Target 3.8: Achieve universal health coverage

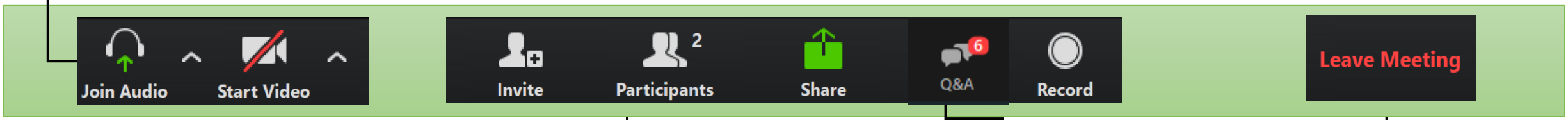
World Health Organization

Member State Information session on Monitoring universal health coverage (Sustainable Development Goals target 3.8): Revision of SDG UHC indicators 3.8.1 & 3.8.2

WHO Division of Data, Analytics and Delivery for Impact; Department of Data and Analytics
WHO Division of Universal Health Coverage, Life Course; Department of Health Financing and Economics

Interactions & Questions : Virtual Participants

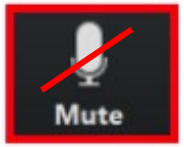
***Join Audio**: Select how you want to join the call; either by phone or through your computer.



Participants: Click here to see the list of participants in the meeting.

For Q & A: Click here to ask your questions BUT do not hesitate to ask them verbally in your own language when the time comes!

Leave Meeting: Click here to leave the meeting.



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Other housekeeping information

- ✓We will first give a presentation
- ✓Following the presentation, there will be a period for Questions and Answers
  - ✓We will first take **questions verbally in English** – please raise your hand, and we will turn on your microphone
  - ✓We will then read questions from the Q&A
- ✓Please keep your cameras off unless speaking

Agenda

- Opening remarks: UHC tracking within the SDGs and SDG revision process
- Proposed revisions to SDG 3.8.1
- Proposed revisions to SDG 3.8.2
- Closing: Timeline and next steps

Universal Health Coverage (UHC)

UHC **means everyone, everywhere** can receive the **quality health services they need** across the life course **without** facing **financial hardship.**

Reaching the goal of UHC by 2030 requires proactive, targeted and accelerated efforts building on strong data and evidence

To track progress towards UHC with the most relevant metrics, WHO is proposing to revise the SDG UHC indicators

Tracking within the SDGs

Universal Health Coverage (UHC)

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

Indicators ▲

3.8.1

Coverage of essential health services

3.8.2

Proportion of population with large household expenditures on health as a share of total household expenditure or income

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Tracking within the SDGs

- The United Nations recognizes **WHO** as the custodian agency for **SDG indicators 3.8.1 and 3.8.2** and the **World Bank** as the co-custodian agency for 3.8.2.
- The proposal to revise 3.8.2 has been developed in collaboration with the World Bank
- WHO support for monitoring UHC is underpinned by the **World Health Assembly resolution*** 72.4

* Several regional resolutions exist

SDG revision process: who and how?

- Comprehensive Review of the global indicator framework lead by Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs)
- A total of 68 proposals were submitted during the call for proposals in April 2024.
  - The IAEG-SDGs decided to include 15 proposals in the global open consultation (July/Aug 2024)
  - Proposals for 3.8.1 and 3.8.2 are included
- December 2024: Group will prepare the final proposal for the 2025 review and submit it to the Commission for its consideration at the fifty-sixth session in March 2025

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Universal health coverage service coverage index (SDG 3.8.1): 2025 revision

Data, Analytics and Delivery for Impact
Aug 21, 2024

UHC Service Coverage Index

- Divided into four tracer areas or main health areas
- In grey are indicators currently not included in calculation due to low data coverage

Main health areas	Indicator
Reproductive, maternal, newborn and child health (RMNCH)	Demand satisfied with modern method among women 15-49 years who are married or in a union (%)
	Antenatal care, four or more visits (ANC4) (%)
	One-year-old children who have received 3 doses of a vaccine containing diphtheria, tetanus and pertussis (DTP3), (%)
	Care-seeking behaviour for children with suspected pneumonia (%)
Infectious diseases	TB treatment coverage (%)
	People living with HIV receiving ART (%)
	Population at risk sleeping under insecticide-treated bednets (%)
	Households with access to at least basic sanitation (%)
Noncommunicable diseases (NCDs)	Prevalence of treatment (taking medicine) for hypertension among adults aged 30-79 with hypertension, age-standardized
	Mean fasting plasma glucose (FPG), (mmol/L) (adults 18)
	Cervical cancer screening among women aged 30-49 years (%)
	Adults aged ≥15 years not smoking tobacco in last 30 days (%)
Service capacity and access	Hospital beds per capita (w/threshold)
	Health professionals per capita (w/ threshold): physicians, psychiatrists and surgeons
	Proportion of health facilities with WHO-recommended core list of essential medicines available
	International Health Regulations core capacity index

Framework for review

- Used the UHC definition to organize indicators into three pillars:
  - Life course
  - Service type
  - Main health areas (current)

- WHO defines UHC as ensuring that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

Summary of indicator review

- GHO indicators and GPW proposals mapped to categories within three pillars
- Reduced indicators based on quantitative criteria needed for time trend and country coverage
- Gaps remain with tested pillars
    - Service type: rehabilitation and palliative
    - Main health areas: mental health, injuries
    - Life course: *Older population specific indicators*
- Room for improvement in data availability
    - 18% of indicators in GHO fit five quantitative criteria included
    - Did not apply disaggregation principle/criteria because of limited availability
- Presented end of March via WHO HQ Hub & Spoke for feedback

GPW UHC billion vs SDG UHC SCI

Indicator differences

Tracer indicator	GPW UHC billion	SDG UHC SCI
Health workforce	physicians and nurses/midwives	physicians, surgeons and psychiatrists
Diabetes	Raised fasting blood glucose (>=7.0 mmol/L)(age-standardized estimate)	Mean fasting blood glucose (mmol/L) (age-standardized estimate)
Family planning	women of reproductive age	women married or in a union

Calculation difference

- Tobacco prevalence:
  - SCI: rescaled to provide finer resolution based on a minimum bound of 50%
  - Billion: Not rescaled
- Billions calculation is arithmetic (vs geometric in SCI) mean to allow with conversion to population

Summary of indicator revisions

Keep current pillars (main health areas) given lack of a single pillar without gaps/that improves the index

Main health areas	Indicator	Proposal	Reason
RMNCH	Demand satisfied with modern method among women 15-49 years who are married or in a union (%)	Demand satisfied with modern method among women 15-49 years (%)	Align with GPW
	Antenatal care, four or more visits (ANC4) (%)		
	One-year-old children who have received 3 doses of a vaccine containing diphtheria, tetanus and pertussis (DTP3), (%)		
	Care-seeking behaviour for children with suspected pneumonia (%)		
Infectious diseases	TB treatment coverage (%)		
	People living with HIV receiving ART (%)		
	Population at risk sleeping under insecticide-treated bednets (%)		
	Households with access to at least basic sanitation (%)		
NCD	Prevalence of treatment (taking medicine) for hypertension among adults aged 30-79 with hypertension, age-standardized		
	Mean fasting plasma glucose (FPG), (mmol/L) (adults 18)	Coverage of treatment (taking medication) for diabetes among adults aged 30 years and over with diabetes (age-standardized estimate) (%)	Proposal is treatment instead of proxy.
	Cervical cancer screening among women aged 30-49 years (%)		
	Adults aged ≥15 years not smoking tobacco in last 30 days (%)		
Service capacity and access	Hospital beds per capita (w/threshold)		
	Health professionals per capita (w/ threshold): physicians, psychiatrists and surgeons	Health workers per capita (w/ threshold): physicians, nurses/midwives	Align with GPW
	Proportion of health facilities with WHO-recommended core list of essential medicines available		
	International Health Regulations core capacity index		

