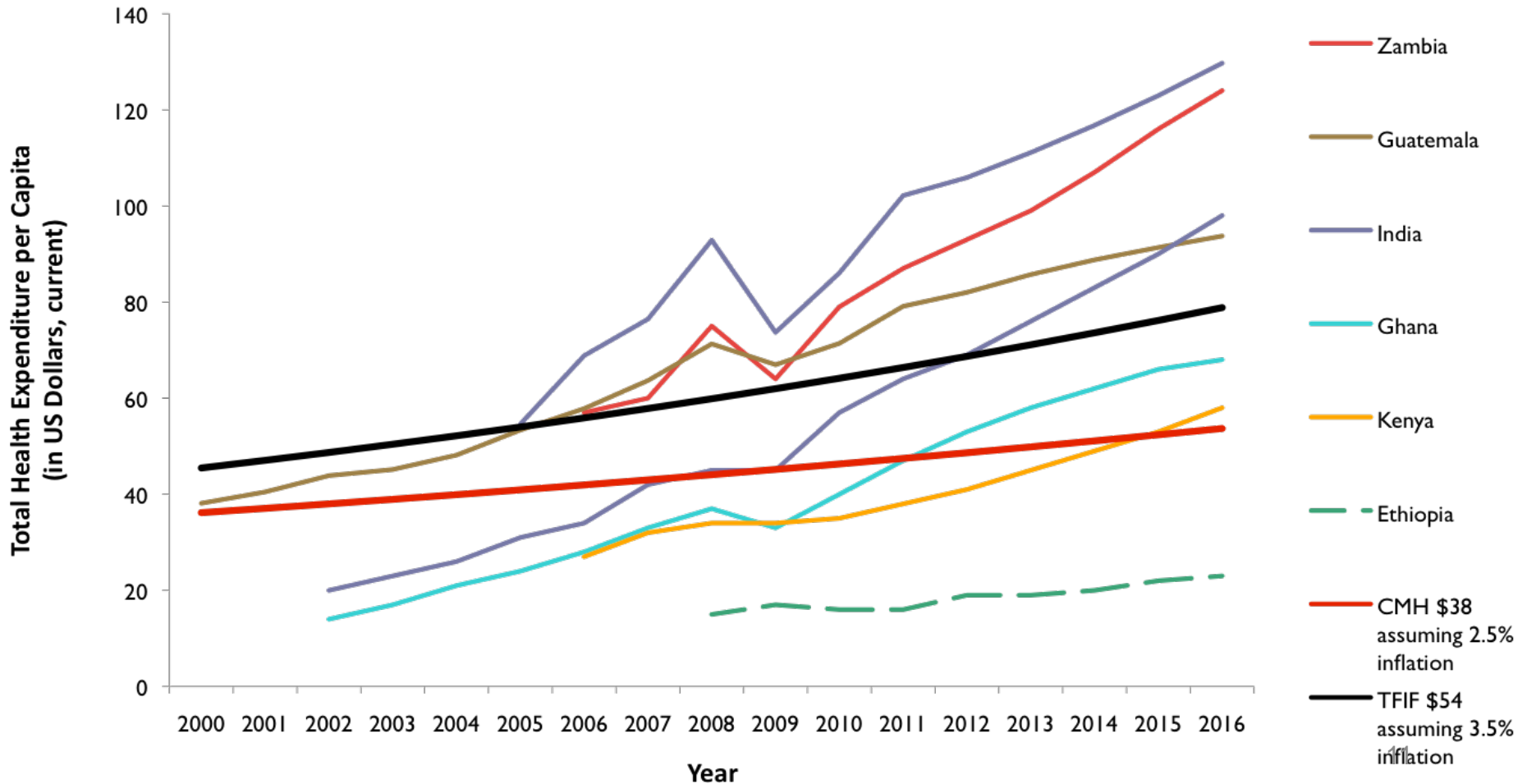




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# Many Countries can Now/Soon Buy Essential Packages of Health Services

