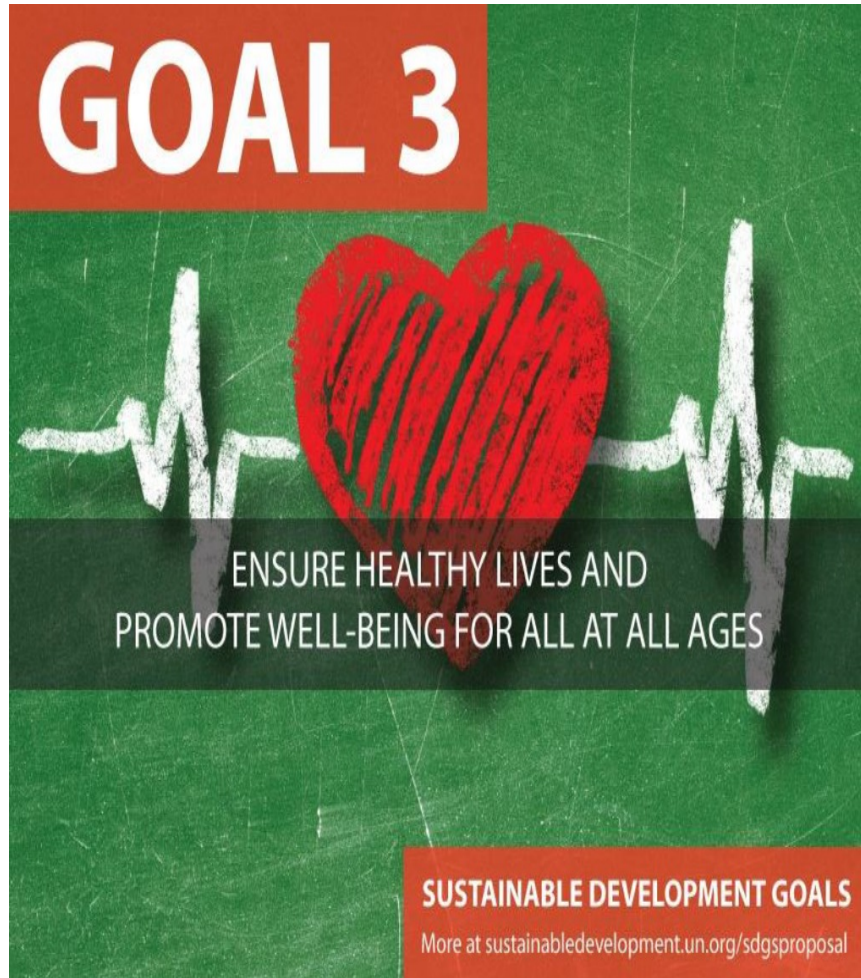


UHC in the Sustainable Development Goals



3.8

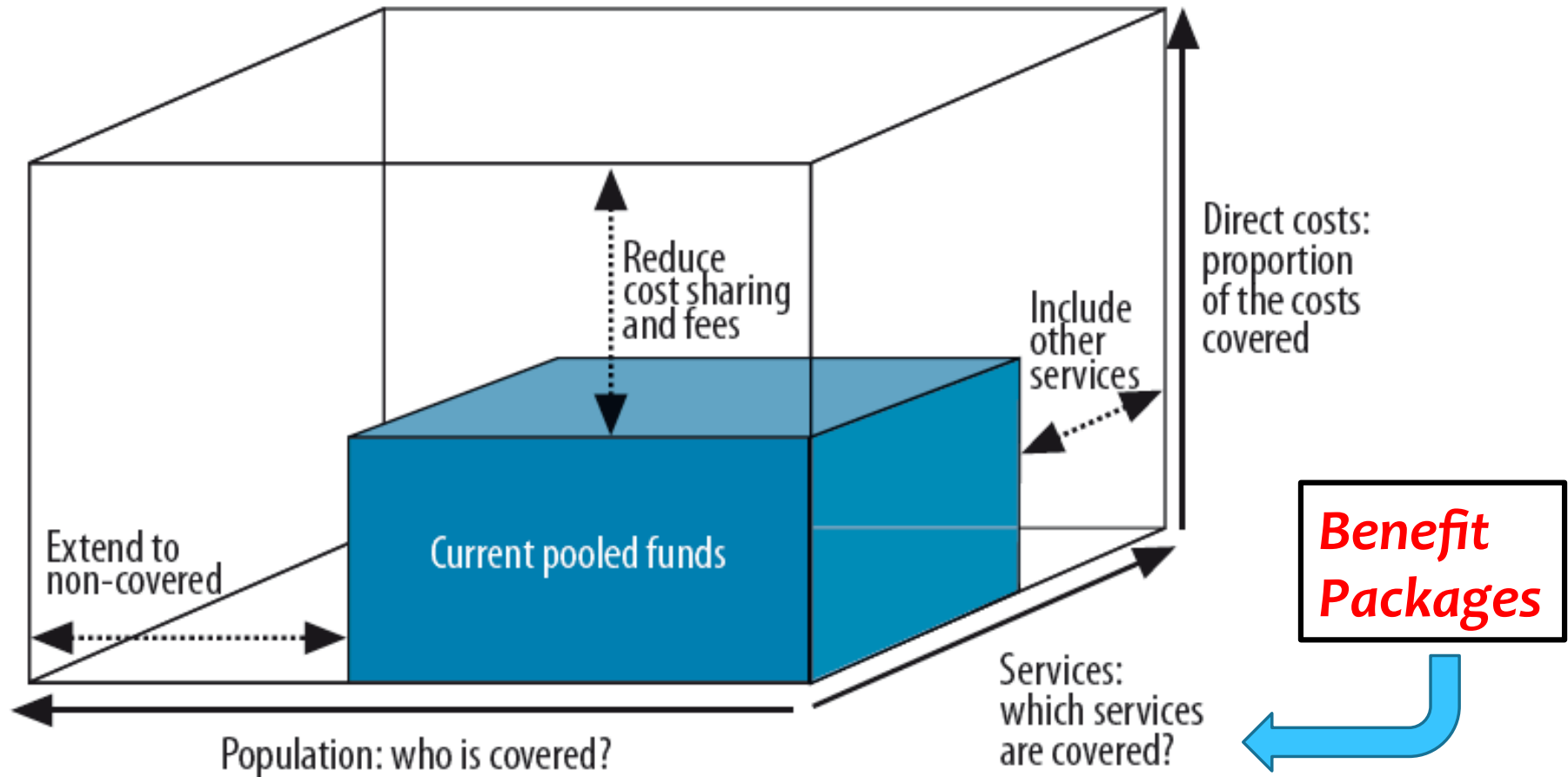
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Priorities for Health Development