Methods: population weighting

The SCI is defined as the geometric mean of four sub-indices:

$$SCI = (RMNCH \cdot ID \cdot NCD \cdot Capacity)^{1/4}$$

Where each sub-index is a geometric mean of tracers. For $RMNCH$:

$$RMNCH = (FP \cdot ANC \cdot DTP3 \cdot ARI)^{1/4}$$

For each sub-index, we replace the geometric mean with a weighted geometric mean, with indicator-specific populations as weights. For $RMNCH$:

$$RMNCH^* = (FP^{Pop_{FP}} \cdot ANC^{Pop_{ANC}} \cdot DTP3^{Pop_{\cdot DTP3}} \cdot ARI^{Pop_{ARI}})^{1/(Pop_{FP}+Pop_{ANC}+Pop_{DTP3}+Pop_{ARI})}$$

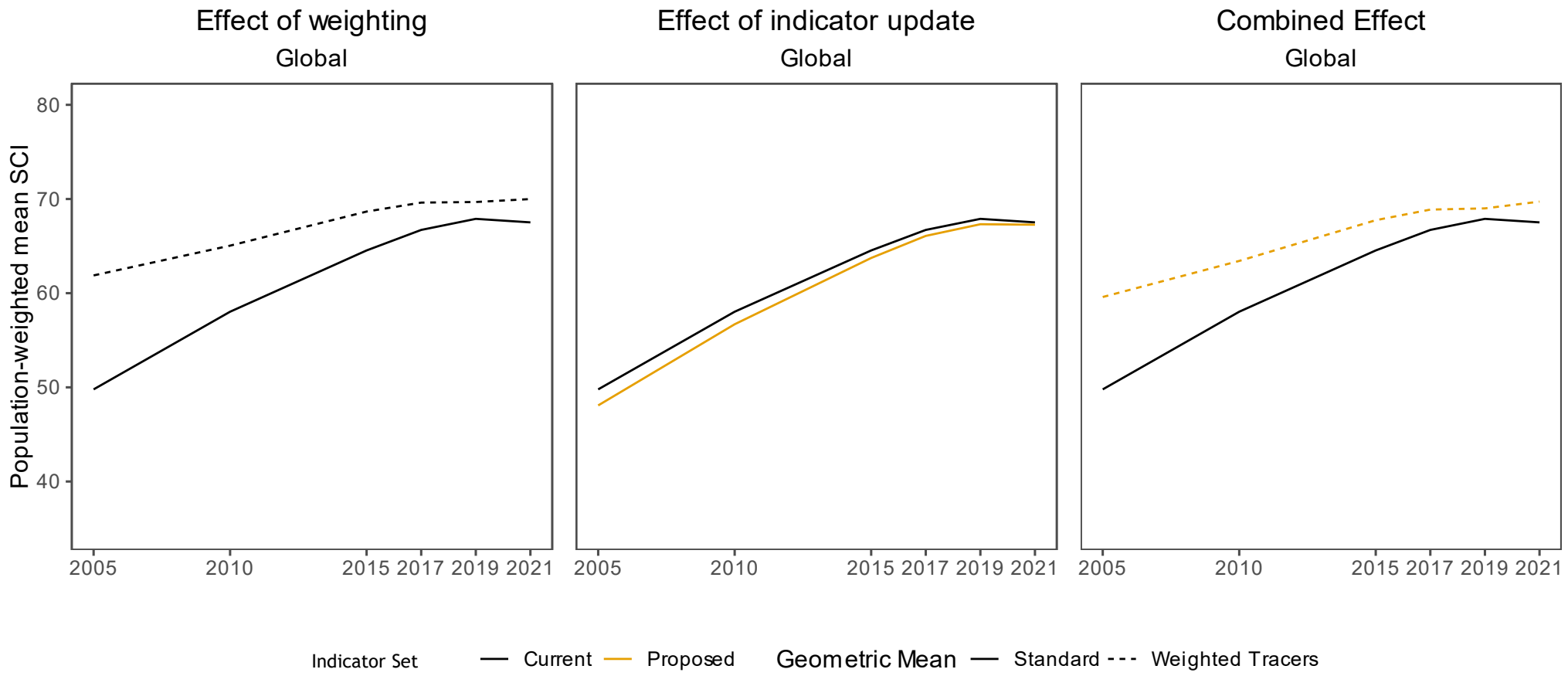
Methods: population weighting

- Using indicator denominators for weighted geometric mean
- All results presented subject to revisions with updated available data

Main health areas	Indicator	Metadata denominator	Used if different (due to availability)
RMNCH	Demand satisfied with modern method among women 15-49 years (%)	Number of women aged 15-49 who with a need for family planning	Women aged 15-49
	Antenatal care, four or more visits (ANC4) (%)	Total number of women aged 15–49 years with a live birth in the same period.	
	One-year-old children who have received 3 doses of a vaccine containing diphtheria, tetanus and pertussis (DTP3), (%)	All children 1 year of age	
	Care-seeking behaviour for children with suspected pneumonia (%)	Number of children younger than 5 years with symptoms of acute respiratory infection (cough and fast or difficult breathing due to a problem in the chest and not due to a blocked nose only) in the 2 weeks preceding the survey	Children under 5
Infectious diseases	TB treatment coverage (%)	Number of new and relapse cases in the same year	
	People living with HIV receiving ART (%)	Number of adults and children living with HIV during the same period	
	Population at risk sleeping under insecticide-treated bednets (%)	Total number of people in malaria endemic areas.	Total population of endemic coutnries
	Households with access to at least basic sanitation (%)	Total population	
NCD	Prevalence of treatment (taking medicine) for hypertension among adults aged 30-79 with hypertension, age-standardized	Number of adults aged 30-79 years with hypertension (defined as having systolic blood pressure ≥ 140 mmHg, diastolic blood pressure ≥ 90 mmHg, or taking medication for hypertension)	
	Coverage of treatment (taking medication) for diabetes among adults aged 30 years and over with diabetes (age-standardized estimate) (%)	Number of adults ages 30 and over on medication for diabetes, or FPG ≥7.0 mmol/l, or HbA1c ≥6.5%	Population aged 30+
	Adults aged ≥15 years not smoking tobacco in last 30 days (%)	Population aged 15+	
Service capacity and access	Hospital beds per capita (w/threshold)	Total population	
	Health professionals per capita (w/ threshold): physicians, nurses/midwives	Total population	
	International Health Regulations core capacity index	Total population	

