



# Universal Health Coverage in Europe: Monitoring Progress and the Direction of Travel

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# Analysing Health

Systems and Policies

**SINCE 1998**





# Outline

- What is universal health coverage?
- How can we monitor progress towards UHC?
  - How does Slovenia look?
- What are some countries in Europe doing to move towards/away from UHC?



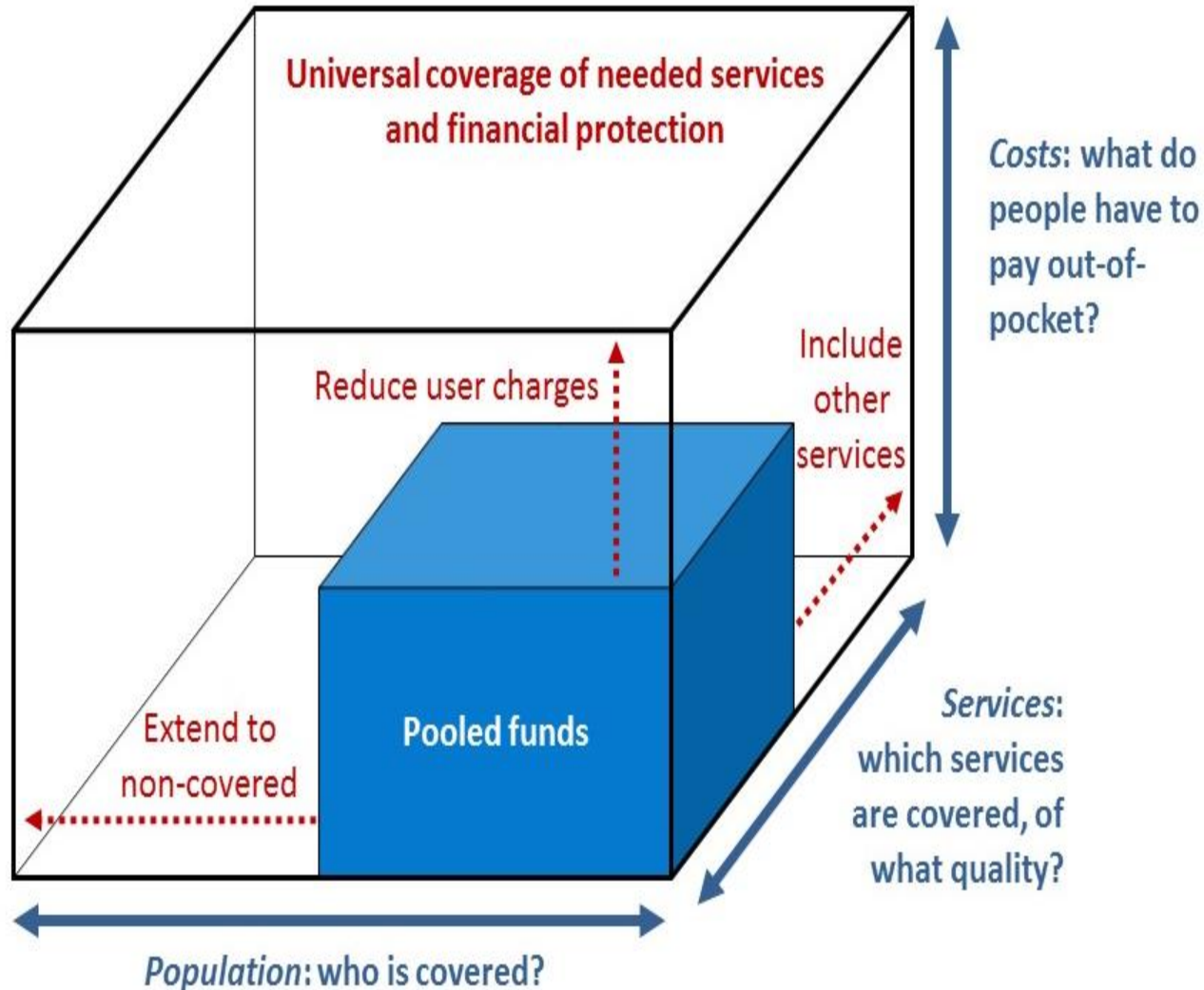
# What is Universal Health Coverage?

*“The goals of universal health coverage are to ensure that all people can access quality health services, to safeguard all people from public health risk, and to protect all people from impoverishment due to illness, whether from out-of-pocket payments for healthcare or loss of income when a household member falls sick...”*

