



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

Universal Access to Health and Universal Health Coverage

*A comprehensive response to the challenges
of NCDs*

Amalia Del Riego

Unit Chief, Health Services and Access, HSS

53rd DIRECTING COUNCIL**66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

Washington, D.C., USA, 29 September-3 October 2014

CD53.R14
Original: Spanish**RESOLUTION****CD53.R14****STRATEGY FOR UNIVERSAL ACCESS TO HEALTH AND
UNIVERSAL HEALTH COVERAGE****THE 53rd DIRECTING COUNCIL,**

Having considered the *Strategy for Universal Access to Health and Universal Health Coverage* presented by the Director (Document CD53/5, Rev. 2);

Bearing in mind that the Constitution of the World Health Organization establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”;

Recognizing that universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability;

Recognizing that policies and interventions that address the social determinants of health and foster the commitment of society as a whole to promote health and well-being, with an emphasis on groups in conditions of poverty and vulnerability, are an essential requirement to advance toward universal access to health and universal health coverage;

Recognizing that universal access to health and universal health coverage are framed by the values and principles of primary health care in the spirit of Alma-Ata;

Resolution CD53.R14

- ✓ Resolves to **adopt** the “*Strategy for Universal Access to Health and Universal Health Coverage*”
- ✓ Urges Member States to **take action**, taking into account their own context and national priorities.
- ✓ Requests PAHO’s Director to **develop actions and tools** to support the implementation of the Strategy.



Universal Access to Health and Universal Health Coverage

Imply that all people and communities have access, without any kind of discrimination, to comprehensive, quality **health_services**, without exposing users to financial difficulties.

Require implementing policies and actions with a multi-sectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well-being.



Values:

- ✓ **Right to Health**
- ✓ **Equity**
- ✓ **Solidarity**



Universal Access

Absence of geographical, economic, sociocultural, organizational, or gender **barriers** that prevent **all** people from having **equitable** use of **comprehensive** health services and healthy living to allow their development and well-being

Universal Coverage

Sufficient organizational mechanisms and financing to **cover** the entire population

Universal health: access and coverage for all



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Strategic Lines: opportunities to improve HS response to NCDs



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

The NCD *Tsunami*: a challenge for Universal health

- A growing aging population compounds the burden of NCDs
- A growing burden of costs for NCDs health services.
- Inefficient hospital-centered models of care with low response capacity of the first level of care.
- Highly segmented and fragmented health systems.
- Barriers to access (e.g. high OOP) and excluded groups.
- Inefficiencies and insufficient financing
- Weak governance and limited stewardship capacity of the National Health Authority.
- Limited social participation and intersectorial action
- Limited programs/interventions to facilitate the empowerment of people and communities.

Inefficiencies within health systems: cost of medicines

Medicine	SF Price (US\$)*	Country 1 **		Country 2 **	
		Price (US\$)	% Diff	Price (US\$)	% Diff
Cytarabine (100 mg, Pwdr for Inj)	\$3.40	\$12.74	275%	\$3.51	3%
Docetaxel (20 mg/ml, Inj)	\$5.95	---	---	\$89.00	1395%
Doxorubicin (50 mg, Pwdr for Inj)	\$8.35	\$8.80	5%	\$13.75	65%
Etoposide (20 mg/ml, Inj)	\$2.38	\$3.60	52%	\$3.56	50%
Ifosfamide (1 g, Pwdr for Inj)	\$17.76	---	---	\$28.00	58%
Vinblastine (10 mg, Pwdr for Inj)	\$2.94	\$9.94	238%	\$5.20	77%
* PAHO SF price is an estimate of the cost based on Long Term Agreements (LTAs) with manufacturers including freight, shipping and insurance up to port of delivery. Also includes 3% contribution to the PAHO Capitalization Account and 1.25% PAHO administrative fee. In all cases product are subject to a quality assurance process.					
** Country prices reflect cost of delivery to port and does not include taxes/fees from customs and delivery.					

List of medicines and LTA prices available at www.paho.org/strategicfund

SL1: Expanding equitable access to comprehensive, quality, people and community centered health services

- Transform or strengthen organization, management and financing of services to respond to people needs rather than disease specific needs (people centered care).
- Increase the response capacity at the first level of care within Integrated Service Delivery Networks (IHSNs).
- Improve human resource capacity in the first level of care by increasing employment opportunities, particularly in underserved areas.



