

The 2030 Agenda: From MDGs to UHC and SDGs

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Key messages

- MDGs helped but didn't solve the problem
- SDGs are aspirational but need operationalisation
- UHC is foundational for achieving equitable and sustainable health outcomes, through individual and population level interventions
- Monitoring is not enough - attention is needed for building and reorienting health sector capabilities for UHC and SDGs

MDG progress

MDG	Target	Indicator	Target (%)	Global	AFR	AMR	SEAR	EUR	EMR	WPR
1	1c	Underweight % reduction in underweight in children under-five, 1990–2015	50	44	35	63	49	85	39	82
4	4a	Under-5 mortality % reduction, 1990–2015	67	53	54	65	64	65	48	74
		Measles immunization % coverage, 2014	90	85	73	92	84	94	77	97
5	5a	Maternal mortality % reduction in ratio, 1990–2015	75	44	44	49	69	63	54	64
		Skilled birth attendant % births, 2013	90	73	54	96	59	99	67	95
	5b	Antenatal care % coverage at least one visit, 2013	100	88	81	99	84	99	79	95
		Family planning % unmet need, 2015	0	24	55	19	27	28	42	10
6	6a	HIV % reduction in incidence, 2000–2014	>0	45	59	28	50	-16	< -50	27
	6c	Malaria % reduction in incidence, 2000–2015	>0	37	42	78	49	100	70	65
		TB % reduction in incidence, 1990–2014	>0	17	1	49	17	14	12	48
7	7c	Drinking-water % using improved sources, 1990–2015	50	62	38	62	74	67	39	84
		Sanitation % using improved sanitation, 1990–2015	50	31	7	47	32	28	54	54

WHO in the Western Pacific Region



- 27 countries, 10 areas
- 1.7 billion people
- Extreme diversity in social, economic, geographical, cultural characteristics
- Status of health and level of development also varies widely



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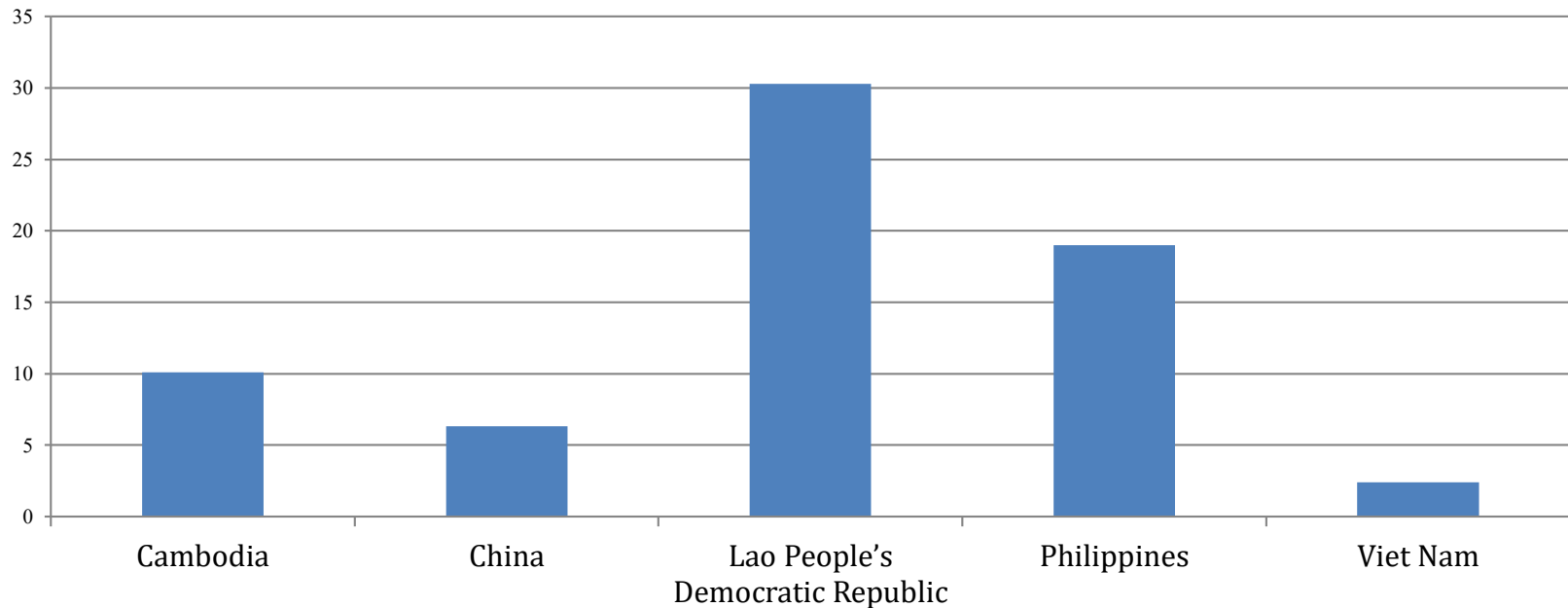
Health challenges for the Western Pacific

- Diversity
 - Population size
 - Economic development
 - Geographic location and climate
 - Social, political context and government structure
- Changing epidemiological and demographic profiles
 - Double burden of communicable and non-communicable diseases
 - Rapid ageing process
- Emerging pandemics and natural disasters
- Reduced funding from global health initiatives