Source: WHO/World Bank, 2013



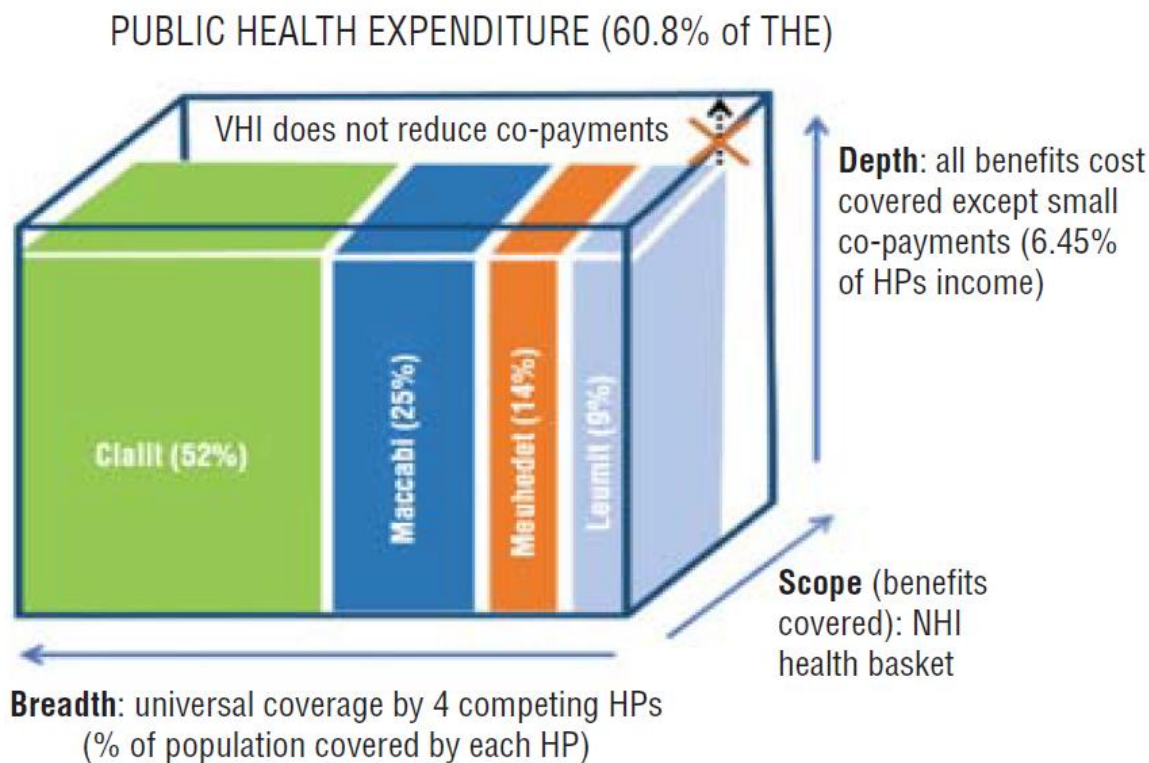
# A Cubist framework of UHC





# Using the cube for monitoring progress towards UHC?

## The Israeli health insurance market



Source: Brammli-Greenberg et al., 2014.

# HEALTH IN THE SDG ERA



**Goal 3.8 on UHC:** all people should have access to needed health services, of sufficient quality to be effective, without experiencing financial hardship



# Questions to ask to monitor progress?

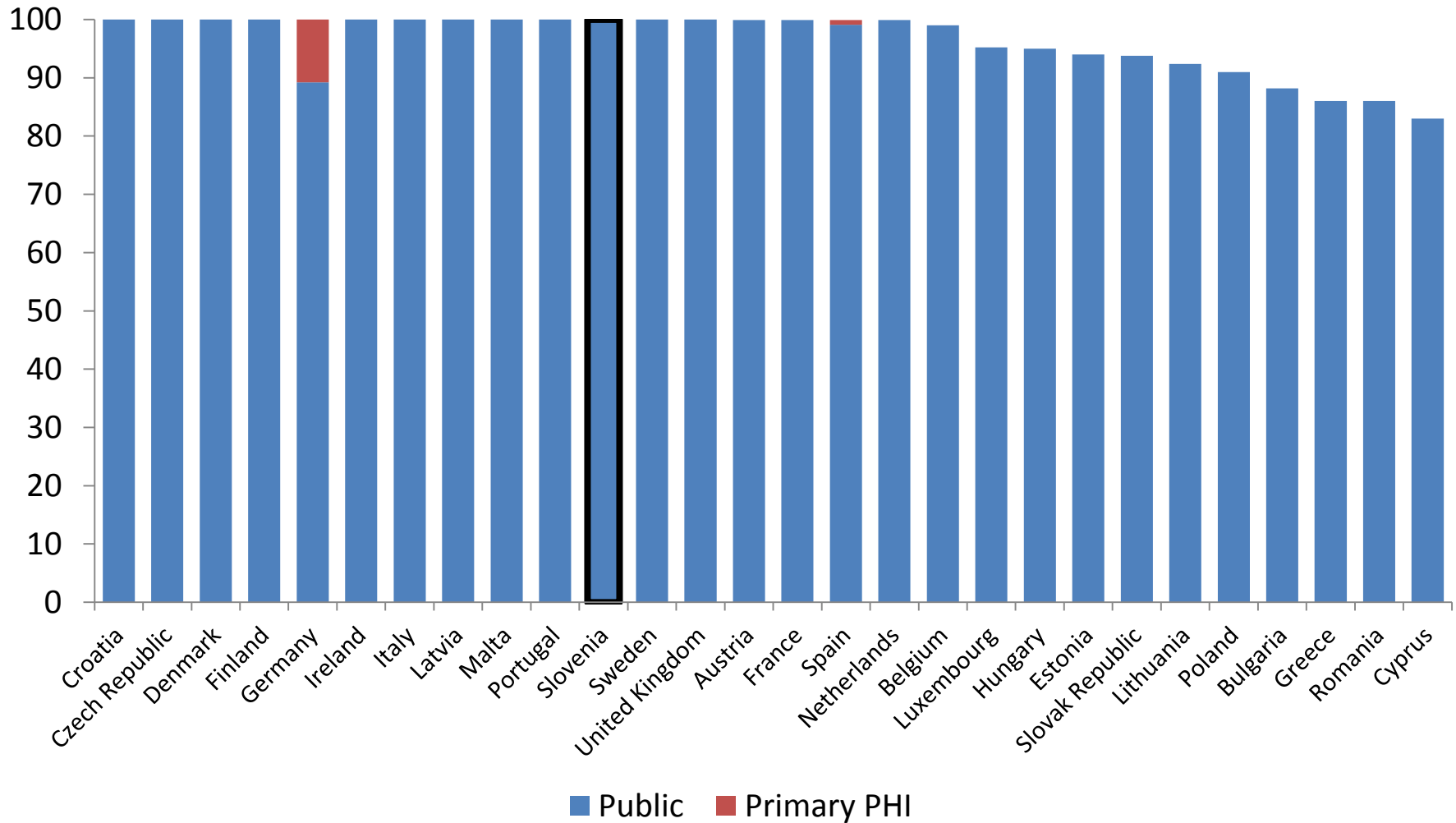
## Where might there be gaps?