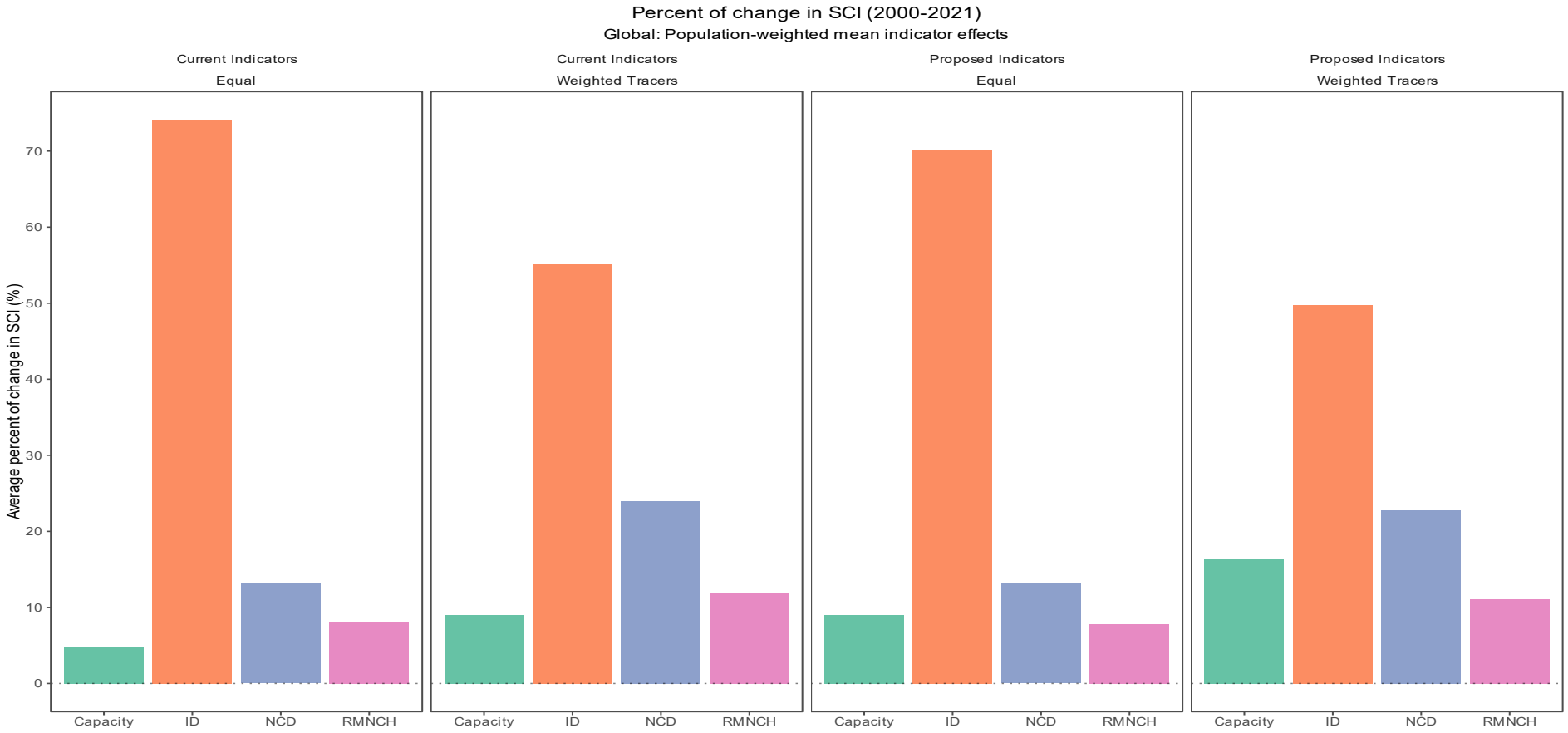
Results: population weighting (global)

- Indicator update: global trend lowers
- Indicator update + weighting: lowers and flattens for more consistent change across time



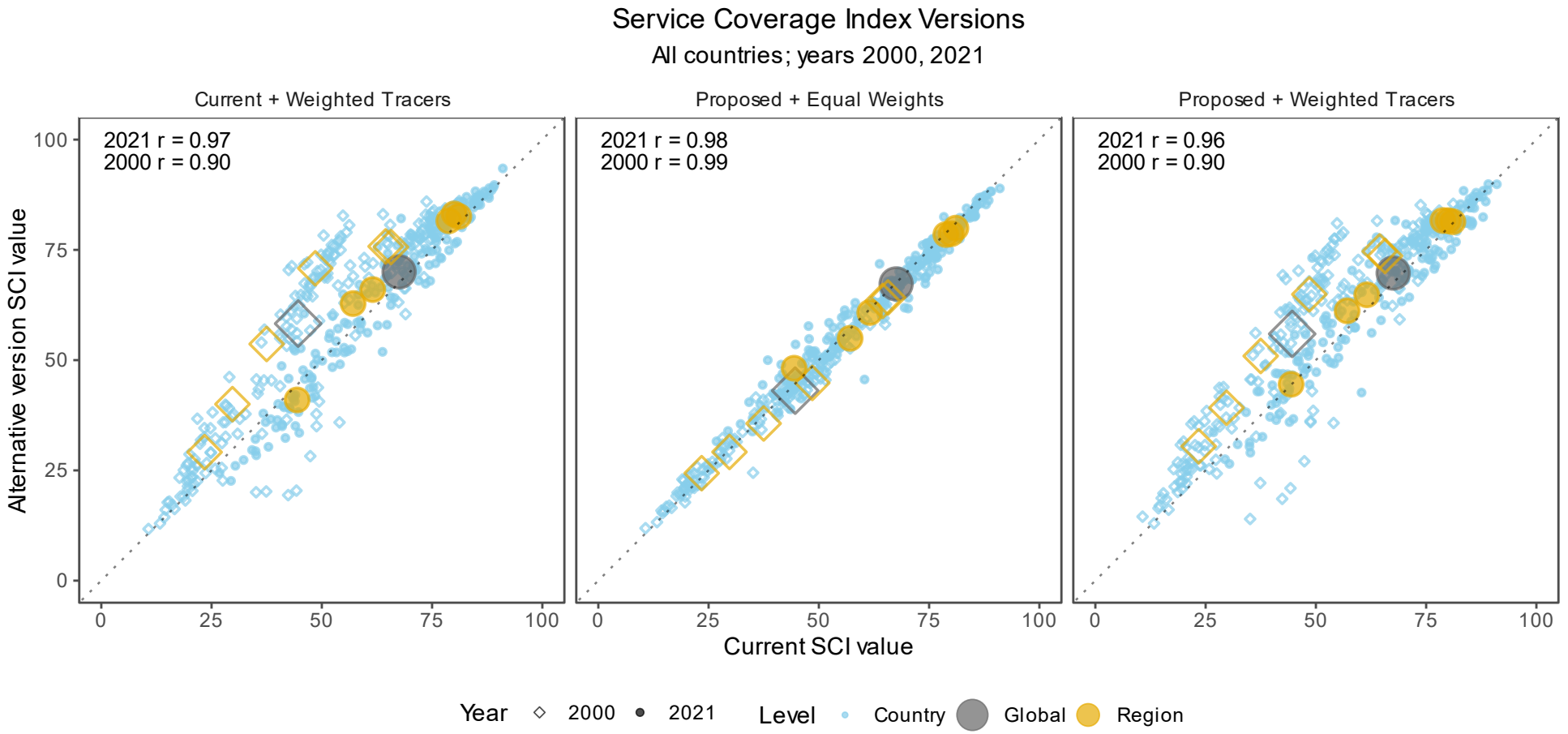
Results: population weighting (health area)

- Proportion of change in SCI attributed to changes in ID tracers goes down with proposed indicators, and weighted mean.



Results: population weighting (country)

- Indicator update: shifts most countries-years downwards.
- Indicator update + weighting: larger country variations



Summary of proposed revisions for 3.8.1

- Three indicator modifications remaining in the same health subject area, increasing data availability
- No increased burden of reporting
- Geometric mean is replaced with population weighted geometric mean for a more equal contribution from other tracer indicators

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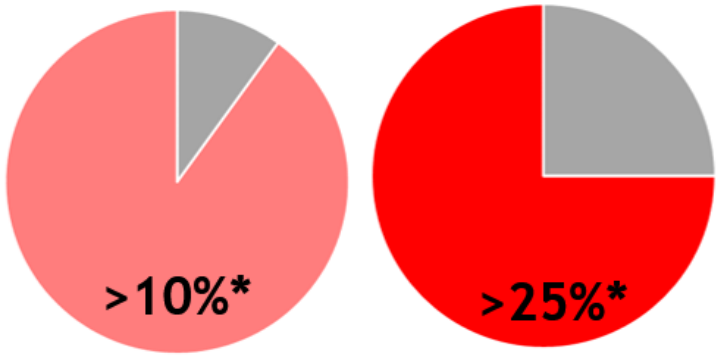
SDG 3.8.2 indicator: 2025 revision