Poverty as a determinant of health

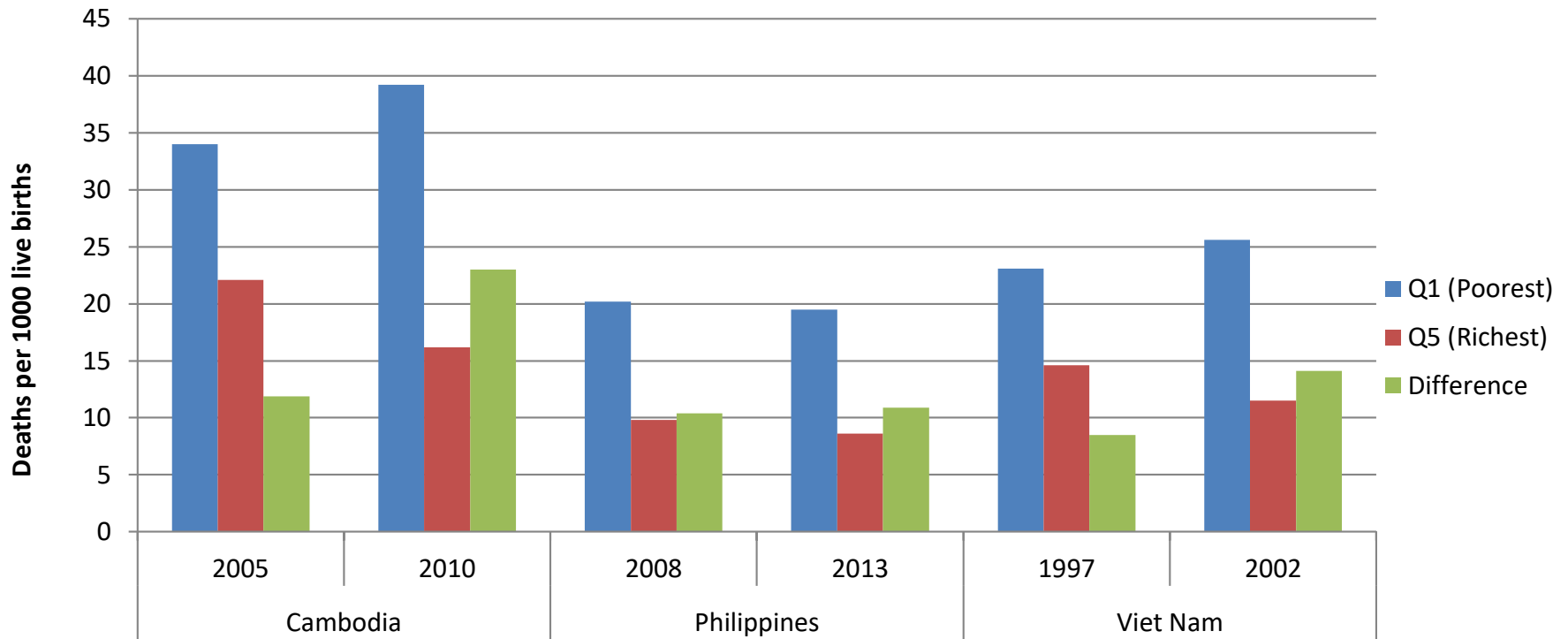
Population living below income poverty line, PPP US\$ 1.25 a day, selected countries, Western Pacific Region, 2010-2013



Source: Statistical Appendix: Table 6: Multidimensional Poverty Index: developing countries. In: Human Development Report 2015: Work for Human Development. New York: United Nations Development Programme; 2015 (http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf, accessed 30 March 2016).