- Is everyone covered?
- Are essential services included in benefits package?
  - Are services of sufficient quality/accessibility?
- Is care affordable?





# Percentage of population covered





Most countries in Europe cover the whole **population**

but this alone does not mean they have achieved UHC!

**YES, BOTH HAVE UMBRELLAS.**



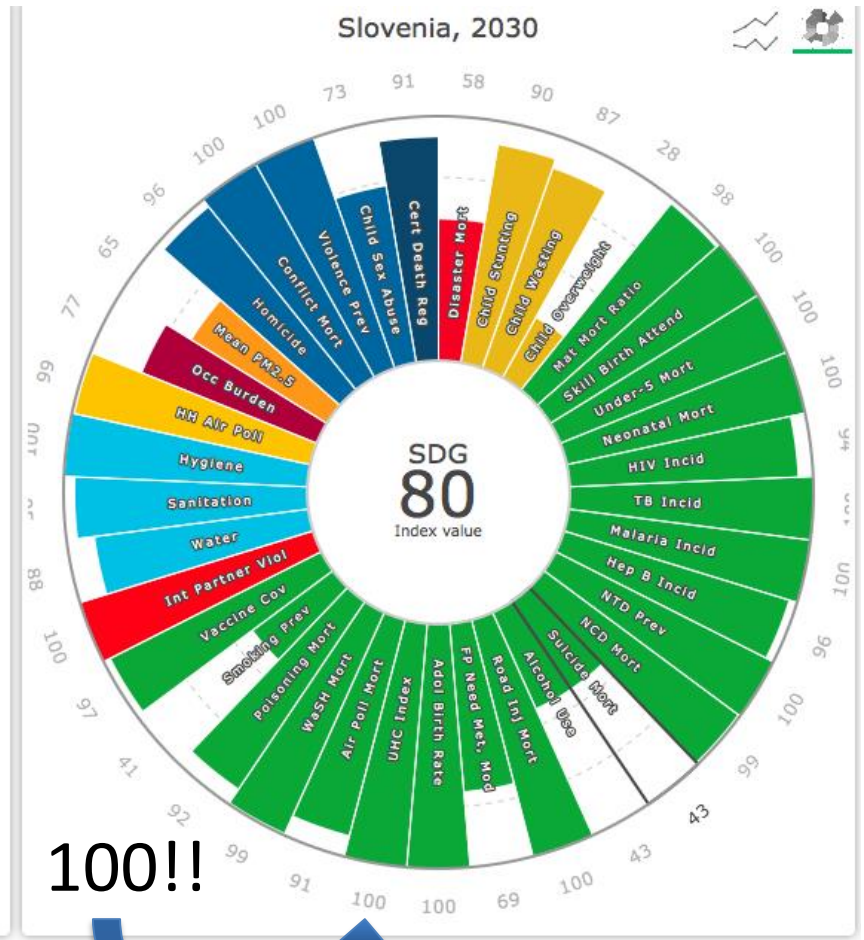
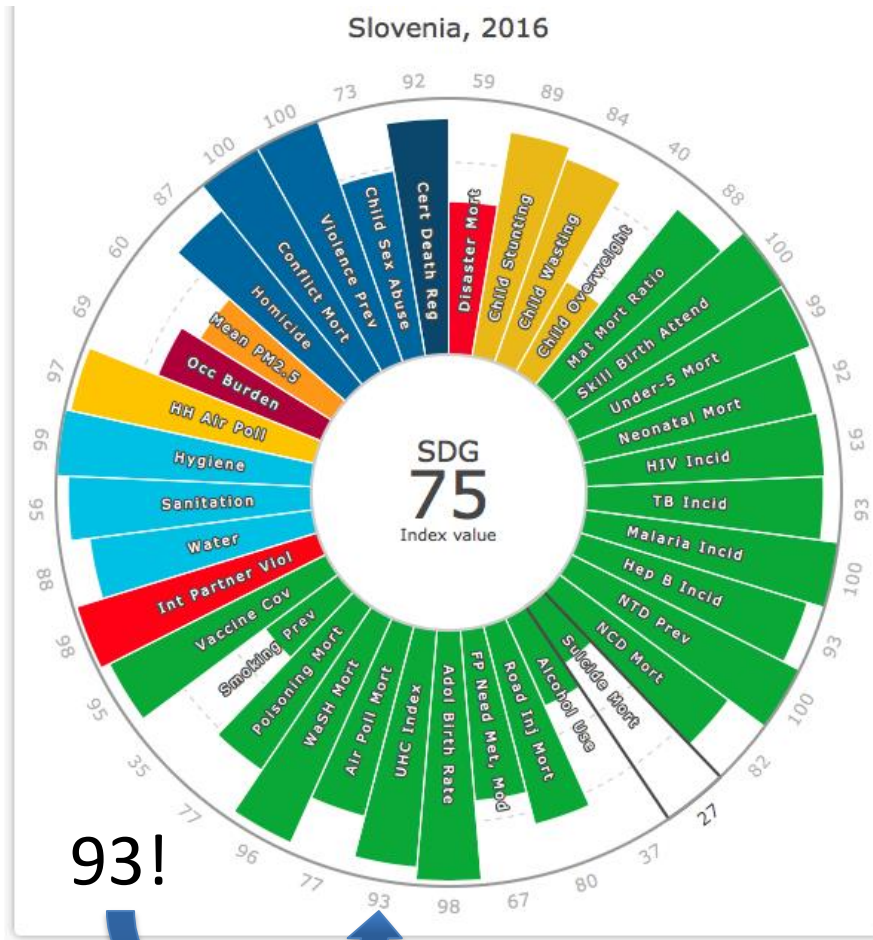
**BUT ONLY ONE IS PROTECTED.**

