



# Are countries using evidence to inform guaranteed services? If so, what sort of evidence, and how?

## Lessons from 25 Countries

*Meeting on Implementing Progressive UHC  
Bellagio, Italy  
7-9 July, 2015*

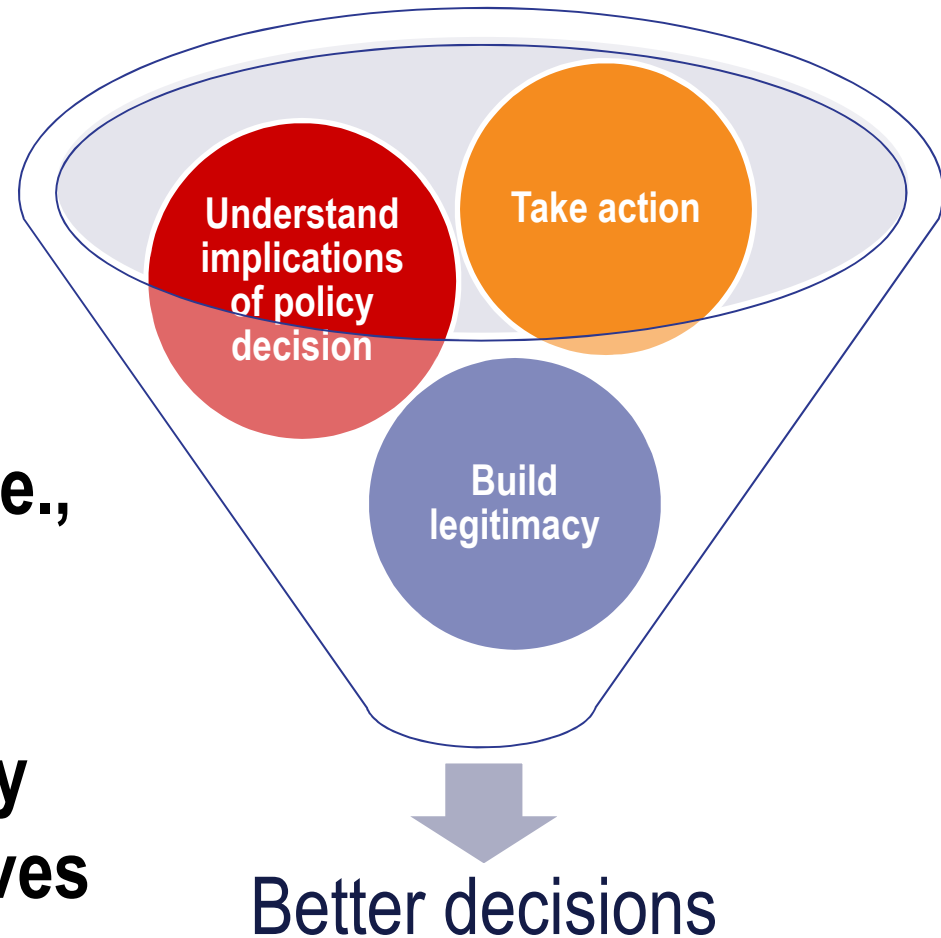


Abt Associates Inc.  
In collaboration with:

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH)  
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# Assumption

- ▶ **Guaranteed Services (i.e., Health Benefit Plans or HBPs) informed by evidence are more likely to achieve UHC objectives**





## Rationale for this Research

- ▶▶ HPBs are point of entry for countries to pursue UHC



- ▶▶ Goal: extract lessons about the use of evidence in design and maintenance of guaranteed services



# Using evidence to reach UHC objectives

UHC Goal	Types of evidence	Example
<b>Equity</b>	<ul style="list-style-type: none"><li>• Data on: disease burden, utilization, M&amp;E, cost-effectiveness</li></ul>	<ul style="list-style-type: none"><li>• <b>AUGE (Chile)</b></li><li>• Seguro Popular (Mexico)</li></ul>
<b>Efficiency</b>	<ul style="list-style-type: none"><li>• Cost-effectiveness data (&amp; related global guidance);</li><li>• Unit costs of services by facility;</li><li>• Disease burden</li></ul>	<ul style="list-style-type: none"><li>• PhilHealth (Philippines)</li><li>• <b>HBP for NCDs (Zhuhai Municipality, China)</b></li></ul>
<b>Financial protection</b>	<ul style="list-style-type: none"><li>• Household OOP spending</li><li>• Data on willingness to pay</li></ul>	<ul style="list-style-type: none"><li>• RSBY (India)</li><li>• Seguro Popular (Mexico)</li><li>• PIAS (Uruguay)</li></ul>