Health status: widening inequities over time

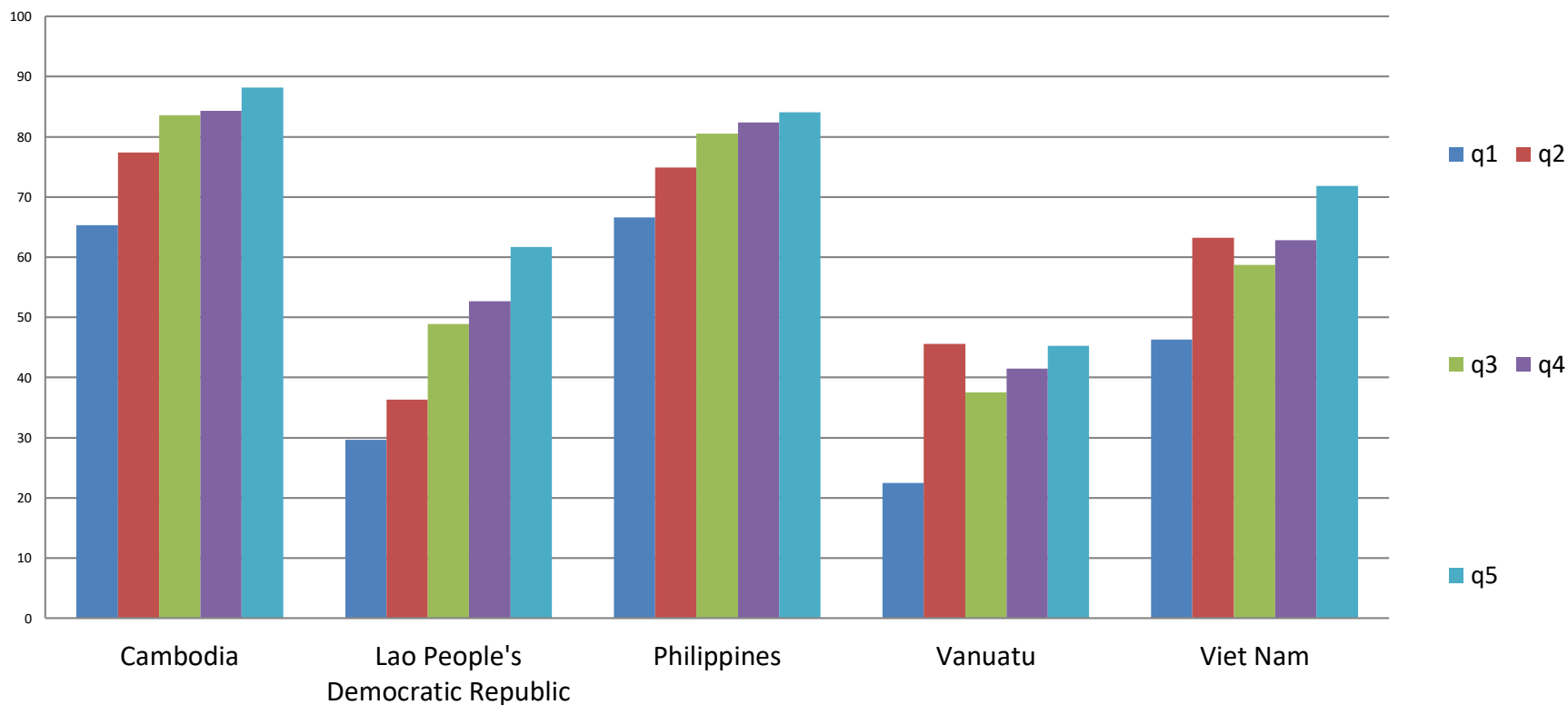
Neonatal mortality rate by wealth quintile,
selected countries, Western Pacific Region, 1997-2013



Source: Neonatal mortality rate (per 1000 live births). In: World Bank Data [online database]. Washington, DC: World Bank Group; 2016

Poorer households are less likely to be covered by services

Percentage of children with full immunization coverage by wealth quintile, selected countries, Western Pacific Region, 2007–2013

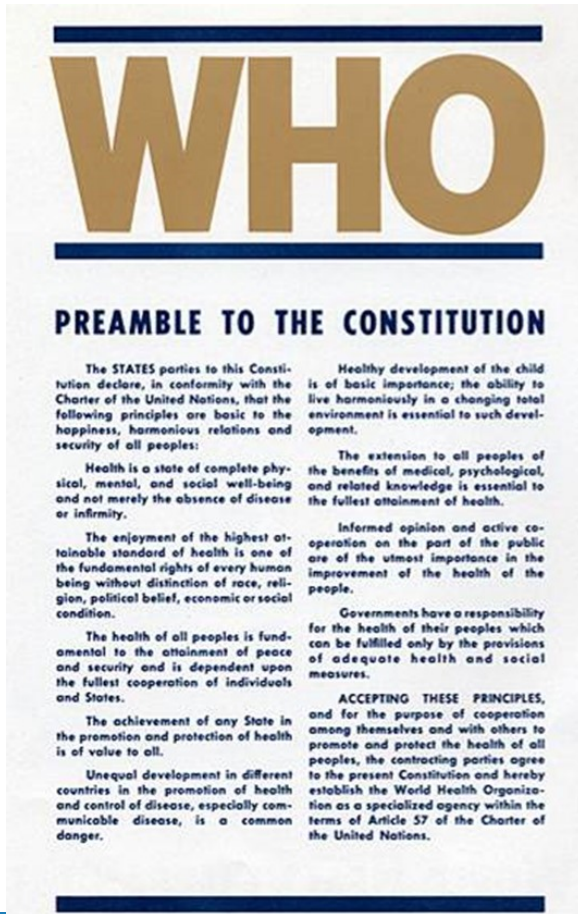


Health systems: Diverse systems, common problems

- Limited regulatory frameworks and/or implementation
- Inefficient financing, inappropriate incentives
- Hospital dominance and crowding, limited primary health care workforce, private sector expansion
- Inadequate ability of service delivery model to meet needs of aging and NCDs
- Challenge of reaching disadvantaged populations
- Sustainability of program funding
- Dealing with social determinants of health
- Ability of health systems to withstand shock (economic volatility, natural disasters, disease outbreaks)



New opportunity: SDGs are interrelated and indivisible



- The WHO constitution defines health broadly as a state of complete physical, mental and social well-being.
- Good population health improves productivity, sustainability and the economy, and vice versa.
- The SDGs recognize the positive and negative links between health, its determinants and sustainable development.