**MEASURE WHAT MATTERS.**

**IT'S NOT UNIVERSAL HEALTH COVERAGE  
UNLESS IT PROTECTS AGAINST FINANCIAL HARDSHIP.**



# Health-related SDGs: Service coverage index





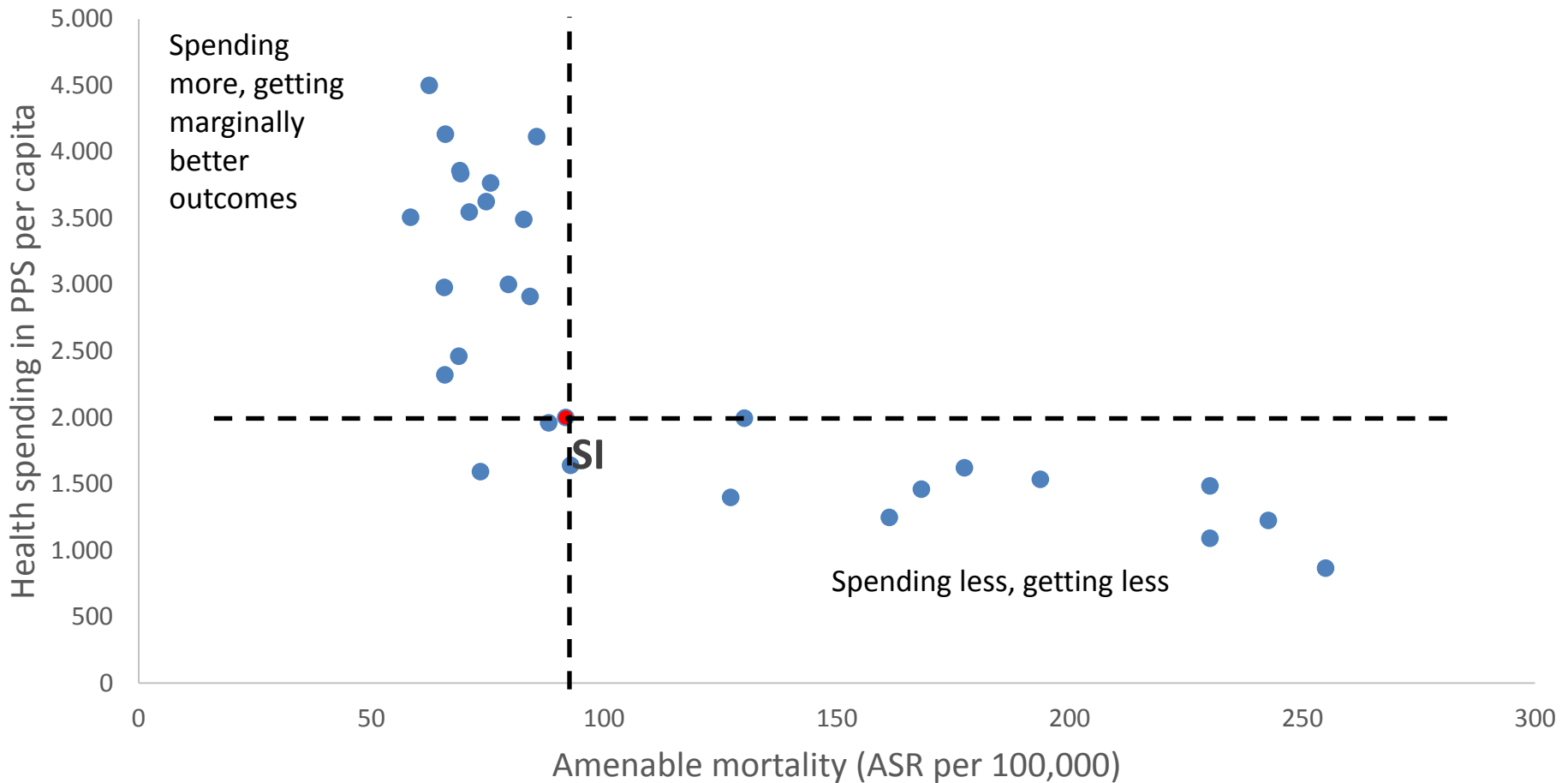
# Service coverage index: strengths and weaknesses

