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Measuring and monitoring progress towards Universal Health Coverage

Case Studies from Côte d'Ivoire, Ethiopia, and Senegal

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In collaboration with:
Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH) | Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Objectives of the case studies

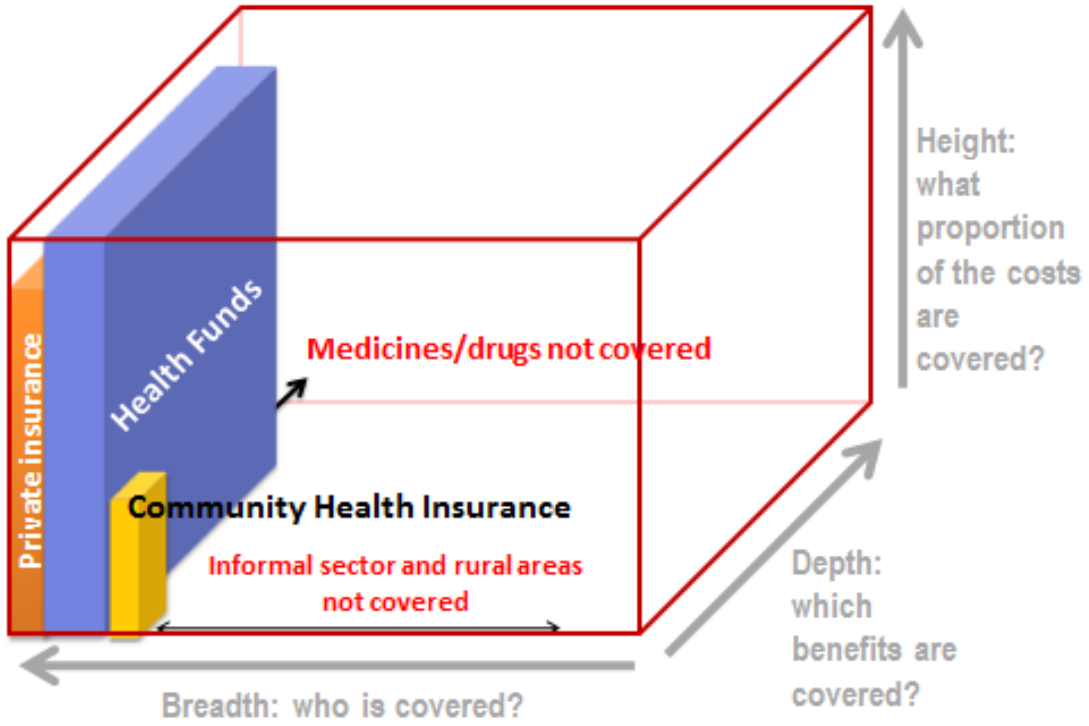
- Explore how UHC is currently being conceptualized and measured in 3 lower- and lower-middle-income contexts engaged in UHC efforts
- Document availability of various proposed UHC indicators
- Seek feedback from key informants on these indicators' relevance and feasibility in each context
- Review countries' capacity to collect and use UHC indicators; identify challenges

Methods

- Drafted **list of candidate UHC indicators proposed by WHO/WB**
  - **Service coverage indicators**: Utilization of quality services for MCH, FP, communicable diseases, NCDs among those in need
  - **Financial protection indicators**: incidence of impoverishing OOP spending at household level; reliance on OOP to finance health care; government spending on health

- Reviewed available secondary data (DHS, MICS, NHA, consumption surveys, annual health reports, etc.)
- Conducted **key informant interviews** with relevant government officials, health information systems and statistics departments, insurance institutions, donor partners, and health care provider representatives (n=18 in Senegal, n=15 in Cote d'Ivoire, n=10 in Ethiopia)

SELECTED FINDINGS



Stakeholder conceptualizations of UHC

- Cote d'Ivoire:
  - UHC = national health insurance, free/subsidized care, eventually quality improvements
  - Address high dependence on OOP (69%)
- Ethiopia:
  - UHC = universal access to primary health care
  - Massive expansion of primary care infrastructure and work force, in addition to insurance, fee waivers
- Senegal:
  - UHC = combination of mandatory insurance for formal sector, voluntary CBHI, free/subsidized care
  - Address fragmentation