EMR 2012-2017

- Health system strengthening through UHC
- Health security and communicable disease control
- Noncommunicable diseases (4 x 4)
- Maternal, newborn and child health
- Emergency preparedness and response

The three dimensions of UHC

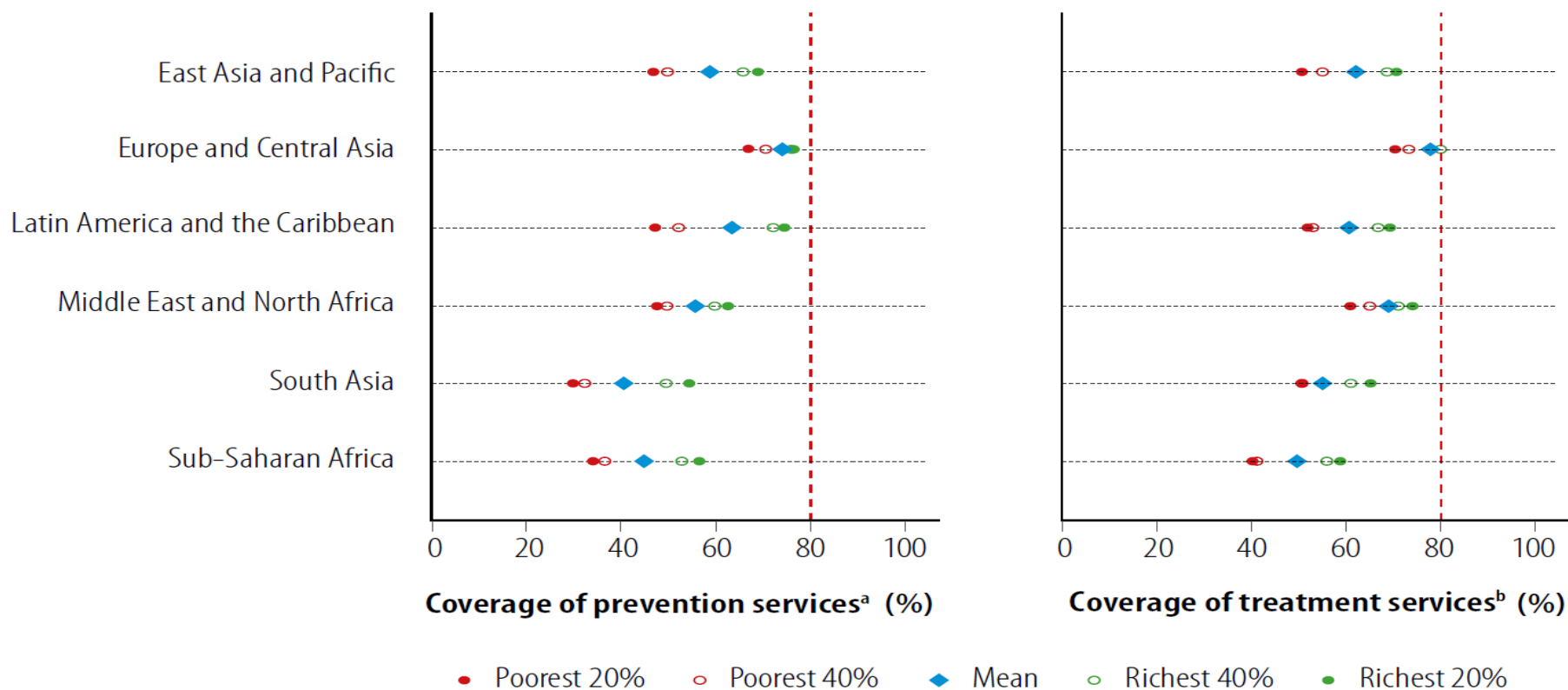


UHC: Regional Priorities and Areas of Work

- Scaling up strategies and actions to reduce **out-of-pocket payment** and enhance financial protection
- Identifying who is not covered by **prepayment arrangements** and expand population coverage
- Defining **benefit packages for UHC** that respond to people's health needs