Universal Health Coverage, Life Course
Aug 21, 2024

Revisions to SDG 3.8.2: overview

2 indicators focused on
large
OOP health spending



* household budget

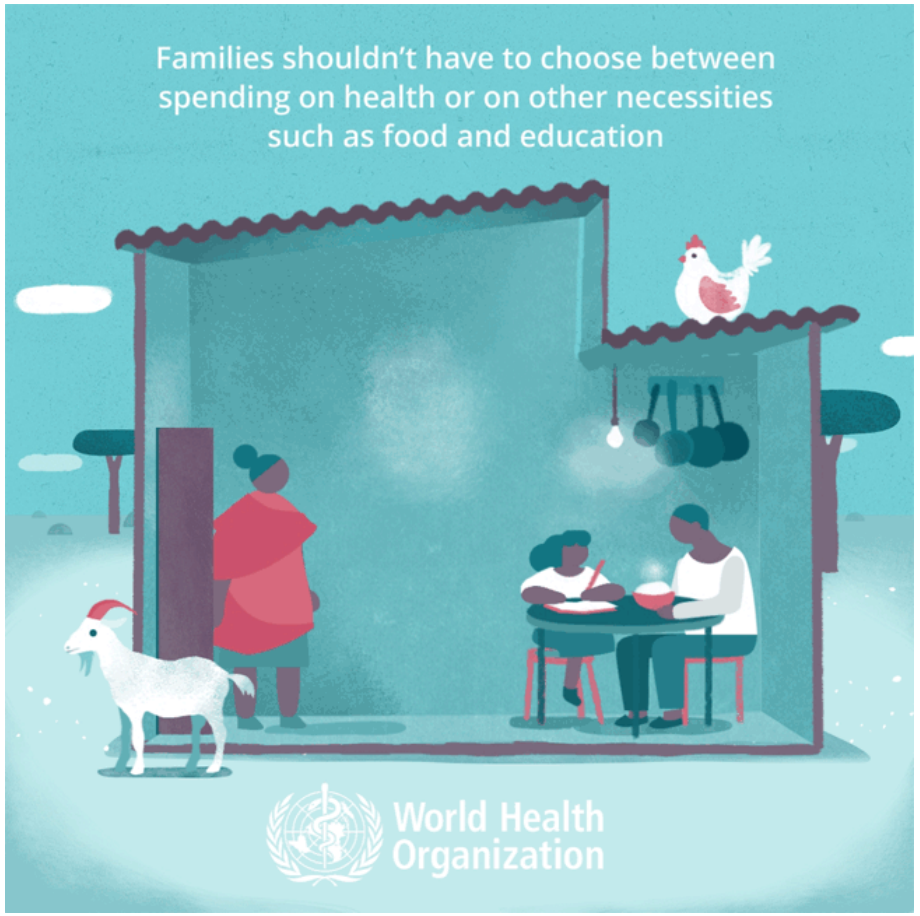
→

1 indicator focused on
large AND *impoverishing*
OOP health spending

>40%**

**household *discretionary* budget

SDG 3.8.2 concepts



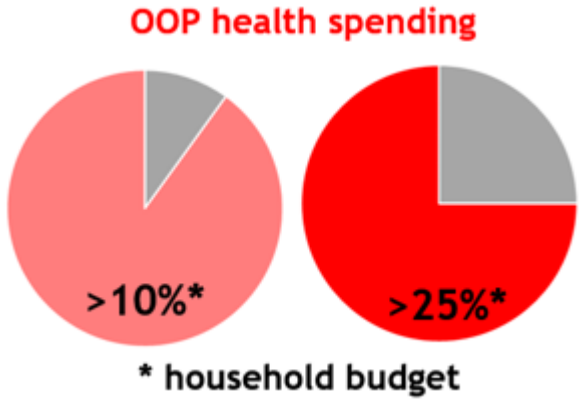
- **SDG indicator 3.8.2** aims to capture financial hardship due to out-of-pocket (OOP) health spending
- **Out-of-pocket (OOP) health spending contributes** to funding the health systems of all countries, at all income levels.
- **Financial hardship in health is a key consequence of inadequate financial risk protection mechanisms** hindering progress towards the universal health coverage target 3.8.
- **Financial hardship occurs when out-of-pocket (OOP) health spending threatens** people's living standards or compromises access to other basic needs such as food, shelter, clothing, or education.

SDG 3.8.2 definitions, interpretation and development

- **SDG indicators 3.8.2 are defined as:**

  Proportion of the population with household expenditures on health

  - greater than 10% of total household's expenditure or income
  - greater than 25 % of total household's expenditure or income



- **Interpreted as:**

  Population rates with relatively large household expenditure or health,

  AKA in the field as population rates with catastrophic out-of-pocket (OOP) health spending exceeding 10% and 25% of household budget.

- **Proposed and developed by:**

  WHO and the World Bank based on methodologies dating back to the 1990s developed in collaboration with academics

- **Adopted in 2017, preferred to:**

  Number of people covered by health insurance or a public health system, per 1,000 population

- **Supplemented with:**

  Indicators of impoverishing OOP health spending in WHO & World Bank monitoring framework

What is the proposed revised definition for SDG 3.8.2 ?

Proportion of the population with positive out-of-pocket household expenditure on health exceeding 40% of household discretionary budget

- A household's discretionary budget is defined as household total consumption expenditure or income net of the societal poverty line (SPL).
- Using 2017 purchasing power parities (PPPs), the SPL corresponds to whichever is greater: $2.15 (the international poverty line) or $1.15 + 50% of median* household consumption expenditure or income

OOP health spending

>40%**

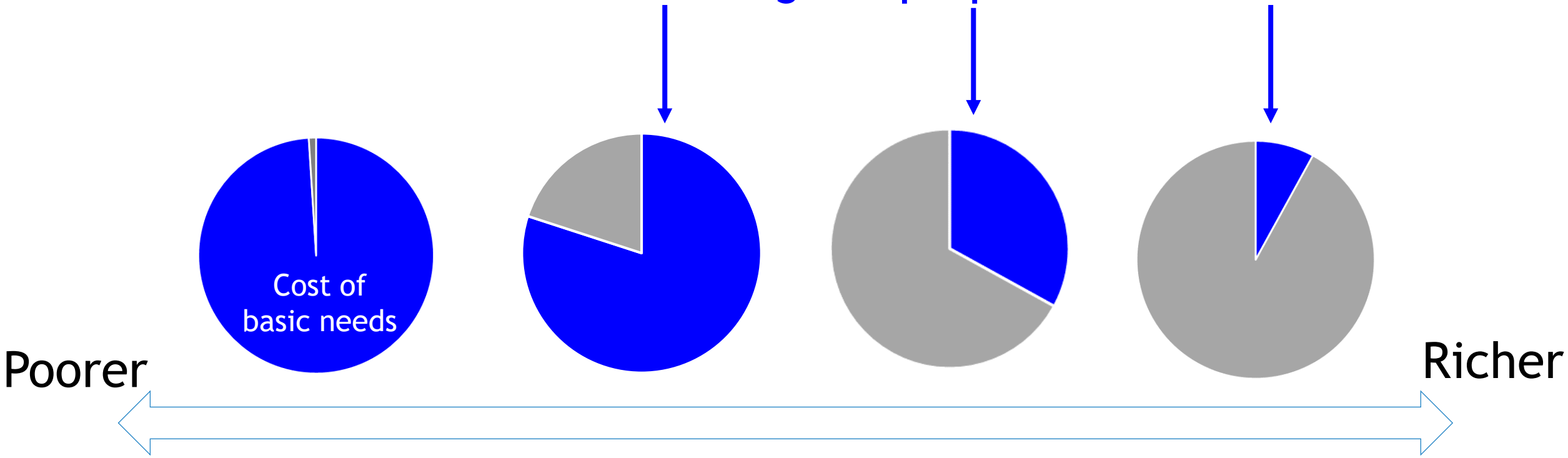
****household *discretionary* budget**

How is the proposal interpreted and how was is it developed?

- **Interpreted as:**
  - Population rates incurring financial hardship due to both large and impoverishing OOP health spending.
  - Population rates can be decomposed into those with only large OOP health spending that are not impoverishing and those with impoverishing OOP health spending
  - Decomposition not requested for the SDG monitoring framework
- **Developed by:**
  - WHO and the World Bank based on methods developed by the World Bank in 2014 and the WHO Regional Office for European office in 2015, building on previous methods developed by WHO and the World Bank in collaboration with academics to define a discretionary budget (sometimes called capacity to pay for health care).
  - The societal poverty line was developed by the World Bank in 2017 following the recommendation of the Atkinson Commission on Global Poverty to introduce a “societal” headcount measure of global consumption poverty, combining fixed and relative elements.

