

Barbara McPake

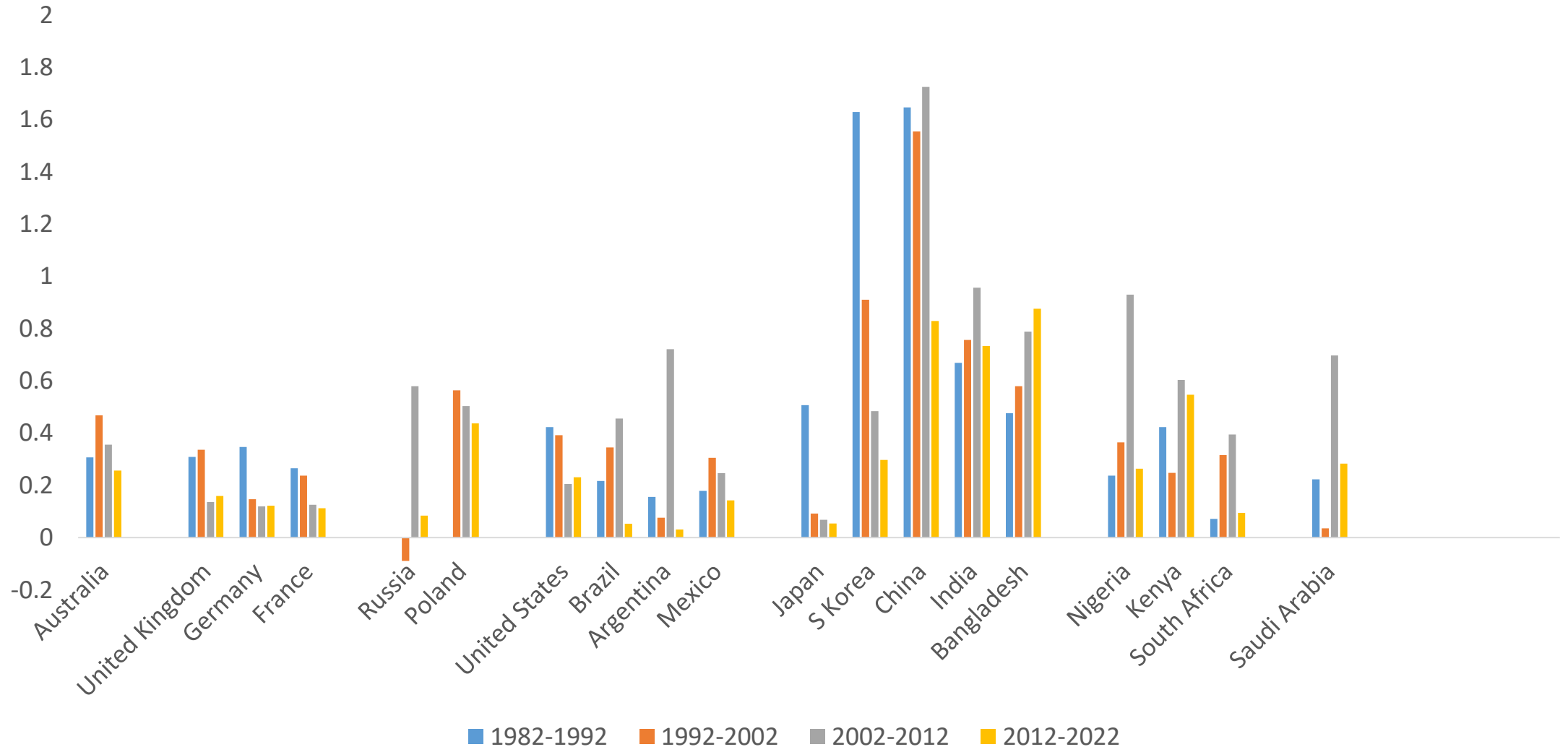
Nossal Institute for Global
Health

University of Melbourne

Universal health coverage in a transitioning world