- Tracer conditions for four main areas:
  - Maternal & child health
  - Infectious diseases
  - Non-communicable diseases
  - Service capacity and access
- Focuses on basic indicators that can be *measured* globally
  - Result is that some variability goes unobserved (e.g. Costa Rica or Lithuania=Syria)



# Low amenable mortality given the level of health spending in Slovenia

Health expenditure vs  
Amenable mortality (2015), EU + EEA



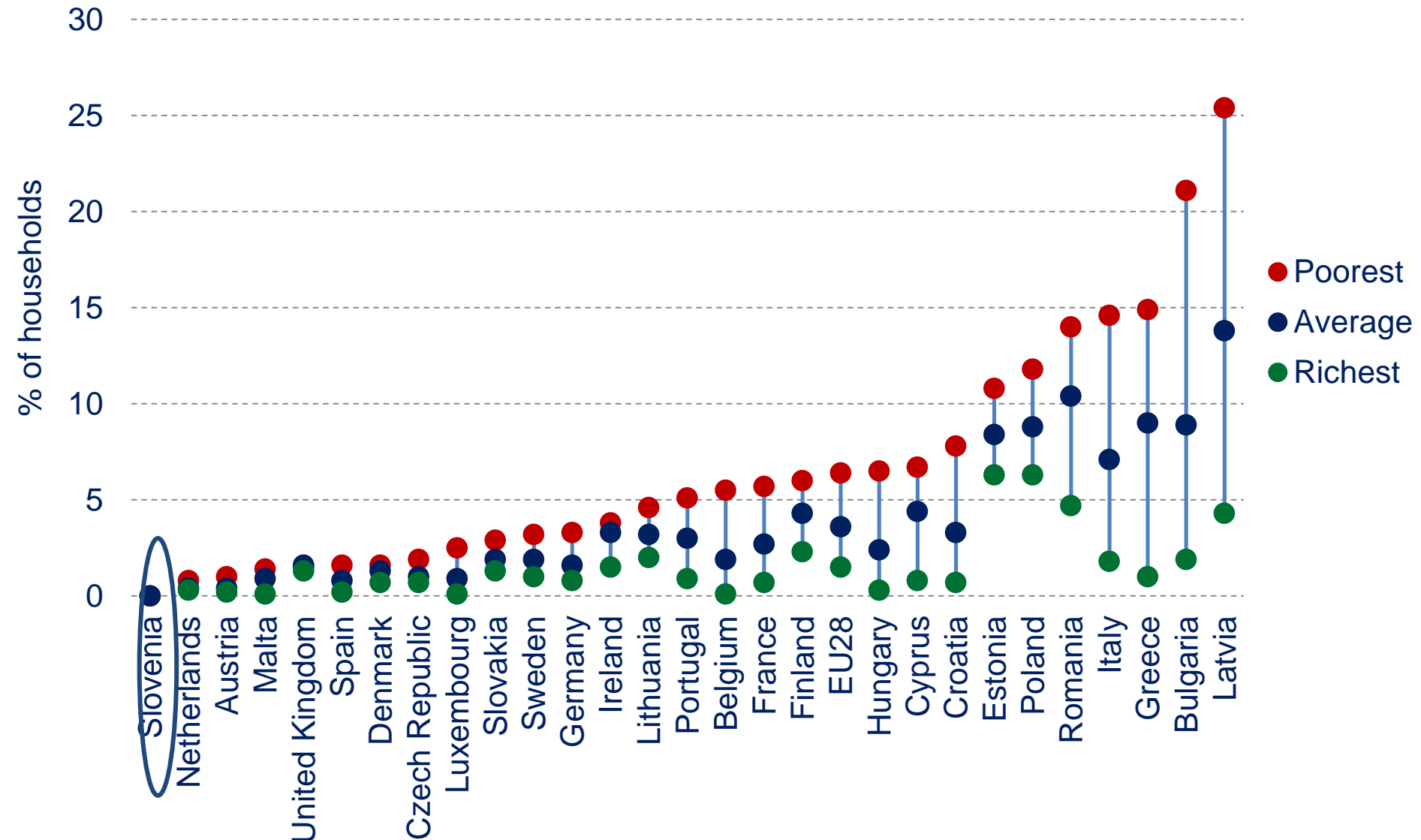


Unmet need occurs when people need health services but are **unable to use them** due to access barriers