Why is the discretionary budget preferred to the total household budget for SDG 3.8.2 revision?

The cost of basic needs absorbs a smaller share of a household's budget as people become richer



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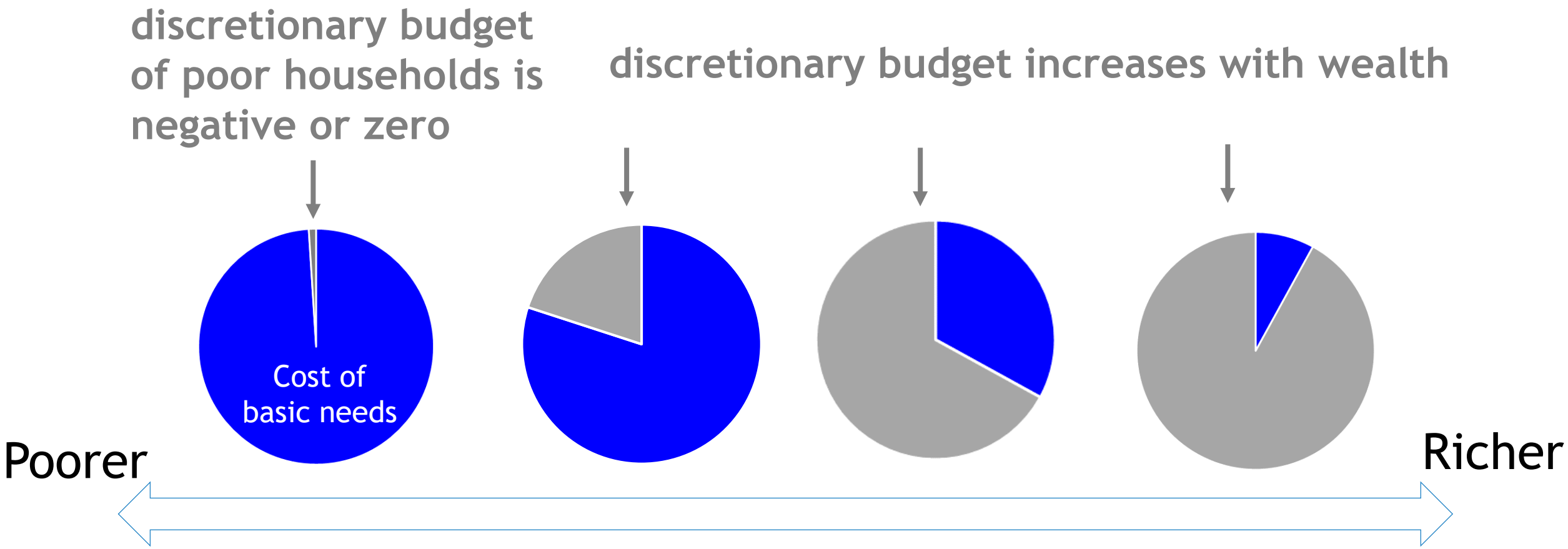

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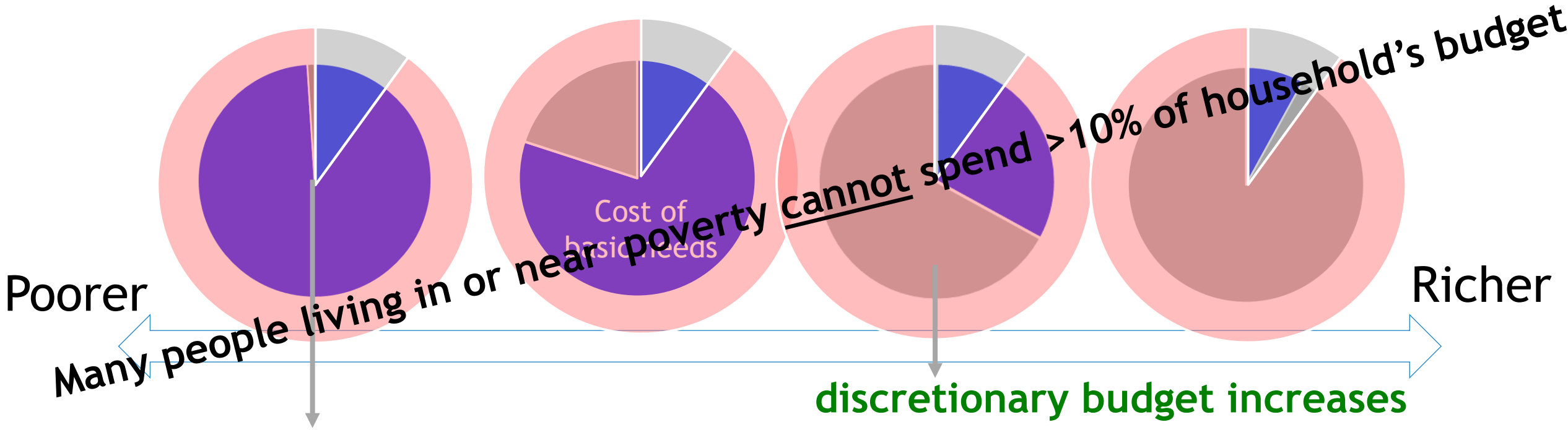
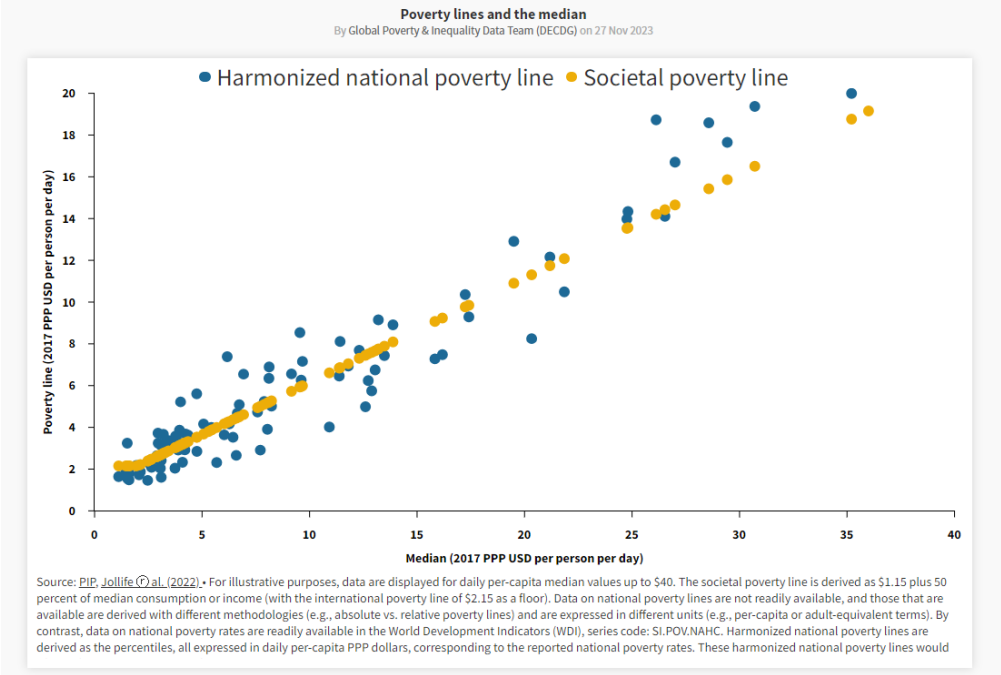


discretionary budget of poor households is negative or zero

Why use the societal poverty line (SPL) in the definition of discretionary budget?