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From MDGs to SDGs: key differences

MDGs (2000)

- Human development
- UN agencies-led process
- Developing country focus: poverty reduction and social development (health, education, gender)
- 8 goals (3 for health)
- 21 targets (6 for health)
- 60 indicators (21 for health)

SDGs (2015)

- Economic, environmental, social sustainable development, with equity
- Intergovernmental process, UN in technical advisory role
- All-country focus: economic, social and environmental pillars of development
- 17 goals (1+ for health)
- 169 targets (13+ for health)
- 200+ indicators



Health in SDG 3

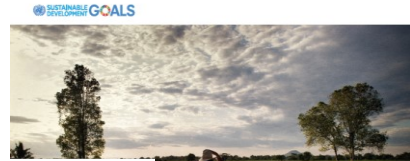
To ensure healthy lives and promote wellbeing for all at all ages

- **9 targets:**
 - Maternal mortality;
 - Newborn and child mortality;
 - Communicable diseases (AIDS, TB, malaria, NTDs, hepatitis, waterborne diseases);
 - NCDs and mental health;
 - Substance abuse;
 - Road traffic accidents;
 - Reproductive health;
 - Universal health coverage;
 - Environmental health (chemicals, air, water and soil pollution).
- **4 means of implementation:**
 - Tobacco Control;
 - Vaccines and medicines;
 - Health financing and workforce;
 - Global health security.



Health in other SDGs

- SDG1** Extreme poverty
Vulnerability to economic, social, environmental shocks & disasters
- SDG2** Malnutrition
- SDG5** Violence against women and girls
Sexual, reproductive health & rights
- SDG6** Safe and affordable drinking-water
Sanitation and hygiene
- SDG8** Safe and secure working environments
- SDG11** Housing and basic services
Air quality, waste management in cities
- SDG13** Climate-related hazards and natural disasters
- SDG16** Violence
Legal identity



GOAL 5

Achieve gender equality and empower all women and girls.



... food security
... and promote
... ure.



... city within and
... es.



GOAL 11

Make cities and human settlements inclusive, safe, resilient and sustainable.



GOAL 16

Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable



Universal Health Coverage: a unifying platform

“To promote health for all, we must achieve universal health coverage and access to quality health care. No-one must be left behind.”

(SDG Declaration, para 26)

- UHC improves or maintains health through needed services for individuals and populations – it centres attention on people and communities.
- UHC brings health and development efforts together - it contributes to poverty reduction as well as building solidarity and trust.
- UHC calls for a whole-of-system approach to improving health system performance.
- Without UHC, health gains from MDGs cannot be sustained and the SDGs cannot be reached.



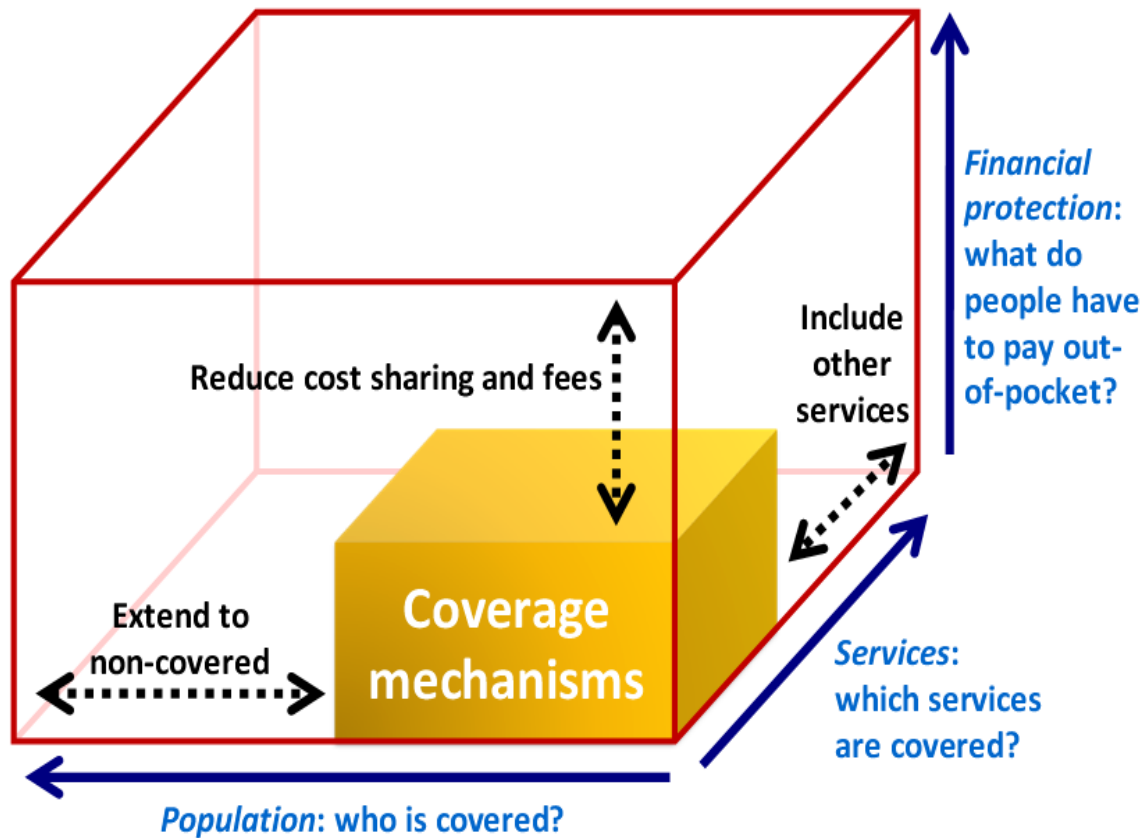
GOAL 3. Target 3.8

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.