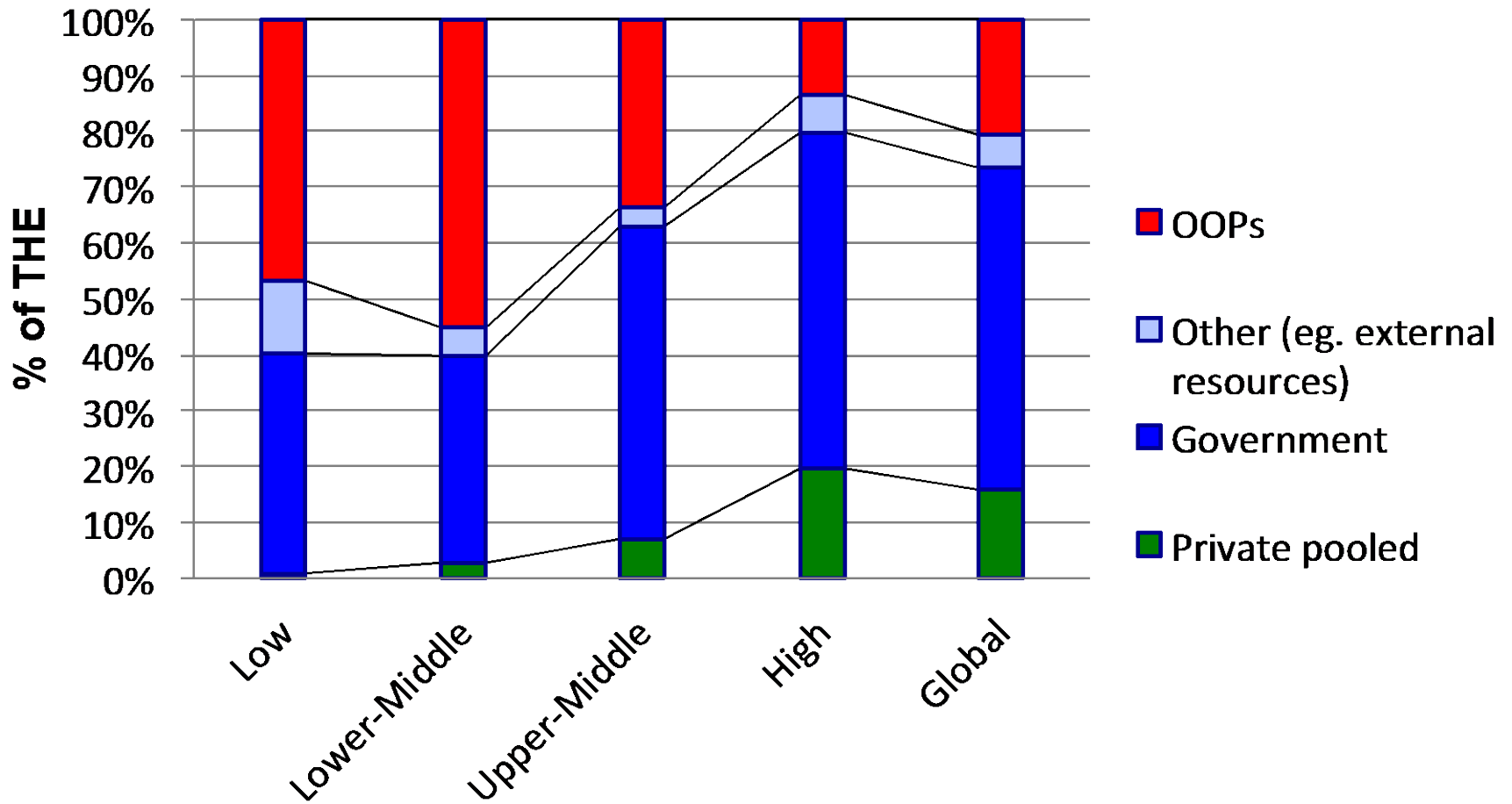
Projected THE per Capita assuming income elasticity = 1.0, compared to inflation adjusted CMH target (\$38 in 2002 prices) and TFIF target (\$54 in 2005 prices), Low- and low-middle income countries





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# Out-of-Pocket Expenditures: Inefficient and Regressive



Source: WHO 2011 data based on World Bank Country Income Groupings



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# Universal health coverage: A New Frontier for Global Health



Source: ILO 2014; OECD.