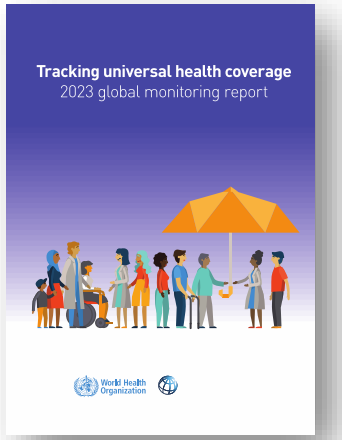
- The SPL acknowledges that estimated minimum cost of needs and social participation varies across countries over time, conditional on the overall level of economic development.
- The SPL definition includes the use of the international poverty line for some countries (as used by SDG indicator 1.1.1) but it allows the use of higher values using a formula that includes a fixed element and a relative gradient in consumption or income levels which is better align with the relative concept of poverty adopted as countries become richer.



- The societal poverty line is calibrated as the closest empirical fit to existing definitions of national poverty lines.

Why is it important to capture small amounts spent on health out-of-pocket when tracking financial hardship?

- Even very small amounts spent on health out-of-pocket will shrink further spending on necessities of people living in poverty or near poverty
- OOP spending pushing people into or further into poverty are called impoverishing OOP health spending
- SDG 3.8.2 doesn't capture people facing impoverishing OOP health spending and yet numbers are significant!
  - 344 million people were pushed or further pushed into extreme poverty by OOP health spending in 2019, 65.3% spent less than 10% of household's total budget.
  - 1.3 billion people were pushed or further pushed into relative poverty in 2019 by OOP health spending in 2019, 77.3% spent less than 10% household's total budget



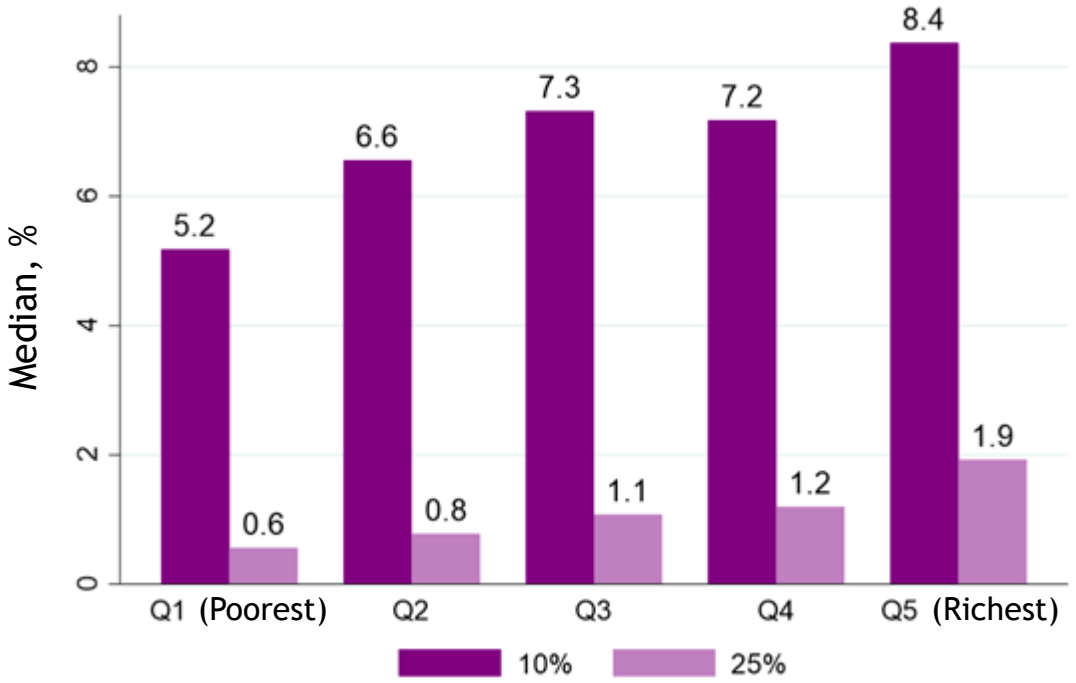
What are the implications of the proposal at country level?