UHC: Service coverage dimension

Coverage of prevention and treatment services, by region



^a Prevention services: mammogram; Pap smear; antenatal care (more than four visits); measles vaccination; improved water source; adequate sanitation; and non-use of tobacco.

^b Treatment services: skilled birth attendance; antiretroviral treatment; tuberculosis treatment; diabetes treatment; dental care; and eye surgery.

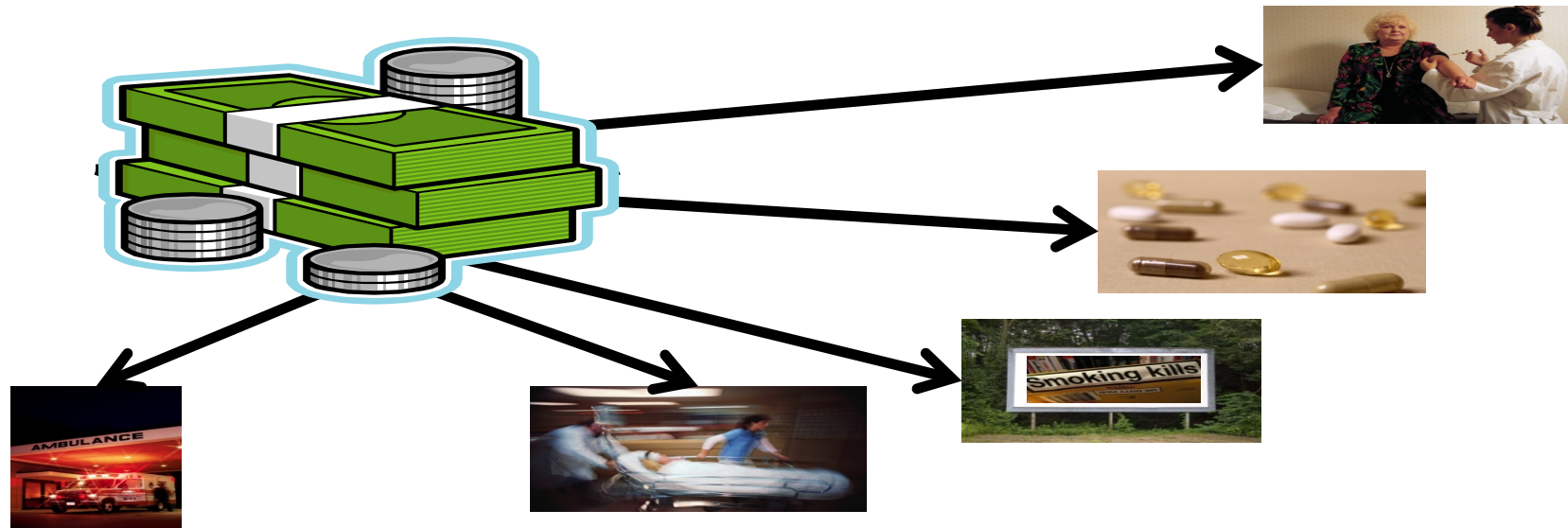
Source: World Health Survey (2002–2003).

Why do we need to define Benefit Packages

Limited Resources



Unlimited Needs



This implies the need to prioritize – the core includes evidence-based, cost-effective, affordable, high impact interventions

Broad criteria for defining Benefit Packages

- Morbidity and mortality associated with priority health condition as related to the five regional priorities
- Social and economic impact of the health condition
- Evidence for high impact
- Cost-effectiveness and affordability of interventions for three groups of countries
- Social values and cultural relevance

Example: Essential Surgery Package*

- Full implementation estimated to avert 1.5 million deaths per year
- The ‘first priority’ surgical investment would rely on general practice physicians with some surgical training rather than certified surgeons.

*H.T. Debas, et al, (eds.). *Essential Surgery*. Washington, D.C.: The World Bank, 2015

DCP3 Essential and First Priority Surgical Interventions

Number of procedures on each platform

	Primary health center	First-level hospital	Higher-level hospitals	Total
Essential surgical package	9	28	7	44
First priority	9	18	0	27

The EMRO-DCP Collaboration On UHC

1. Defines 'Essential UHC' in terms of the interventions in 20 'packages' defined in DCP.
2. The collaboration aims to define *first priority* interventions as those within each package that should be universally implemented no later than the halfway point of the SDG period.
3. The collaboration aims to generate estimates of the cost both of 'Essential UHC' and of the First Priority steps toward it.