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Three Dimensions of UHC



The trade-off among the three dimensions

The available funding will always be limited

Choices have to be made; priorities have to be set



Universal health coverage (UHC)

- **Access to good quality needed services**
 - Prevention, promotion, treatment, rehabilitation and palliative care
- **Financial protection**
 - No one faces financial hardship or impoverishment by paying for needed services
- **Equity**
 - Everyone, universality



Articulation of UHC aspirations in WPR Member States



Cambodia

Third Health Strategic Plan, 2016-2020

“Equity in Access to and Financing for Quality Health Services”

“Improved health outcome of the population, with increased financial risk protection in access to quality health care services”



Lao PDR

Health Sector Reform Framework to 2025:

“Reach UHC by 2025”.

“a sector-wide/systematic approach to achieve a common goal – affordable, reliable, accessible health service to all Lao people”



Mongolia

Mongolian Constitution, 1992

“The right to live in a safe and healthy environment and free access to primary health care.”

The Health Sector Strategic Master Plan: 2005-2015
“responsive and equitable, pro-poor, client-centred and quality services”



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Articulation of UHC aspirations in WPR Member States



Malaysia

Country Health Plan,
2011-2015:

One of 3 Key Result Area:

“Health Sector Transformation Towards A More Efficient & Effective Health System in Ensuring UNIVERSAL Access to Healthcare”



Philippines

Philippines Health Agenda (2016)

***Advance primary care and quality
Cover against financial catastrophe***

Harness health human resources

Invest in digital health and data

Enforce standards and accountability

Value patients, especially the poor and vulnerable

Elicit multisector support



Vietnam

Law on Health Insurance (2009)

“UNIVERSAL Health insurance coverage by 2014”

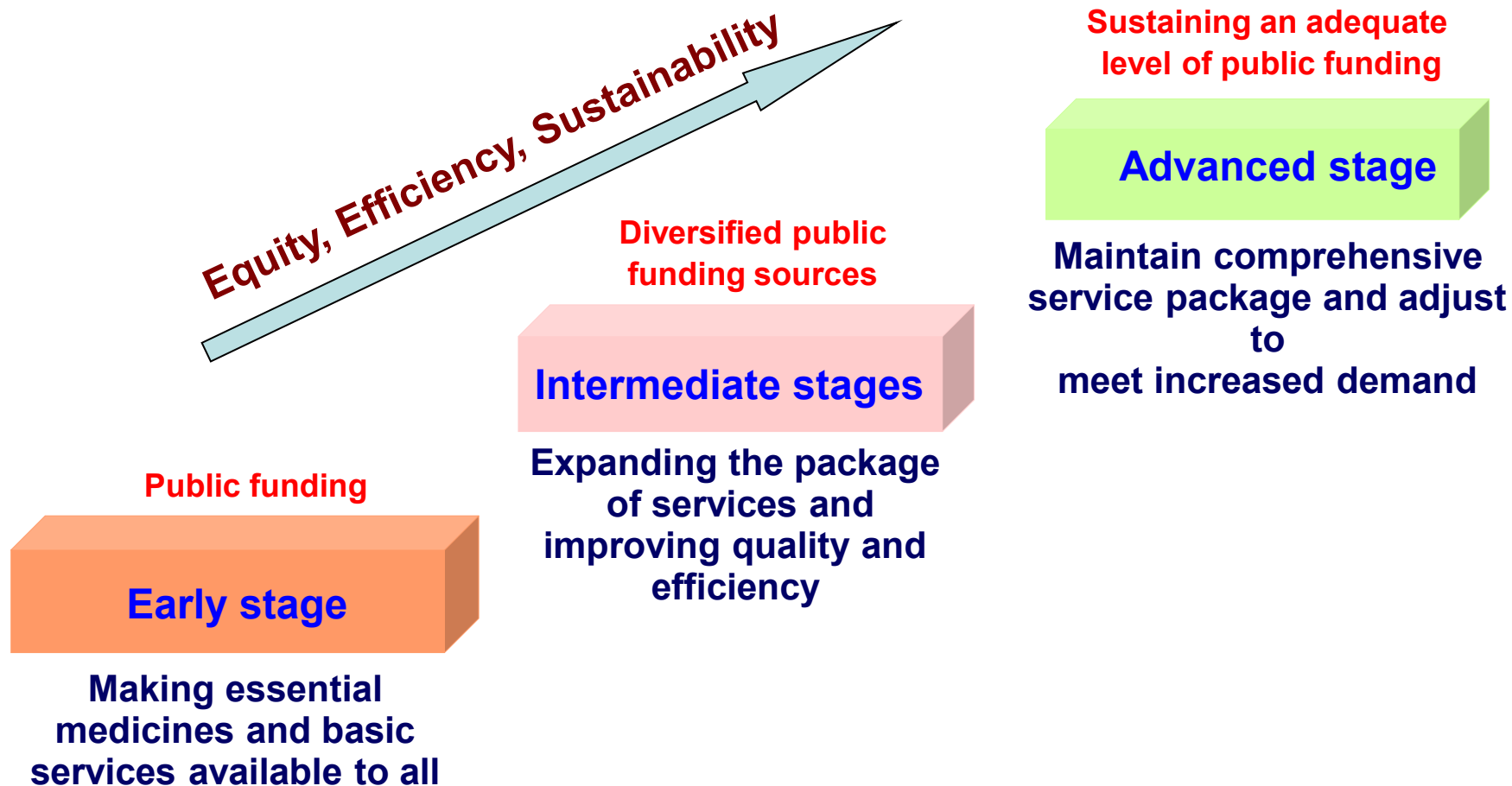
5-year Health Sector Development Plan (2011-2015)