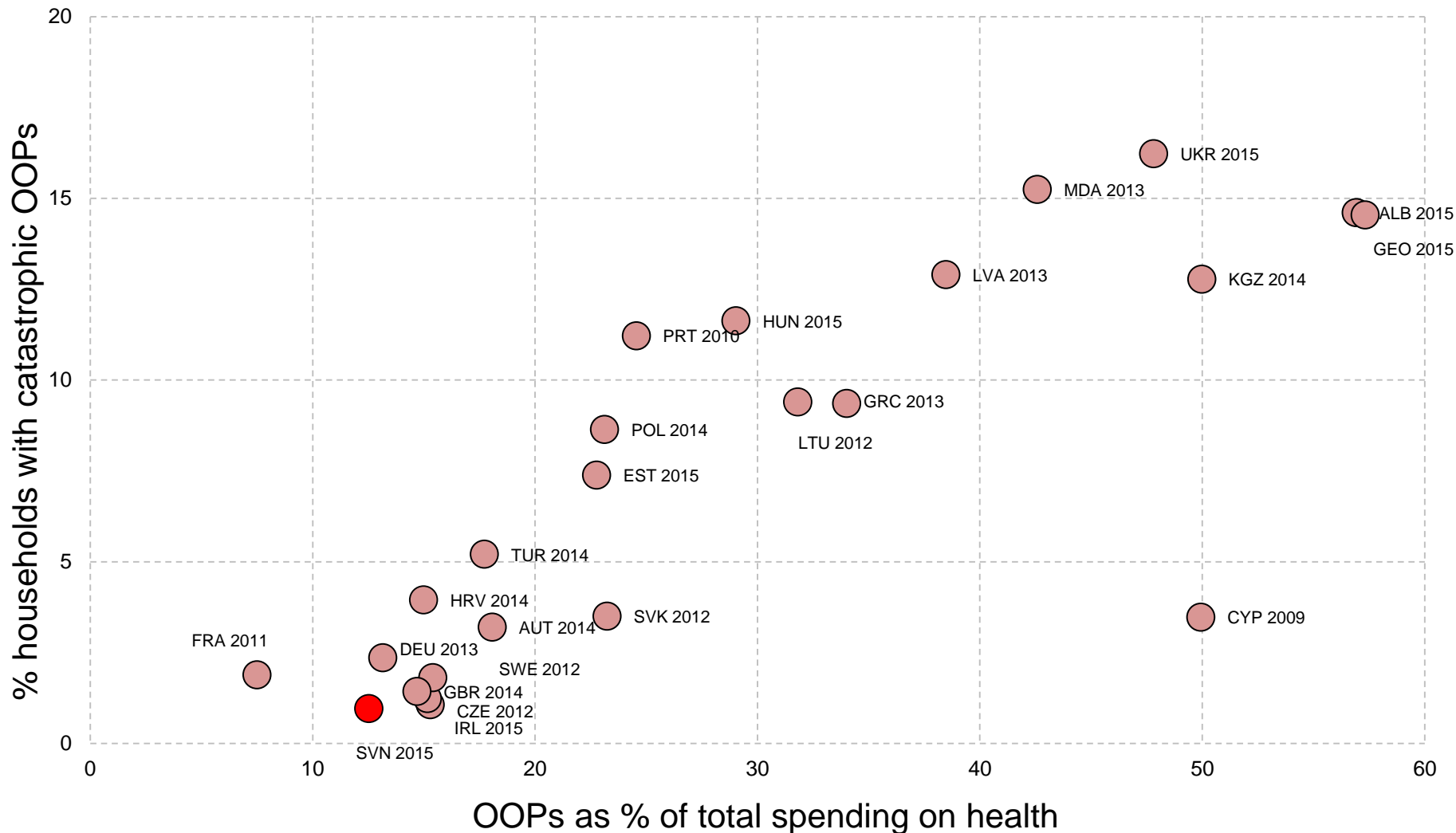


# Unmet needs – even in high-income countries – but very low in Slovenia





# Financial protection is among best in Europe

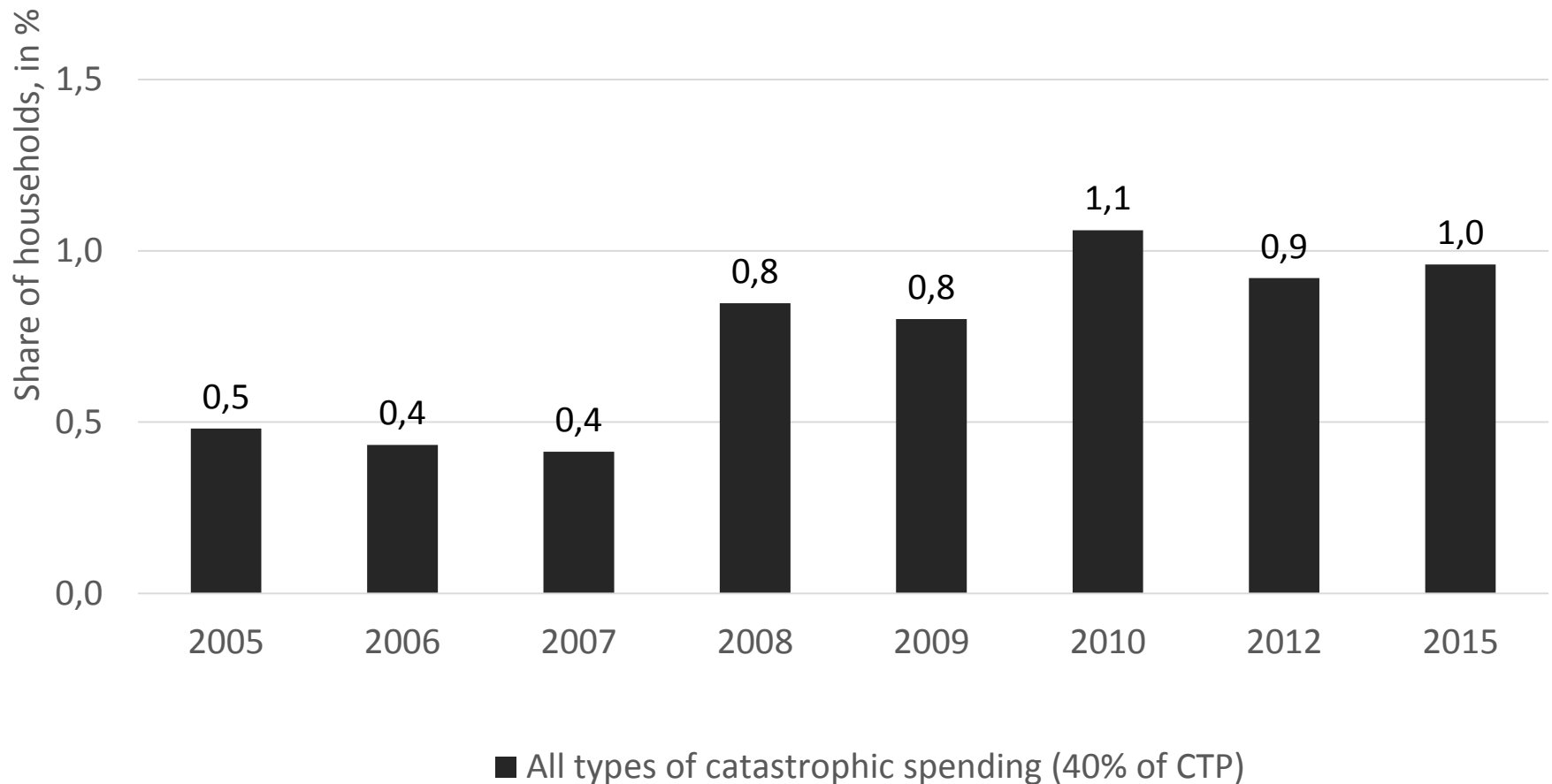


Source: WHO Barcelona (forthcoming)





# Only small increases in catastrophic spending incidence despite financial crisis



Zver, Josar, Srakar (forthcoming)



# Summary of UHC progress in Slovenia

- Is everyone covered?
  - Everyone is covered by ZZZS
- Are essential services in benefits package and of sufficient quality/accessibility?
  - Outcomes are good given spending levels and service coverage index is high
  - Unmet needs are lowest in Europe
- Is care affordable?
  - Financial protection is among the best in Europe



# How can countries plug the gaps?

- Expanding population coverage