Incidence rates of SDG 3.8.2 and proposal across quintiles

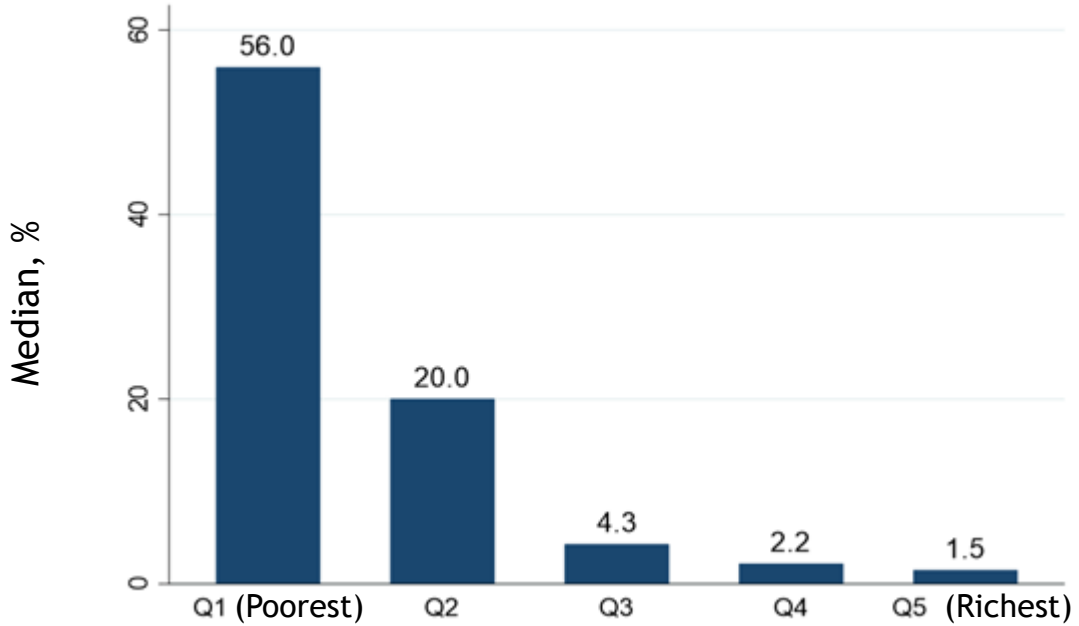
Median across 153 countries

PRELIMINARY ANALYSIS

SDG 3.8.2



Proposal



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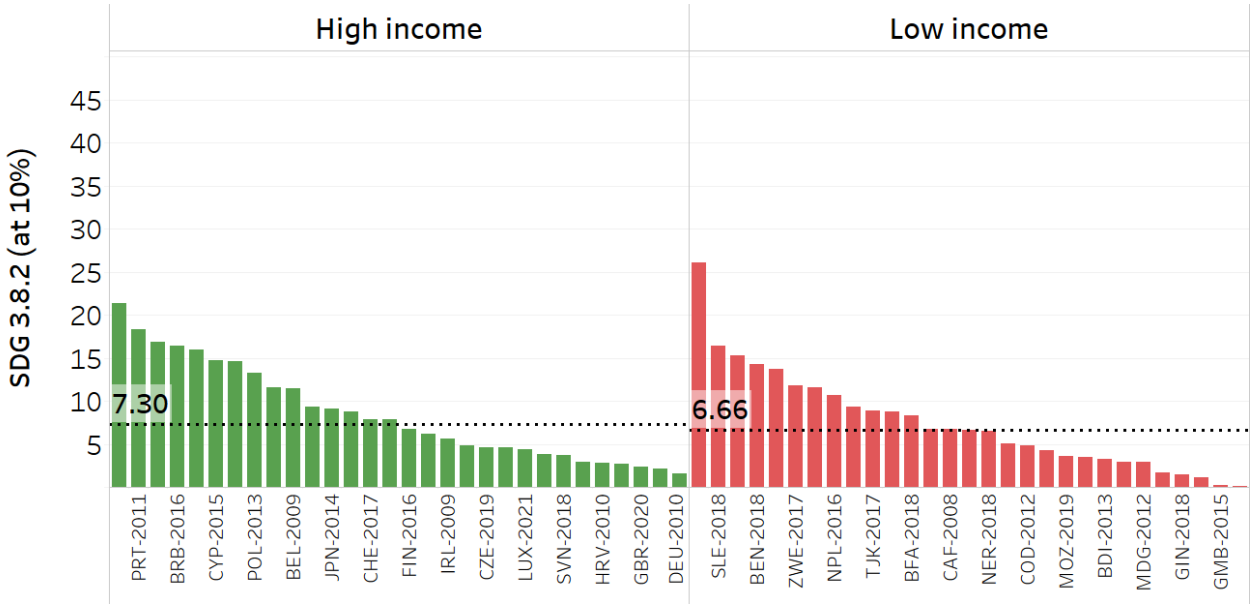
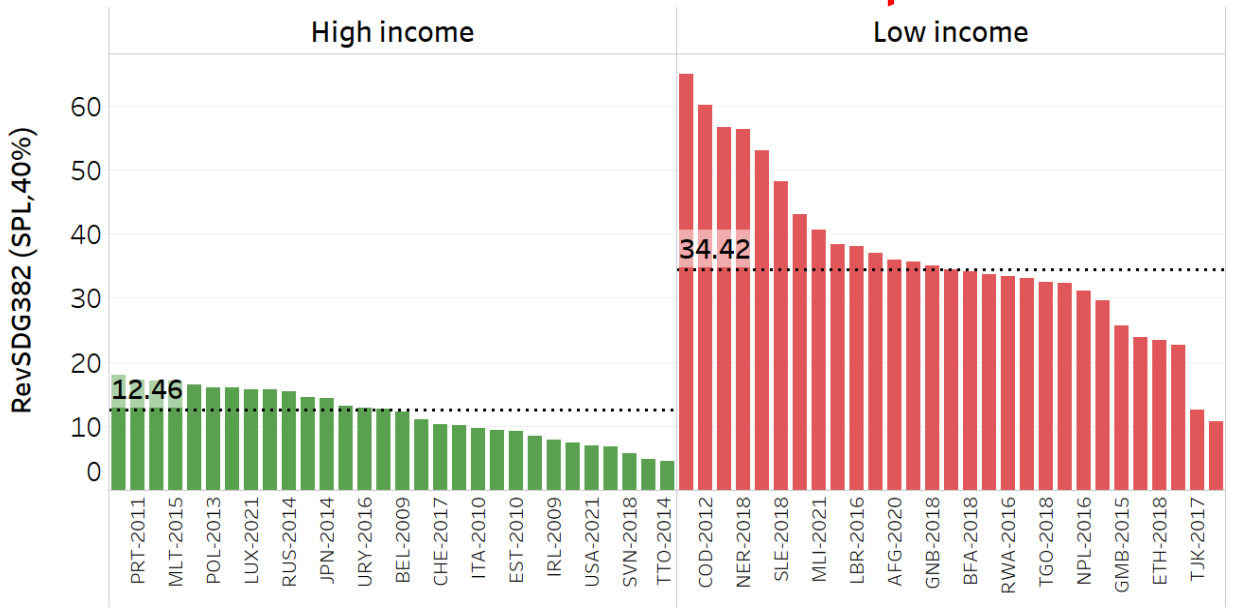
Implications of this revision for between country analysis

- SDG 3.8.2 population rates tend to be as high in LICs than HICs but in poorer countries out-of-pocket health spending contributes to fund a larger share of the health system and poverty rates are higher.
- With the proposal , those differences are better reflected.

PRELIMINARY ANALYSIS



SDG 3.8.2 (at 10%) by income level



Proposal by income level

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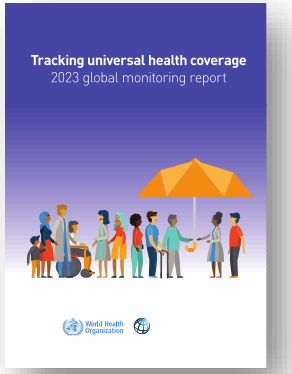
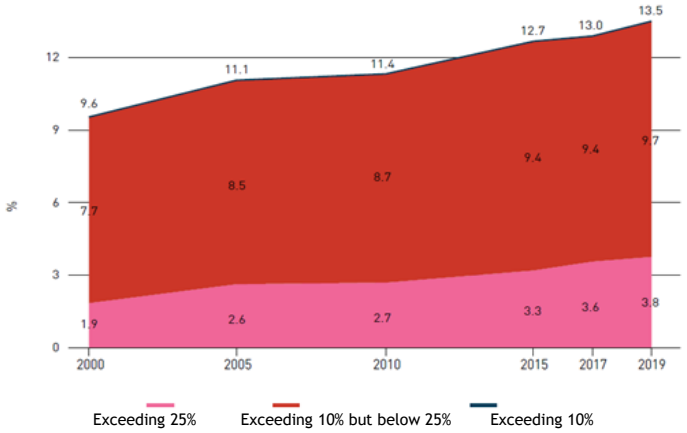
Findings of the 2023 global monitoring report on UHC



SDG 3.8.2 current definition

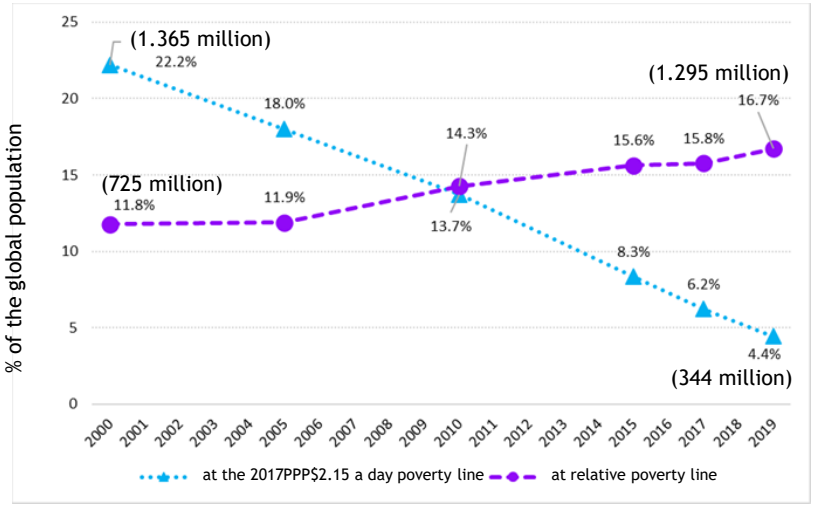
Global proportion of the population with OOP health spending exceeding 10% or 25% of the household budget



Source: Global database on financial protection assembled by WHO and the World Bank, 2023

Catastrophic OOP continuously increasing

Impoverishing OOP health spending using 2 different poverty lines



The two poverty lines ($2.15 a day and 60% of the median) generate opposing trends

The total number of people incurring financial hardship** (catastrophic, impoverishing OR BOTH)

	2000	2019
at the relative poverty line	1194.2	2043.0
at $ 2.15 a day extreme poverty line	1804.8	1267.9

opposing trends

*** Estimated number of people incurring catastrophic health spending, impoverishing health spending or both without double counting. Catastrophic health spending is defined as OOP health spending exceeding 10% of a household budget (SDG 3.8.2 indicator, 10% threshold). Source: Global database on financial protection assembled by WHO and the World Bank, 2023 (2,3).*