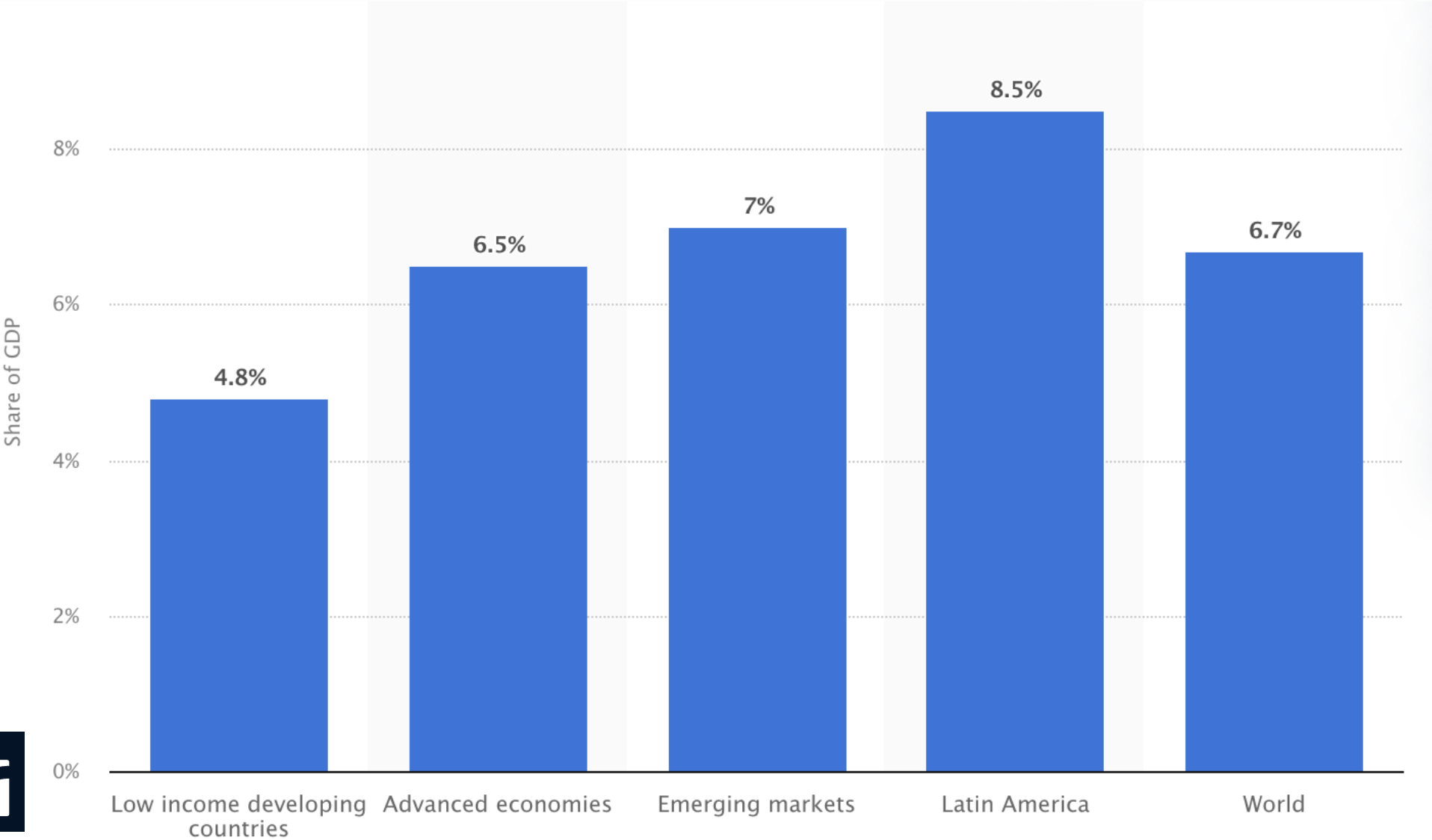


Decadal growth in GDP 1982-1992



Source: World Development Indicators (Updated 6/2023)