  - Residency or citizenship vs. contribution-based
- Voluntary health insurance
  - Cover services not provided in public benefits package
  - Cover co-payments
- Sensible co-payment policy
  - Exemptions, caps, flat co-payments



# What is happening in the rest of Europe?

- Population coverage
  - Cyprus
    - Previously:
      - Public and private systems operate in parallel (~80% covered by public system)
    - Direction of travel:
      - Legislation passed to provide universal population coverage and “unite” the public and private systems
  - Latvia
    - Previously:
      - Residence-based NHS since 2011
    - Direction of travel:
      - Compulsory national insurance system since 2018 with some non-contributors losing access to all but minimum benefits



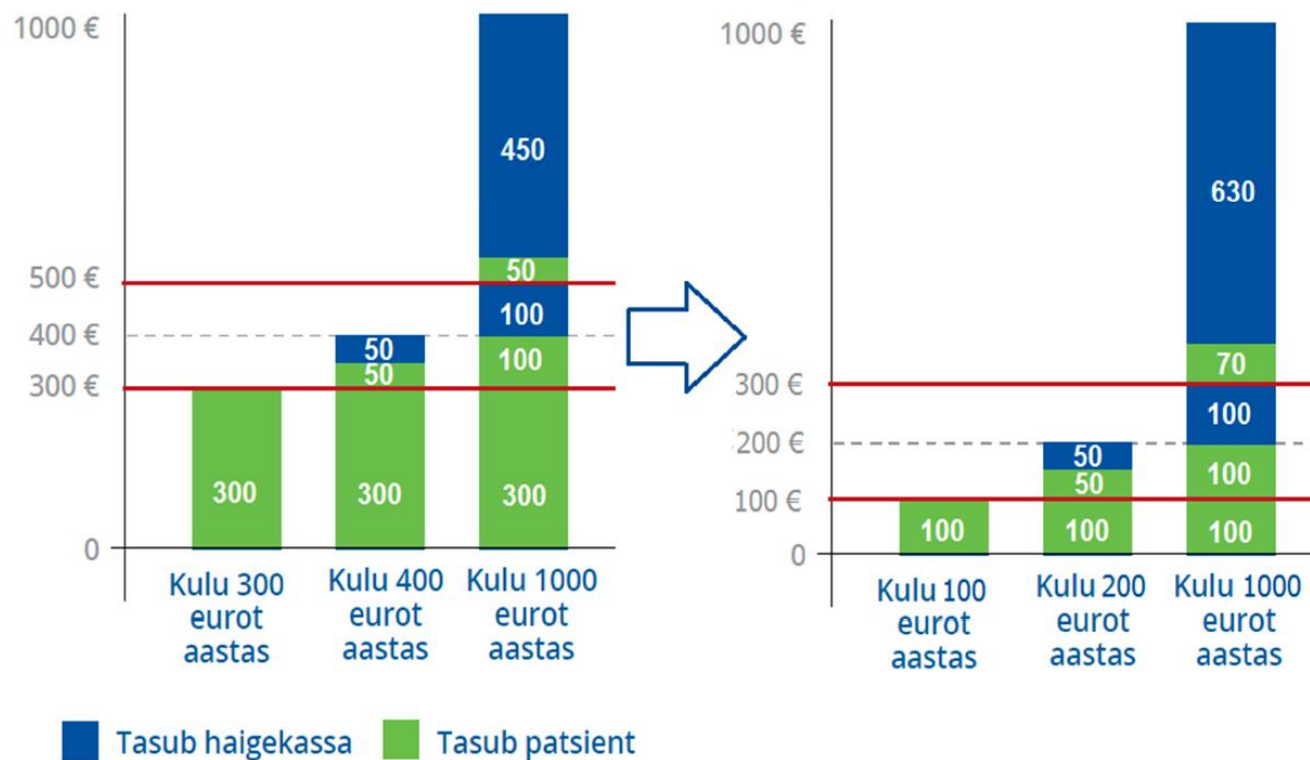
# What else is happening in the rest of Europe?