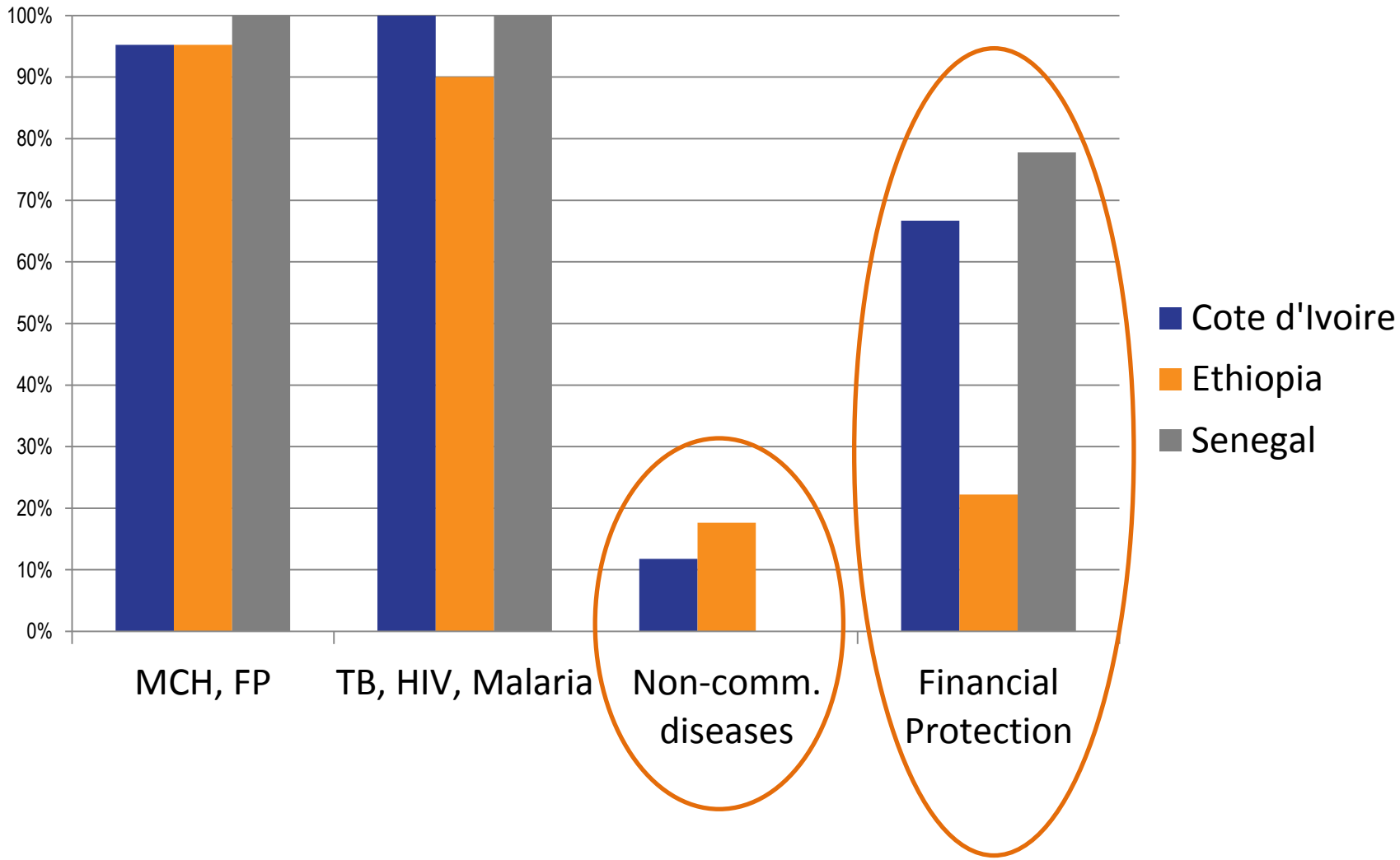
Which service coverage indicators can be/are being routinely produced?

