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From the Results for Development (R4D) Institute: An Interview with Dr David Evans of the World Health Organization

Dr David Evans is Director of the Department of Health Systems Financing at the World Health Organization (WHO). His work covers a variety of areas including the assessment of health system performance and the generation; analysis and application of evidence for health policy; and the development of effective, efficient and equitable health financing systems.

In an exclusive interview with R4D, Dr Evans discusses the benefits of universal health coverage (UHC) as an organizing principle for the post-2015 health goals; country obstacles to achieving UHC; and the role of WHO, the private sector and global community in supporting country efforts.

Unlocking Solutions: What are your thoughts about Universal Health Coverage (UHC) as a post-2015 goal?

David Evans: I would have liked to see UHC as an organizing principle for the post-2015 health goal, under which the disease-specific sub-goals would fit nicely. That would have been desirable because UHC is something that ordinary people care about. They want the assurance that the health services they might need to enable them to promote or maintain health are available, good quality and affordable. This is the essence of UHC. They want the peace of mind that brings, although they also value the health improvement and the financial protection that UHC brings.

The other advantage of having UHC as an organizing principle for a health goal is that we would have had a chance of moving away from the "verticalization" of the last 15 years. The current draft of the sustainable development goals is not ideal from that perspective, being another series of vertical sub-goals, which could exacerbate the fragmentation of health systems we have seen in the past. We have moved well away from developing people-centered, integrated health services that protect people over their life spans, and it is unfortunately likely that this will continue. On the other hand, UHC does stand among the health goals, which is a great achievement given the hostility that it faced two years ago.

US: What are some of the biggest obstacles that countries will face as they move toward UHC?

DE: There are financial constraints. A country like Guinea, which spends less than $30 per capita on health each year even with funding from external partners, cannot move very close to UHC. More money for health is absolutely essential in many countries.

Another constraint is the verticalization and fragmentation of health systems that is happening, often at the instigation of external partners. Countries cannot develop people-centered, integrated services, with financial protection, if donors insist on building laboratories for only one disease, or stand-alone clinics for one condition. Often, these donors will also ensure that their health workers are paid higher salaries, so they siphon scarce staff from primary-level care.

In some countries, a third constraint is political will, although we are seeing less of this. It is clear that people everywhere want UHC, and it has become an election issue in many countries. Politicians tend to follow these trends.

US: What role will the private sector play in helping countries achieve UHC?

DE: It will not be able to protect the poor and the vulnerable from the financial risks of paying for needed health services, or to ensure they obtain the services they need, without government paying their costs. Public funding is essential, and this has to come from forms of compulsory prepayment and pooling, such as taxation, government charges, and insurance. So the financing for the poor and vulnerable has to be public. That being said, the question of who should deliver the services (prevention, promotion, treatment, rehabilitation, palliation) delivered from pooled funds must be answered pragmatically.

I do not think there is any evidence that public or private sectors deliver services more efficiently than the other – the evidence is at best mixed. My view would be that countries need to find the

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best mix that allows coverage with needed services to be scaled up as rapidly as possible, with good quality. Government needs to set rules and monitor progress, and it needs to pay to cover the costs of the poor and vulnerable, but in most countries a mix of public and private sector delivery is used.

US: What type of support will the global community need to provide?

DE: Having UHC in the post-2015 development goals and targets will be important. Countries will have an added incentive to make progress to fulfill this important wish of their own populations. Some countries will need more money. While it is true that many countries can raise more funds domestically, and that health systems everywhere could be more efficient, we cannot run away from the absolute shortages in funds in many countries. Sharing experiences across countries is also important. Countries really want to know what worked in other settings, and what did not work. I think the principles of what needs to be done are pretty well accepted, and now countries are wanting support on more detailed questions of implementation – e.g. what sort of laws are needed for UHC or for health insurance, how to develop systems of prospective payment for providers, what types of boards are needed for health insurance funds etc.

US: What is WHO doing to help countries tackle these challenges?

DE: We are a technical support agency, not a funding agency. We work with countries to develop national health plans and strategies to help them expand capacity to deliver health services of all types, and the health financing plans that can ensure access and financial protection. We support them with technical and policy advice on implementation of these plans. We help countries monitor and evaluate progress and modify plans where necessary. We help to share experiences across countries and adapt best practices. At the global level, we have been active in advocating for UHC in global fora and it has been a real pleasure for me personally to work closely with civil society organizations on this topic over the last few years, in addition to ministries of health and ministries of foreign affairs from countries across a wide range of income levels.

Nkem Wellington