- Ireland:
  - Previously:
    - Two-tiered system with preferential access for those with VHI coverage
  - Direction of Travel:
    - *Slaintecare* to provide single basket for all residents
    - Expansion of entitlements and physical and human capacity
    - Reduction and removal of medicines co-payments
    - **No more private care in hospitals**



# What else is happening in the rest of Europe?

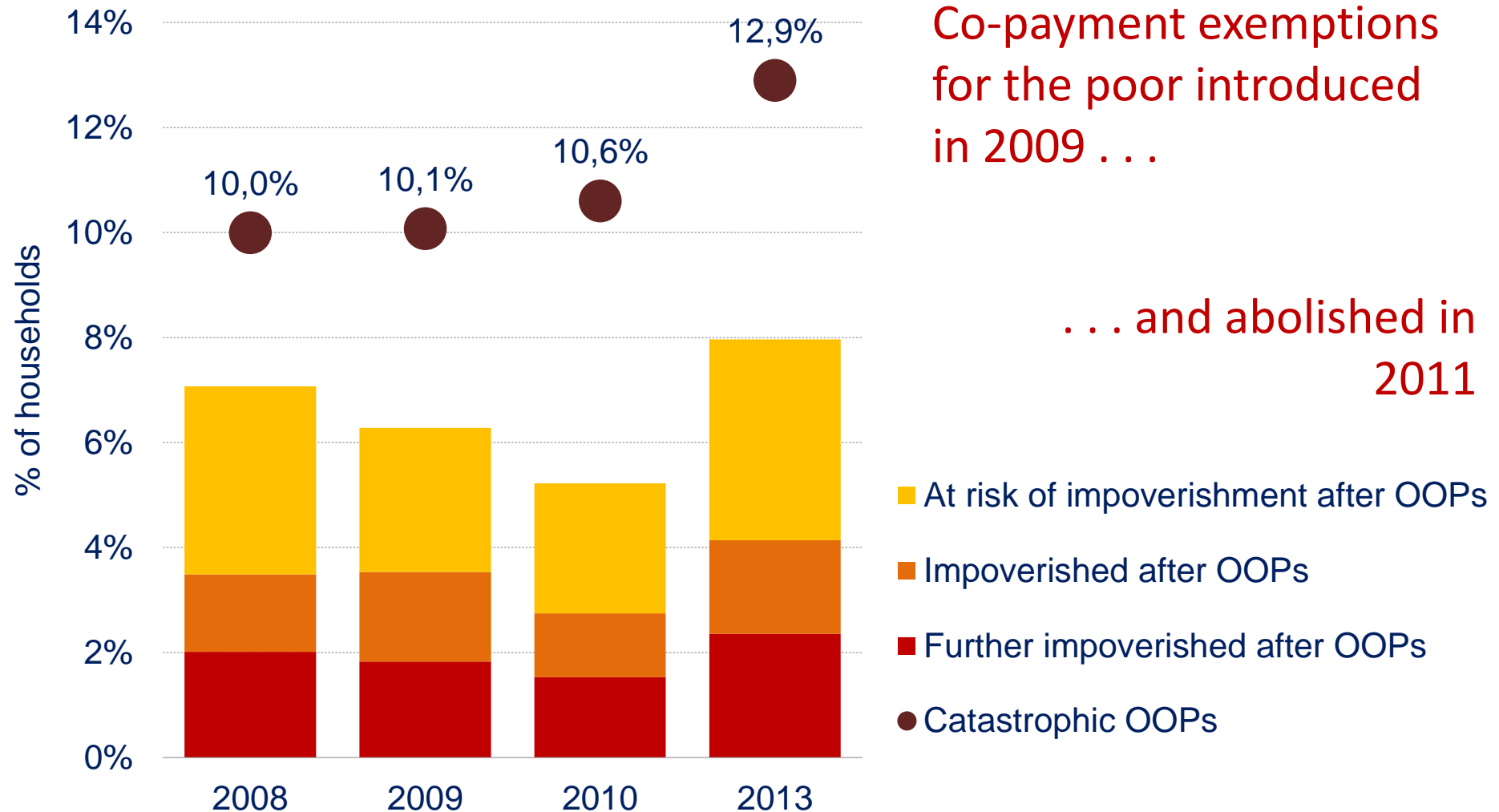
- Estonia: plans to improve financial protection for medicines





# Latvia example of how policies have an impact (towards and away from UHC)

## CATA + IMPOV





# Conclusions: Many paths to UHC

- Many incremental steps towards (or away) from UHC
- Slovenia performs very well but there remains room for improvement







Thank you!

Hvala!