“Continue to develop a health care system towards equity, efficiency and development, improving quality of care, meeting the growing and diverse needs for health care.”



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The Journey to Universal Health Coverage



Universal Health Coverage : Moving towards Better Health



October, 2015



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Purpose (and principles) of UHC document

- Guidance on a whole of system approach through identification of key action domains
- Recognises need for each country health system to mix and match actions to context and develop over time
- Draws on global and regional experiences so to be applicable to health systems at various stages of development
- Encompasses individual and population level services, and incorporating health system building blocks



Health system attributes and action domains for UHC

Health System attributes	Action domains for achieving UHC
QUALITY	1.1 Regulations and regulatory environment
	1.2 Effective, responsive individual and population-based services
	1.3 Individual, family and community engagement
EFFICIENCY	2.1 System design to meet population needs
	2.2 Incentive for appropriate provision and use of services
	2.3 Managerial efficiency and effectiveness
EQUITY	3.1 Financial protection
	3.2 Service coverage and access
	3.3 Non-discrimination
ACCOUNTABILITY	4.1 Government leadership and rule of law for health
	4.2 Partnerships for public policy
	4.3 Transparency, monitoring and evaluation (M&E)
SUSTAINABILITY AND RESILIENCE	5.1 Public health preparedness
	5.2 Community capacity
	5.3 Health system adaptability and sustainability

Develop country-specific UHC roadmaps

- Member States

- Assess status by action domains and identify priority concerns
- Mix and match priority actions to develop roadmap
- Engage with stakeholders
- Adopt country-specific UHC M&E framework

- WHO

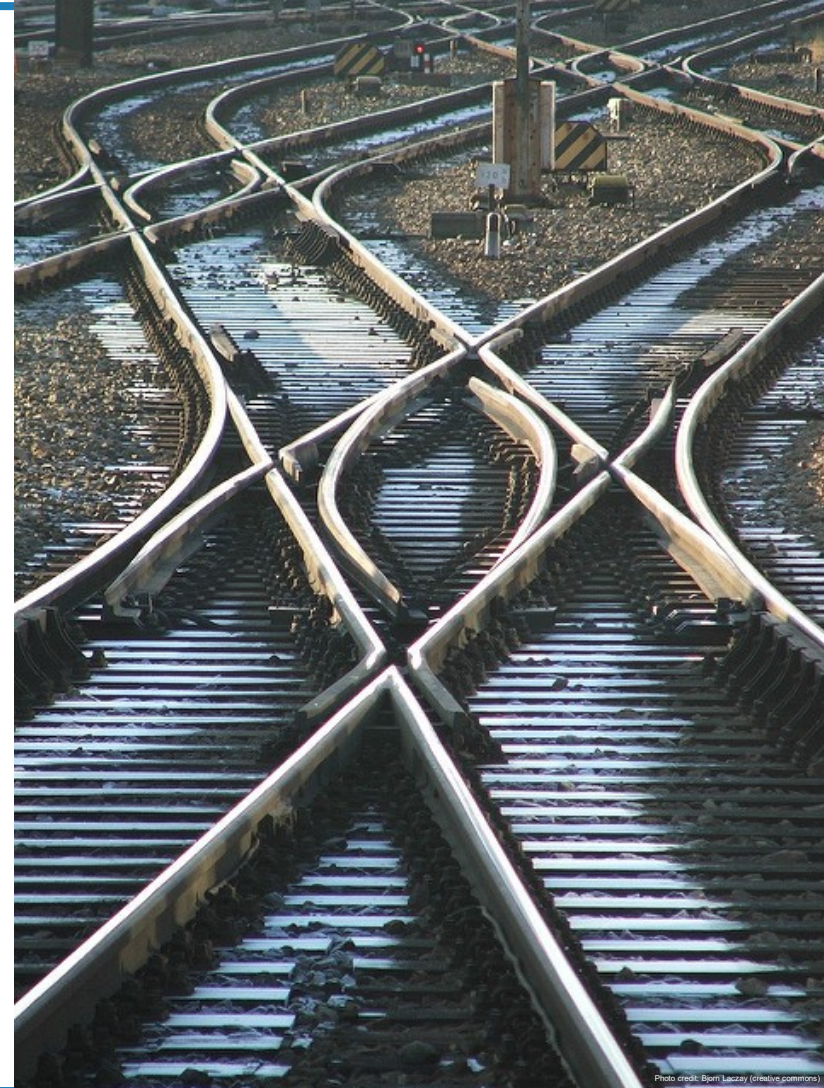
- Technical support and policy dialogues
- Engage partners
- Monitor progress



SDG context and implementation

Each country has its own development pathway.