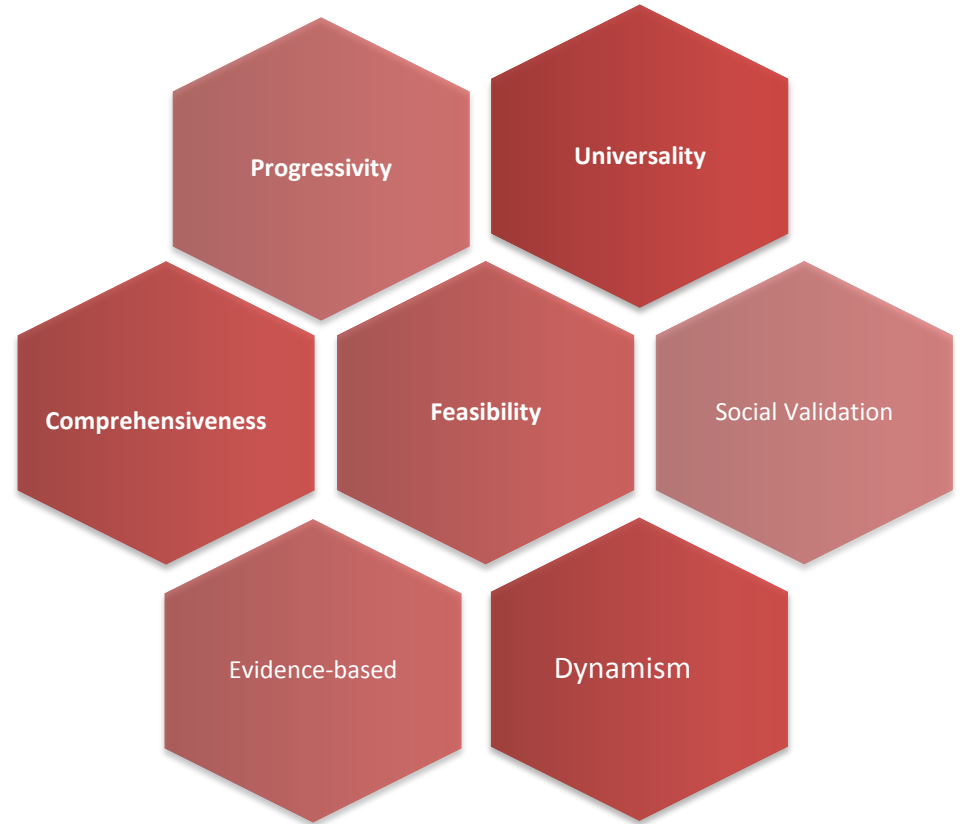
Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

Universal access to comprehensive, quality and progressively expanded health services

- Defining the services that the HS commits to offer and progressively expand, including NCDs interventions.
- Prioritization, even if implicit, always exists.
- It must be strategically defined in order to optimize health outcomes.



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

SL2: Strengthening stewardship and governance

- Formal mechanisms for social participation and accountability.
- Strengthening public health functions.
- Legislative and regulatory frameworks.
- Establish national targets and goals, and define their plans of action, set priorities



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

SL 3: Increasing and improving financing, with equity and efficiency, advancing toward the elimination of direct payments

- Increase efficiency
- Increase public financing of health (6% of GDP a useful benchmark), and allocate resources on a priority basis to the primary level of care.
- Advance toward eliminating direct payment that constitutes a barrier to access, replacing it by pooling-mechanisms based on solidarity.

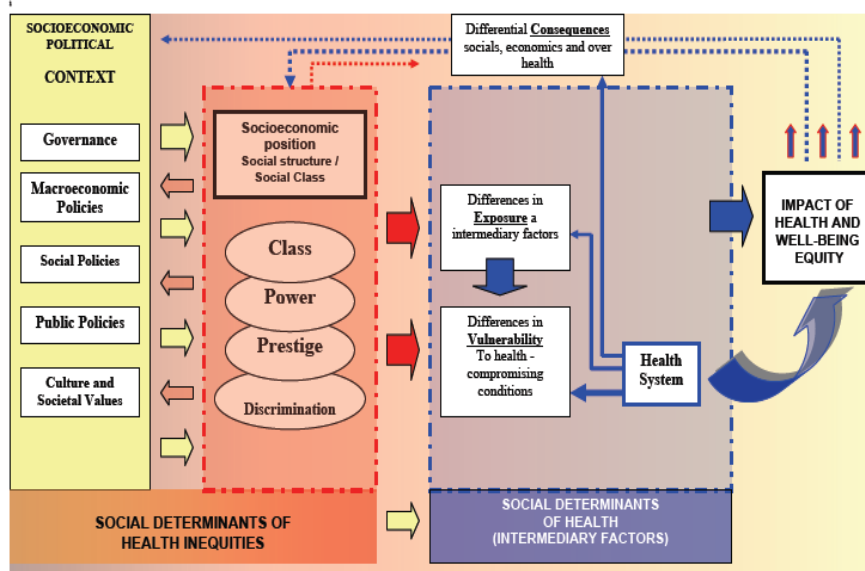


Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

SL4: Strengthening intersectoral coordination to address social determinants of health



¹ Figure summary pathway and mechanism of social determinants of health inequities elaborated EQH/EIP 2006 (OPSH)

Examples of multisectoral policies

- Social protection
- Vector control
- Food industry regulation
- Control of contamination
- Improvement of work environment
- Promotion of physical activity
- Regulation of the pharmaceutical industry
- Regulation of alcohol consumption whilst driving.

- Exercise leadership to impact policies, plans, regulations and actions beyond the health sector that address the social determinants of health
- Implement plans, programs and projects to facilitate the empowerment of people and communities in order for them to know their rights and responsibilities, and for them to take an active role in health issues.

Universal health: access and coverage for all

A moral imperative

An investment for healthy living, well-being and development

A journey



Values:

- ✓ Right to Health
- ✓ Equity
- ✓ Solidarity

To respond to the Tsunami.. Build Resilient Health Systems

‘Today we all face the urgent need for robust and resilient health systems, capable of responding effectively to health emergencies, while ensuring universal and equitable access to quality health services in a sustainable way. This is the fundamental objective behind the construction of resilient health systems, as highlighted by the Strategy for Universal Access to Health and Universal Health Coverage, approved by the Region in 2014.

Statement delivered by Minister A. Gaviria, Minister of Health Colombia, on behalf of WHO Member States from the Americas, at the 68th WHA, Friday May 22, 2015

Thank you

“We are obliged to act,
given the moral
imperative to improve
equity and promote health
and development....”

*Dr. Carissa Etienne
Director of PAHO/WHO*



Lancet, October 2014