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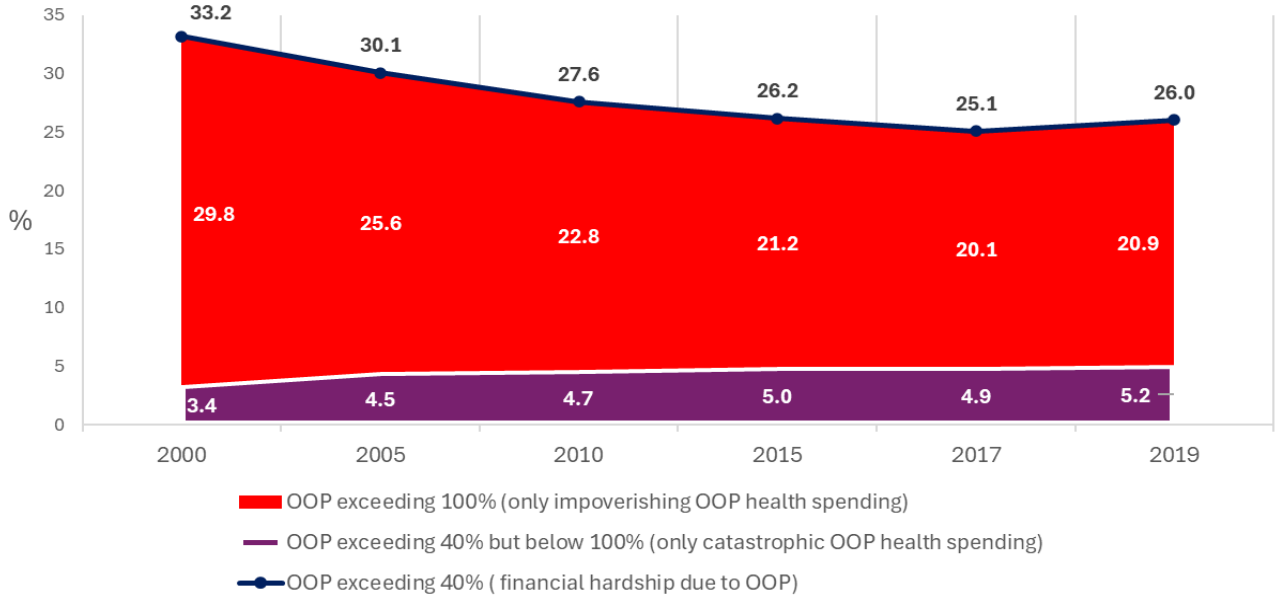
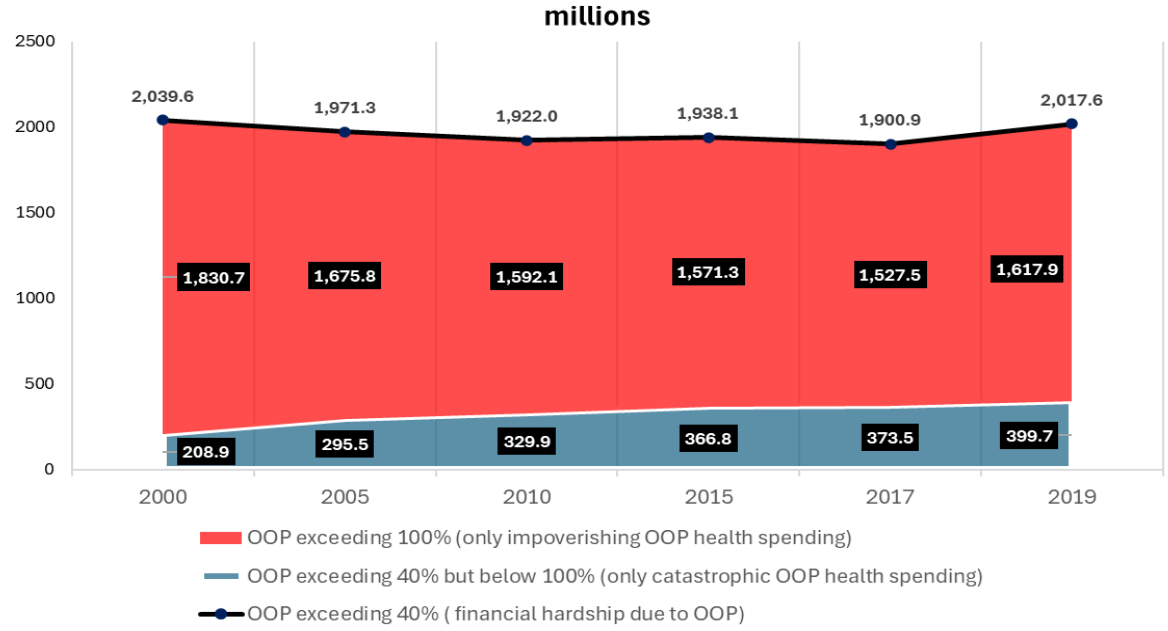
What are the implications of this revision for global analysis? Financial hardship (catastrophic OR impoverishing)

Preliminary global trends using the revised definition

Population with OOP> 40% discretionary budget (consumption/income net of the societal poverty line value)

PRELIMINARY ANALYSIS





Large OOP still increasing; impoverishing mostly decreasing, overall, financial hardship is mostly decreasing but the reduction is much stronger in % than in millions of people

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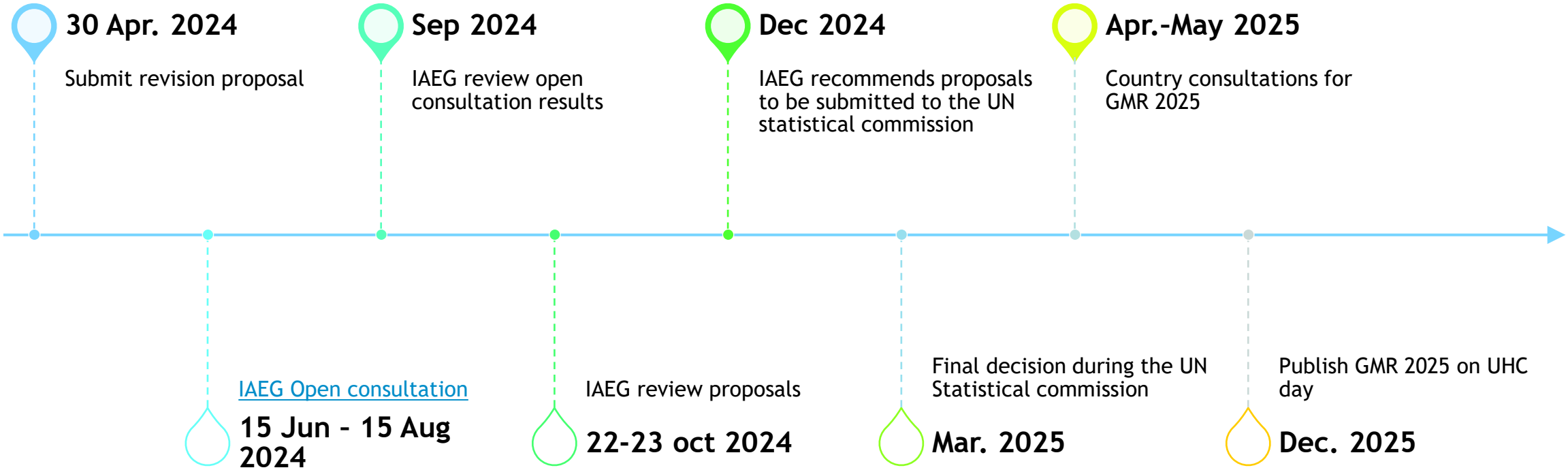
Overall SDG 3.8.2 revision is needed

- To acknowledge that even small out-of-pocket household spending on health can cause financial hardship for people living in poverty and in near poverty
- To acknowledge that some people might be able to spend a large share of their total budget without suffering financial hardship
- To simplify the communication by relying on 1 single indicator capturing the financial hardship due to OOP health spending experienced by anyone in a country (from the poorest to the richest)
- To improve the relevance of the tracking within and between countries
- To align with the broader concept of financial hardship that is used by the WHO and the World Bank in tracking UHC
- To reduce the SDG reporting burden (only 1 series instead of 2)

Timeline and next steps



- We encourage Member States' delegations to actively participate in the discussion on this matter throughout the year
- WHO can provide additional information

Thank you!