- How the SDGs relate to its vision of development?
- How is health understood?
- How might health development be approached in the country, adopting an SDGs frame?
- What does a whole-of-government and whole-of-society approach look like?
- What is the policy and program mix that ensures no one is left behind?



Implications of SDGs for Member States

- The SDGs aim for overall, economic, social, environmental and political development that is inclusive and sustainable.
- Leaving no-one behind requires innovative approaches for working:
 - across sectors (a whole-of-government approach)
 - across a range of stakeholders (whole-of-society approach):
- The SDGs are applicable to all countries – a national stewards and global citizens.
- New role for the health sector to inform, influence and institutionalise action.



Implications of SDG for member states – accentuating UHC requirements

- Understand and develop plans to fill gaps in information, equity, services, and capacities
- Strengthen accountability mechanisms and involve stakeholders
- Understand community expectations and strengthen social and political mobilization
- Encourage domestic and external financing to pool, combine, and align programme efforts for greater efficiency and equity
- Pursue regional and international cooperation to share knowledge and lessons

Regional Action Agenda on Sustainable Development Goals



October, 2016

Elements of a regional action agenda on SDGs

- 1) What are countries aiming to achieve, and how will they know?
- 2) What are the policy and programme priorities for leaving no one behind?
- 3) How will countries put their priorities into effect?
- 4) How can the health sector drive the agenda?



4 guiding questions and 12 action domains

Guiding questions	Action domains
1. What are countries aiming to achieve, and how will they know?	1.1 Country-led selection of health goals, targets and indicators 1.2 Robust monitoring and review process 1.3 Adequate information capacity
2. What are the policy and programme priorities for leaving no-one behind?	2.1 Equity in health services 2.2 Realising win-wins through collaboration across sectors (social, urban, environment) 2.3 Public financing strategies for equity
3. How will countries put their priorities into effect?	3.1 Collaboration across government sectors 3.2 Engagement of stakeholder beyond government 3.3 Participation of affected communities
4. How can the health sector drive the agenda?	4.1 Capabilities for knowledge exchange 4.2 Leadership skills to navigate the policy system 4.3 Institutional capacity for present and future challenges

Integrated monitoring of progress on UHC/SDGs

- Individual health needs over the life-course and population based interventions (SDGs).
- Health system development and program interventions (UHC).
- Health and social determinants of health (Equity).
- Linkage of SDG health goals and other goals (Other sector).



UHC/SDGs indicators and reporting

- Regional framework for monitoring UHC aligned with SDGs and Global Reference List of 100 Core Health Indicators
- UHC action domains reflected through the five essential health system attributes
- Monitoring UHC at local, national, regional, and global levels and from different perspectives
- Diverse ways of reporting, based on national priorities, population needs, and contextual factors



Monitoring Framework for SDGs and UHC in the Western Pacific Region

Health impact through the life course – *How healthy are people in the Western Pacific? Is it the same for everyone at all stages of life?*

Individual Health



Population Health

Determinants of Health – *Are these factors contributing to good health? Where and for whom are these factors changing? Is it the same for everyone?*

Environmental factors

Health behaviours

Person-related factors

Socioeconomic factors

Universal Health Coverage – *Are all people accessing needed services without suffering financial hardship?*

Financial protection

Health service coverage & accessibility

Health system resources and capacity – *Does the system deliver value for money and is it sustainable? What is the level of quality of care across the range of patient care needs?*

Effectiveness

Quality & Safety

Health Financing

Responsiveness & people-centredness

Efficiency & Sustainability

Availability (& readiness)

Resources & Infrastructure



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Selection criteria for indicators

- **83 indicators will be used by WPRO to comprehensively monitor SDGs and UHC**
- **SDG Indicators:**
 - 'health' (SDG 3) + 'health-related' (other SDG goals)
- **Track UHC & health systems performance:**
 - Not replace country monitoring: **cross-country comparisons**, common health issues across WPR, learning from peers
 - Minimize number of indicators at regional level: **Based on existing collections**; Information/data exchange
 - Ensure indicators can be used for evidence-based policy and programme development: **Interlinkage**, and interpretation
 - Track UHC and ensure equity 'leave no one behind': **Disaggregated** information



Monitoring Framework for SDGs and UHC in the Western Pacific Region

Note: This figure does not include all abbreviated indicators from Table 1, it includes some determinant factors from outside the proposed WHO collections (marked with *) to illustrate the breadth of the monitoring framework e.g. part of targets in goals on poverty, education, climate change, cities etc.