Indicators	Total # of indicators	Cote d'Ivoire	Ethiopia	Senegal
Maternal health care	5	5	5	5
Child nutrition	6	6	6	6
Child vaccination	5	4	5	5
Treatment of sick children	3	3	2	3
Family planning	2	2	2	2
Malaria prevention/treat	3	3	3	3
TB testing, treatment	2	2	2	2
HIV/AIDS prevention/treat	5	5	4	5
Cancer prevention/treat	5	1	3	0
Cardiovascular diseases	5	1	0	0
Diabetes	1	0	0	0
Chronic pain	1	0	0	0
Musculoskeletal conditions	1	0	0	0
Mental health	1	0	0	0
Vision Problems	1	0	0	0
Hearing problems	1	0	0	0
Dental/oral	1	0	0	0
Total	49	32	32	32

Which financial coverage indicators can be/are being routinely produced?

Indicators	Total # of indicators	Cote d'Ivoire	Ethiopia	Senegal
NHA indicators	3	3	3	3
Incidence of catastrophic expenditures	2	1	0	2
Incidence of impoverishment	2	0	0	2
Legal entitlement to health services through insurance or direct government funding/provision	1	1	0	0
Median price of generic drugs compared to international reference pricing	1	1	0	0
TOTAL	9	6	3	7

Summary: Availability of indicators



Additional indicators proposed by key informants (1)

- Service coverage:
  - Overall health facility contact rates
  - Use rates among the insured
- Financial protection
  - % of the population covered by insurance schemes
  - % of the poor receiving health care subsidy from government
- Institutional viability/sustainability
  - Financial viability of UHC institutions and programs
  - Extent to which schemes are reliant on general tax revenue subsidies
  - Average reimbursement time (to providers/beneficiaries)
  - Operating costs of management bodies

Additional indicators proposed by key informants (2)

- Service readiness and availability
  - % of health facilities that can provide all services in the basic package
  - Population living within 5, 10, 15 km of a health facility
  - Percentage of facilities recording stock-outs for at least one key product during the period
  - Availability of products / medicines for chronic diseases

- Quality
  - % of facilities accredited by NHI institutions
  - Patient satisfaction indicators

KEY MESSAGES

Comprehensive, routine measurement of population coverage?

- Just getting on the radar screen…
- Focus is on getting functional institutions set up and operating successfully.
- Operational/programmatic indicators (available in real-time) were perceived by key informants to have greatest value.

Opportunities

- Senegal's **Continuous DHS** conducted annually 2012-2017, among smaller sample
  - Includes household and facility components

- Potential to leverage new **insurance schemes' information systems** to obtain information about quality of care
  - Cote d'Ivoire – eventually, reimbursements to be tied to norms/standards of practice

Challenges

- **Building stronger HIS** – quality, completeness, timeliness
- **Harmonization/consolidation of data across sources**
  - Parallel, non-integrated information systems across key institutions
  - Potential to have access to wealth of new information OR plethora of information systems and templates that burden health workers
- Collecting and integrating routine data from **private providers**
- Collecting data on **NCDs**
- Integrating **quality** measures into service coverage indicators
- Improving **financial protection measurement**
  - Poverty monitoring surveys occur only every 4-5 years – not useful for real-time program management
  - Requires multiple data collection methods (household surveys, NHA, macroeconomic monitoring systems…)

Recommendations

- **Differentiate UHC measurement guidance by audience**
  - Countries' indicators for strategic program management may not align with global monitoring indicators
  - Local programmatic relevance → country buy-in

- **Prioritize feasible, direct indicators**: measures of services and people covered by specific UHC institutions/mechanisms.
  - Focus on a shorter list of [tracer] service coverage indicators.
  - Develop financial protection indicators that can be gathered routinely and used for program monitoring.

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Thank you!

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