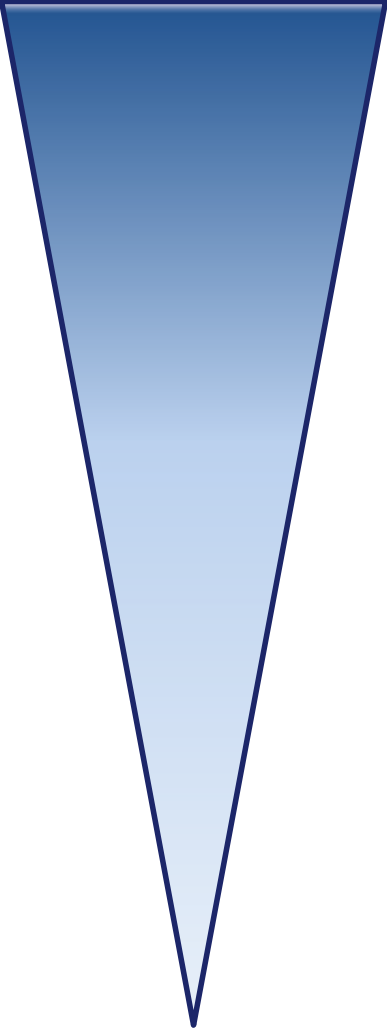
# Using evidence to promote sustainability

Area	Types of evidence	Example
Financial	<ul style="list-style-type: none"><li>• Budgets, projected over time</li><li>• Unit costs</li></ul>	<ul style="list-style-type: none"><li>• <b>UNMHCP (Uganda)</b></li></ul>
Program adaptation	<ul style="list-style-type: none"><li>• Results from piloting</li><li>• Data from monitoring and evaluation</li><li>• Health technology assessments</li></ul>	<ul style="list-style-type: none"><li>• Plan Nacer (Argentina)</li><li>• UCS (Thailand)</li></ul>
Political	<ul style="list-style-type: none"><li>• Population preference surveys</li><li>• Focus groups</li></ul>	<ul style="list-style-type: none"><li>• <b>NHI (S Korea)</b></li><li>• PhilHealth (Philippines)</li></ul>





# Role of Donors

Level of Support	Example Actions by External Partners
	Recommend design decisions
	Fund specific goods/services
	Play an integral role in design
	Help generate evidence
	Fund monitoring system
	Facilitate stakeholder engagement
	Support design of communication strategy
	Fund sector wide approach
	Generate global guidance
	Provide targeted expert opinion
	Generate global/regional estimates

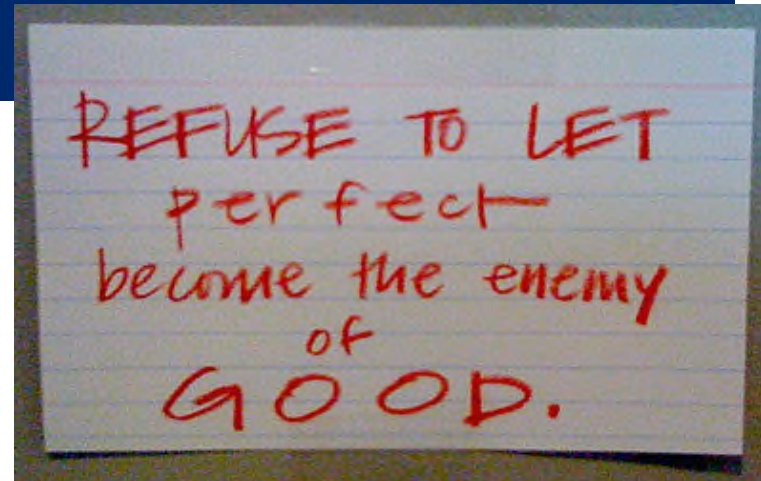


## Document for transparency

Type of Evidence	#HBPs using evidence in design process	#HBPs no documentation
Burden of Disease	15	10
Cost-effectiveness	11	14
Service Costing Data	8	17
Population preferences	5	20
Feasibility/capacity assessments	4	21

## Act, even if imperfectly

- ▶▶ Generate and use evidence within a larger context of stakeholder engagement
- ▶▶ Facing resource, capacity, and time constraints, LMICs may want to:
  - ❖ *Pilot Test*: Roll out guaranteed services with limited evidence
  - ❖ *Buy time* with an intermediate policy instrument







## Unanswered Questions

- ▶▶ What is the role of industry in policy and design of guaranteed services?
- ▶▶ What role do disease-specific initiatives (e.g. PEPFAR, Global Fund) have in design of guaranteed services? What happens when they end?
- ▶▶ How can external partners improve how *they* use evidence?



*Thank you!*

## USAID's HFG Project

[www.hfgproject.org](http://www.hfgproject.org)

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