Health impact through the life course – *How healthy are people in the Western Pacific? Is it the same for everyone at all stages of life?*

Individual Health



- Low birthweight
- Neonatal mortality
- Under five mortality
- Malnutrition among children <5
- Stunting among children <5



- Adolescent births
- Maternal mortality
- Intimate partner violence



- HIV incidence
- TB incidence
- Malaria incidence
- Hepatitis B incidence
- NCD mortality

Population Health

- Life expectancy at birth
- Intentional homicide deaths
- Unintentional poisoning mortality
- Conflict related deaths
- Use of assistive devices among people
- Mortality attributed to household and ambient air pollution
- Mortality attributed to unsafe water, unsafe sanitation and lack of hygiene (WASH) needs
- People that require interventions (preventive chemotherapy) against neglected tropical diseases
- Need for family planning satisfied with modern methods

Determinants of Health – *Are these factors contributing to good health? Where and for whom are these factors changing? Is it the same for everyone?*

Environmental factors

- % of population using safely managed sanitation services
- % of population using safely managed drinking water services
- Annual mean levels of fine particulate matter in cities
- Clean household energy*

Health behaviours

- Harmful use of alcohol
- Current tobacco use

Socioeconomic factors

- Unemployment rate*
- Proportion of population living in poverty*
- Proportion of youth & adults, both men and women, achieve literacy and numeracy*

Person-related factors

- Overweight and obesity

Universal Health Coverage – *Are all people accessing needed services without suffering financial hardship?*

Financial protection

- Fraction of the population protected against catastrophic/impoverishing out-of-pocket expenditure
- % of population covered by social protection floors/systems

Health service coverage & accessibility

- Coverage of essential health services
- Access to affordable medicines & vaccines on sustainable basis

Health system resources and capacity – *Does the system deliver value for money and is it sustainable? What is the level of quality of care across the range of patient care needs?*

Effectiveness

- Immunization coverage for measles, DTP3
- Births attended by skilled health personnel
- Cervical cancer screening

Quality & Safety

- 30 day hospital case fatality rate (AMI)
- Postoperative sepsis as % of all surgeries

Responsiveness & people-centredness

- Patient experience
- Laws & regulations that guarantee women access to sexual & reproductive health

Resources & Infrastructure

- Health worker density & distribution
- Health facilities with functioning water services

Availability (& readiness)

- IHR capacity & health emergency preparedness

Health Financing

- Total current expenditure on health as % of GDP

Efficiency & Sustainability

- Average length of stay

Strengthen Health Information System (HIS)

- Strong country **ownership and leadership** and strengthen **links** between information systems within and beyond the health sector
 - Whole system approach rather than “fragmented”; Linked with “determinants”; work with others DPs, NGOs, communities.
- Build the **capacity** to gather and use information
 - People (workforce, managers, policy makers, researchers), and culture of decision making.
- Harness information and communication technologies (**ICT**)
 - Using Information standards; Information to improve services; new innovations (big data, eHealth/mHealth).



How to ensure that information is available and useful

- Disaggregation: Better civil registration and vital statistics; best use population based survey and census; innovative approaches (EMR/EHR, Big data, etc.); data from other sectors.
- Transparency: Make data available; ensure it can be easily interpreted by the general public; invite communities and NGOs; target all stakeholders.
- Engage with others: Bring different stakeholders (policy makers, providers, general peoples, minorities, NGOs, etc.) into the process (not only sharing results).
- Develop an information culture for decision making: need changes in behavior, information to support decision-making.



Implications for research

- Science of discovery – understanding the causes of inequitable health care access; causes of inefficient, ineffective and costly service delivery; impact of poor quality services
- Science of delivery – understanding the (co-)creation of health; how to overcome barriers to healthcare access (financial and otherwise); effective policy making and policy interventions; effective intersectoral engagement strategies
- New research partnerships and approaches – interdisciplinary from micro to macro; end-user driven research/action research/realist evaluation; knowledge brokerage/translation
- New methods and knowledge bases – big data, behavioral economics, neuroscience and cognitive science, political/economic anthropology; longitudinal tracking/panel studies; cross-country comparisons



Implications for workforce development

- Leadership and management development – vision and execution of UHC and SDG
 - Intersectoral policy advocacy, negotiations, and coordination
 - Systems thinking
 - Using policy levers – financing for allocative and technical efficiency, risk and performance based regulation, nudge
- Population level interventions – planning and implementation to scale, based on fine grained analysis of group differences and preventable conditions in health systems
- Individual level interventions – empowering patients, families, and communities to take control over their health and risks



Key Takeaways



- UHC stimulates health systems to achieve equitable and sustainable health outcomes and achieve SDGs but countries need to adopt own pathways because of history, resources, politics, community expectations
- The UHC action framework is designed to support member states to develop country-specific UHC roadmaps - a diagnostic and agenda setting tool to assess what systematic actions countries need to pay attention to in order to achieve system-level improvements
- 15 UHC Action Domains give emphasis to key actions required, focusing and linking building blocks, ensuring the sum is greater than the parts; 12 SDG Action Domains complement UHC to strengthen focus on equity and social determinants of health
- Research and training institutions play a critical role to support the implementation and sustainability of UHC and SDG action agenda



Conclusions

- New vision for a healthy planet.
- Work together for shared prosperity and sustained progress.

Governments

- New way of thinking for policy and programme development.
- Shared action so that no-one is left behind.
- Role as global citizens, recognizing linkages.

Health Sector

- Public health extends to social and political aspects – understanding of social determinants key.
- UHC as a platform for an integrated approach and programmes no longer working in silos.

Thank you!



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