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## Financing for Development conference: Also Put Finance in the Spotlight

- Important conference to **strengthen the finance framework for the SDGs**

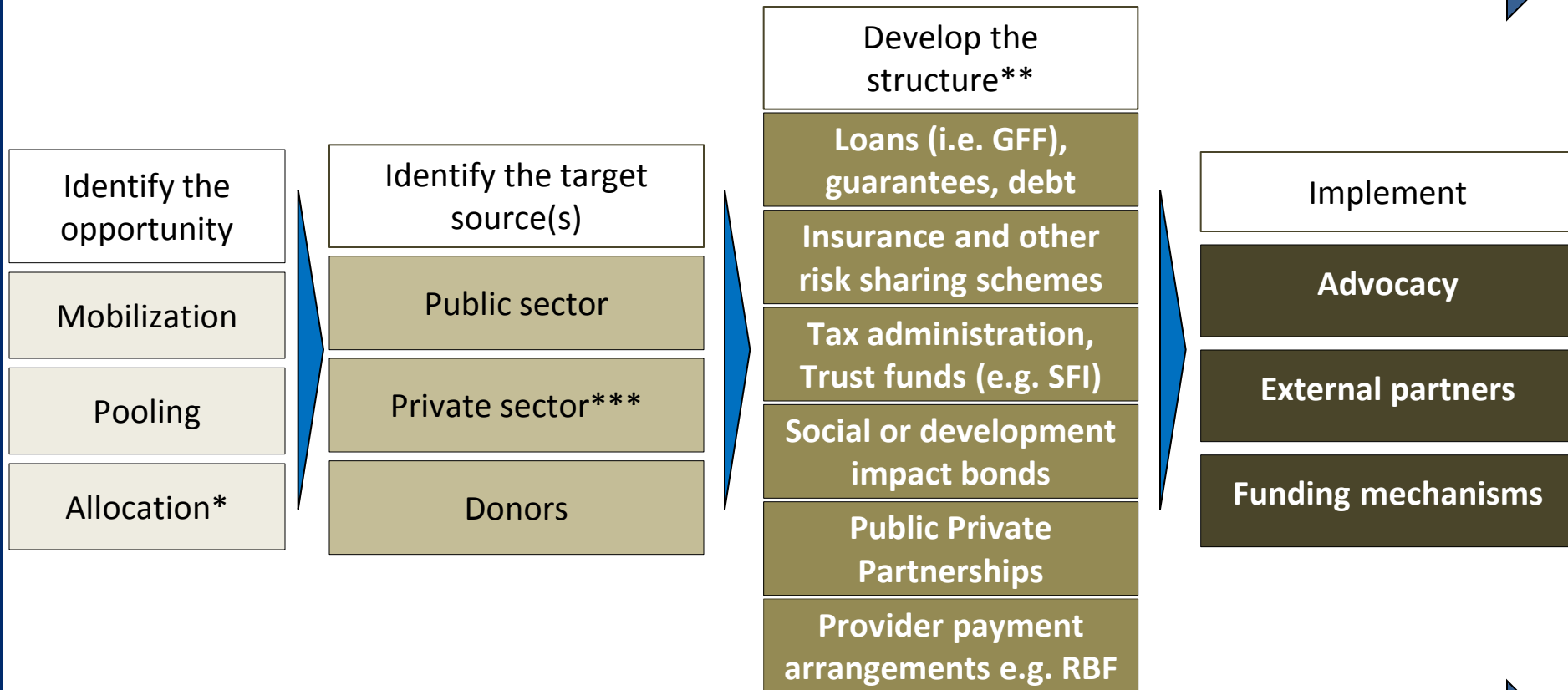
Important outcomes:

- **ODA remains vital to the poorest countries and also as a catalyst** for other sources of finance
- **Domestic Resource Mobilization (DRM)** and private investment increasingly drive economic growth and sustainable development
- USG and partners announced the **Addis Tax Initiative** to help developing countries with DRM, as well as the **Global Financing Facility for EWEC**.





