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

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

Health status: widening inequities over time

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

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.
## From MDGs to SDGs: key differences

<table>
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<tr>
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<tbody>
<tr>
<td>Human development</td>
<td>Economic, environmental, social sustainable development, with equity</td>
</tr>
<tr>
<td>UN agencies-led process</td>
<td>Intergovernmental process, UN in technical advisory role</td>
</tr>
<tr>
<td>Developing country focus: poverty reduction and social development</td>
<td>All-country focus: economic, social and environmental pillars of development</td>
</tr>
<tr>
<td>(health, education, gender)</td>
<td></td>
</tr>
<tr>
<td>8 goals (3 for health)</td>
<td>17 goals (1+ for health)</td>
</tr>
<tr>
<td>21 targets (6 for health)</td>
<td>169 targets (13+ for health)</td>
</tr>
<tr>
<td>60 indicators (21 for health)</td>
<td>200+ indicators</td>
</tr>
</tbody>
</table>
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;
- **4 means of implementation:**
  - Tobacco Control;
  - Vaccines and medicines;
  - Health financing and workforce;
  - Global health security.

  - Substance abuse;
  - Road traffic accidents;
  - Reproductive health;
  - Universal health coverage;
  - Environmental health (chemicals, air, water and soil pollution).
# Health in other SDGs

| SDG1 | Extreme poverty  
Vulnerability to economic, social, environmental shocks & disasters |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>SDG2</td>
<td>Malnutrition</td>
</tr>
</tbody>
</table>
| 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 |
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.
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”
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.”
The Journey to Universal Health Coverage

Early stage
Making essential medicines and basic services available to all

Intermediate stages
Expanding the package of services and improving quality and efficiency

Advanced stage
Sustaining an adequate level of public funding
Maintain comprehensive service package and adjust to meet increased demand

Equity, Efficiency, Sustainability
Diversified public funding sources

Public funding
Universal Health Coverage: Moving towards Better Health

October, 2015
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

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

Photo credit: Bjorn Laczay (creative commons)
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 – as 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

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

![Icon](image1.png)

### Population Health

![Icon](image2.png)

## 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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[World Health Organization](https://www.who.int)
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

**Health Financing**
- Total current expenditure on health as % of GDP

**Efficiency & Sustainability**
- Average length of stay

**Availability & readiness**
- IHCR capacity & health emergency preparedness
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!