Improving the health of the world’s poor: Is UHC the right strategy?

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Agenda

- Why is this a global health moment?
- The case for UHC
- 3 cautionary issues
- An agenda for effective UHC
Why a global health moment?
Biggest sector of world economy

- Now more than 10% of the GWP
  - Global economy: $78 trillion
  - Global healthcare spend: $7.5 trillion

- Growing rapidly
  - Will reach $18 trillion in two decades
Why is healthcare spending becoming so big?
Rising middle class

World Middle Class Population

Headcount (billions)


Global Economy & Development at Brookings, 2017
# of global poor falling

![Graph showing the number of global poor falling over time.](ourworldindata.org)
New technology and treatments

New Drug Applications Approved

www.fda.gov; Summary of NDA Approvals & Receipts
So why a global health moment?

- Healthcare is big and getting bigger
  - Becoming useful to individuals
  - Becoming useful to society
- The world has become interdependent
- Interdependence of the world behooves us to act
So what kind of action?
Policy focused on UHC

- It makes sense to focus on coverage
- People often can’t afford care
- Coverage should allow people to get the care they need and improve health
Two main goals of UHC

- Financial protection
- Improved health
Universal health coverage means that all people and communities can use the...health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
Will current UHC efforts get us there?
“The function of education is to teach one to think intensively and to think critically.”

-Rev. Martin Luther King, Jr.
Will UHC get us financial protection?
Financial protection across globe
Incidence of catastrophic health spending

Global incidence of catastrophic spending estimated at 11.7%
Not all UHC is the same

<table>
<thead>
<tr>
<th></th>
<th>% covered</th>
<th>% catastrophic spending*</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>90%</td>
<td>18%</td>
</tr>
<tr>
<td>India</td>
<td>20%</td>
<td>17%</td>
</tr>
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</table>

* >10% of household consumption
“Catastrophic payment incidence cannot be inferred from the fraction of the population covered by health insurance schemes or public health services”
Will UHC get us better outcomes?
Mental Model
Coverage

Health Outcomes
Does coverage lead to better outcomes?
Most studies suggest: no
Why not?
WHO definition

Universal health coverage means that all people and communities can use the...health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
What do we mean “quality”?

- Care that is **safe**
  - Does not harm patients

- Care that is **effective**
  - Consistent with best professional knowledge

- Care that is **patient-centered**
  - Meets the needs of the patients
What is the state of quality?
Burden of Unsafe Care
Global burden of unsafe care

- Each year in hospitals across the world:
  - 42.7 million injuries

- A leading cause of death and disability
  - 22.7 million Disability-Adjusted Life-Years (DALYs) lost

- Top 10 cause of death and disability
What’s the bigger problem, access or quality?
Access may not be biggest problem

- Average village in Madhya Pradesh
  - 11 healthcare providers within 3 km
  - 71% in private sector
  - 49% with no formal training

- In Delhi, 70 providers within walking distance of every household

- In Kenya, on average, there is 12 facilities providing maternal care per county
How good are these “doctors”?
Doctor-patient interactions

- Delhi public sector
  - Spent 2.5 minutes per patient
  - On average, doctors asked 1 question
  - On average, doctors performed <1 physical examination
<table>
<thead>
<tr>
<th>Location</th>
<th>Condition</th>
<th>Correct Diagnosis</th>
<th>No Unnecessary Medicines Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delhi (Urban)</td>
<td>TB</td>
<td>32%</td>
<td>8%</td>
</tr>
<tr>
<td>Bihar (Rural)</td>
<td>Childhood Diarrhea</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Madhya Pradesh (Rural)</td>
<td>Angina, Asthma &amp; Diarrhea</td>
<td>12%*</td>
<td>8%</td>
</tr>
<tr>
<td>Shaanxi Province (Rural)</td>
<td>Dysentery &amp; Angina</td>
<td>37%</td>
<td>24%</td>
</tr>
<tr>
<td>Sichuan, Shaanxi, &amp; Anhui Provinces (Rural)</td>
<td>TB</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Nairobi (Urban)</td>
<td>Angina, Asthma, Diarrhoea &amp; TB</td>
<td>32%*</td>
<td>53%</td>
</tr>
</tbody>
</table>
Are quality problems due to too few doctors?
Aren’t they getting crushed?
Average Time Spent Seeing Patients in a Full Day

- Madhya Pradesh Public: 0.4 hours
- Vietnam Rural: 1.1 hours
- Vietnam District: 2.8 hours
But aren’t half these “doctors” fake?
If we just had real doctors...
Does qualification lead to knowledge and quality?
Variations in Qualifications and Medical Knowledge, Vietnam
So what have we learned?

- “Doctors” are ubiquitous
- Quality is abysmal
- Patients get private care when public available
- “Doctors” are not that busy**
- Qualification is not quality
Case of maternity care
Institutional Delivery

**Analysis:**
- Lack of facility-based births key reason so many women die during childbirth

**Response:**
- Incentive schemes to encourage women to have deliveries in institutions
Institutional deliveries increased
Outcomes Unchanged
Maternal Mortality (Non-significant)
Key Lessons

- We misunderstood why women don’t deliver in institutions
- Focused on coverage over quality
- Spent a lot of $, made little progress
Tradeoffs
What about other priorities?

Changes in Massachusetts state spending, 2001-2010 (Billions)

Source: Massachusetts Budget Priorities Report, 2013
The biggest bang for the buck

- Women's political representation: $9
- Women's education: $11
- Hypertension medications: $47
- Immunizations for kids: $60
- Provision of contraception: $120

Social, economic, and environmental benefit/$ spent
Tradeoffs

- What are the biggest drivers of health?
  - How much does SDOH matter?
  - How about education, sanitation, etc.?

- Limited resources means priorities

- UHC can (should) be a priority
  - But we have to understand its costs
Summary
Summary

- Critical moment in healthcare

- UHC has become the mantra of the day
  - Our job is to examine it intensively, critically

- UHC can be a very powerful tool:
  - Adequate coverage
  - Covering care is that good
  - Being aware of tradeoffs

- Let’s commit to making UHC a reality
  - Let’s commit to doing it the right way
Thank you

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