## Technical assistance

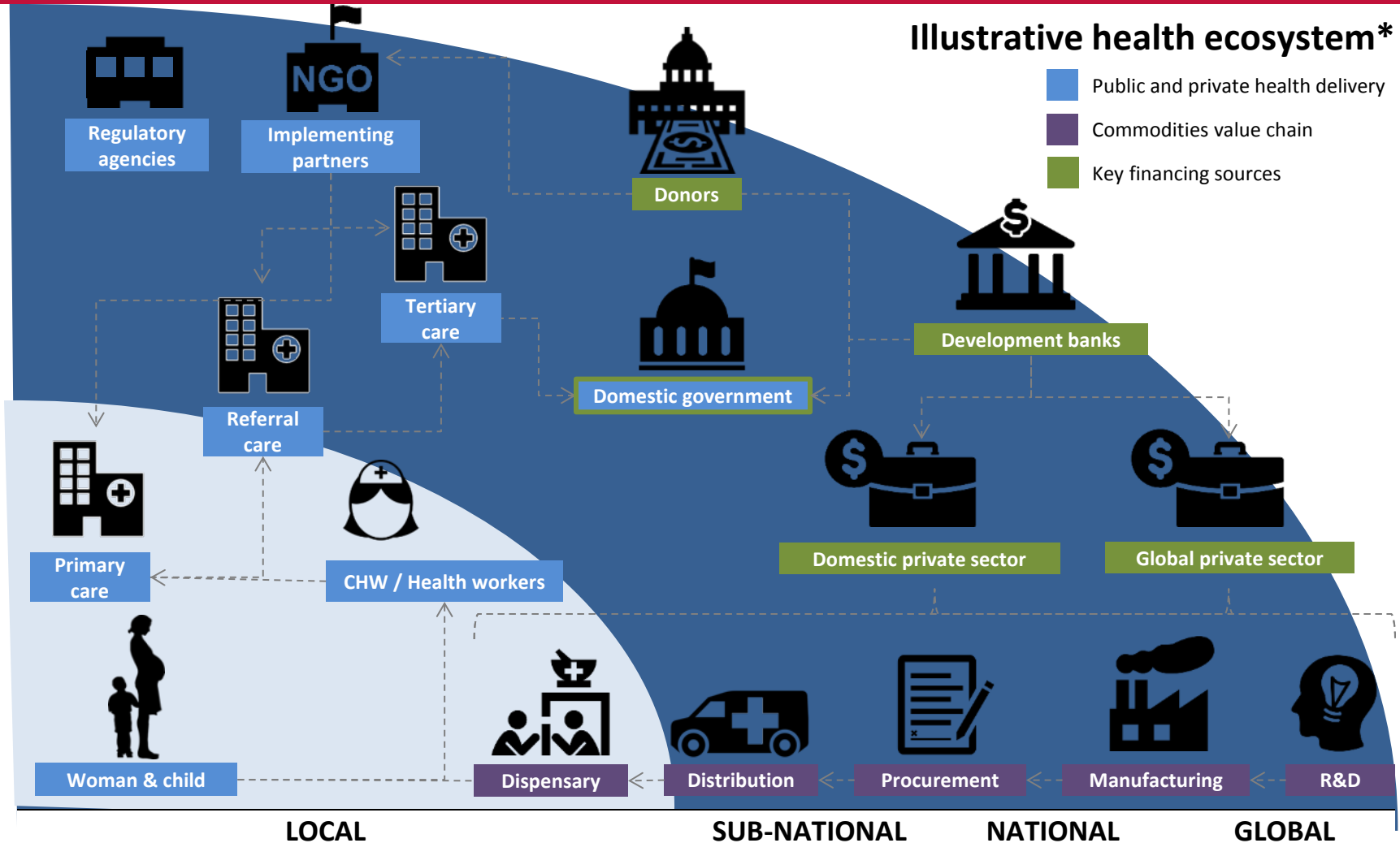


- \* Includes improvements in efficiency/productivity
- \*\* List not exhaustive
- \*\*\* Including households



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# Health Financing Tool identifies opportunity, source, and structure for additional domestic health financing



\*Note: Not exhaustive; health systems vary considerably by country, and involve a complex set of players

Source: <https://www.usaid.gov/cii/financing-framework-end-preventable-child-and-maternal-deaths-epcmd>





- The world of global health is changing rapidly with bold end games for IDs & MCH and a **Grand Convergence** now in sight
- USAID is leveraging the **economic transition of health** to foster country capacity and ownership towards equitable & sustainable development
- Post-2015 era demands **Domestic Resource Mobilization** and health financing engineering toward the progressive realization of **UHC**



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USAID 50 ANNIVERSARY

USAID's Global Health Strategic Framework

**BETTER HEALTH FOR DEVELOPMENT**

**THANK YOU !**



FY 2012–FY 2016