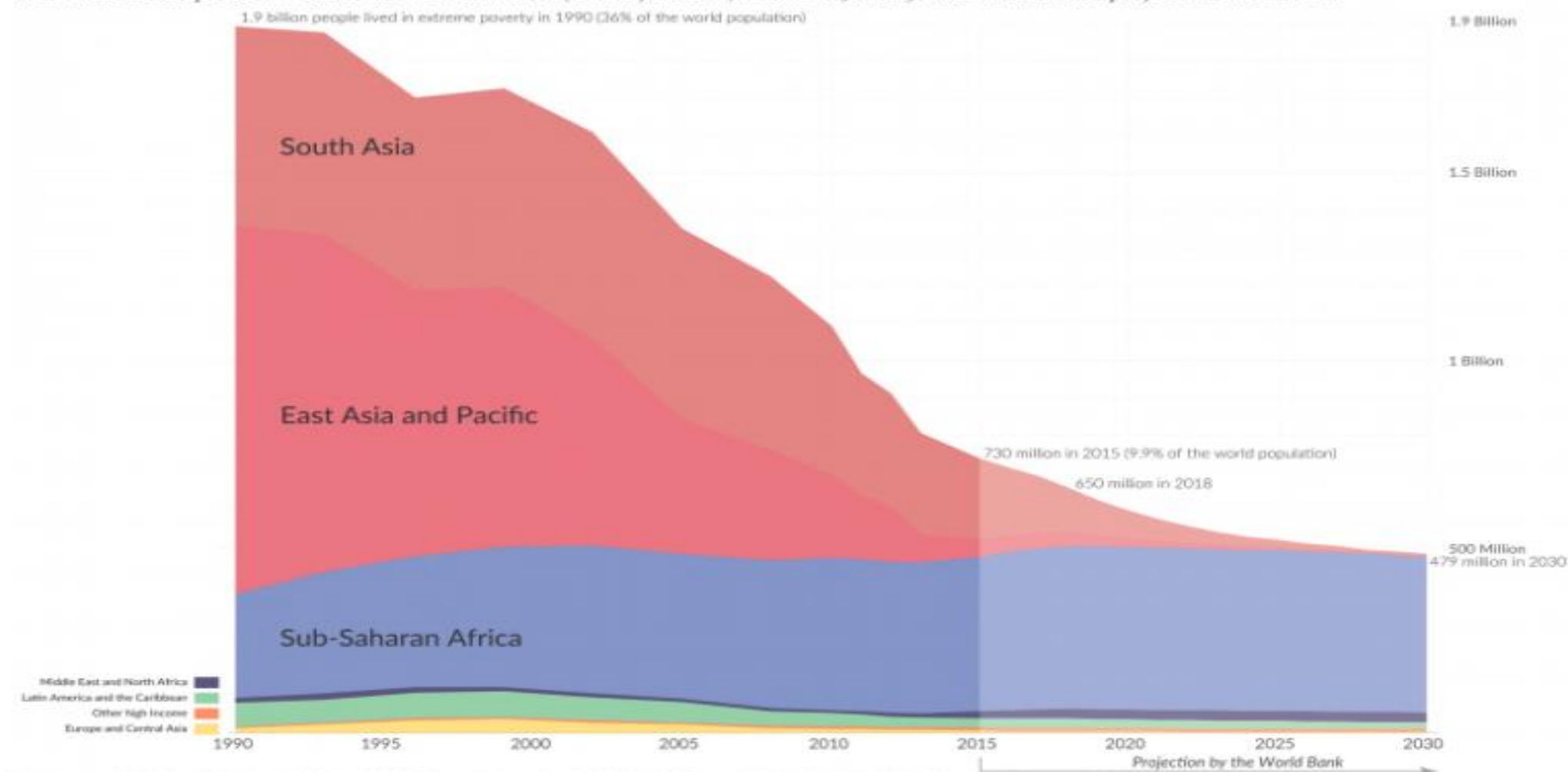
Share of Gross Domestic Product (GDP) lost as a result of the coronavirus pandemic (COVID-19) in 2020, by economy



The number of people in extreme poverty – including projections to 2030

Extreme poverty is defined by the 'international poverty line' as living on less than \$1.90/day. This is measured by adjusting for price changes over time and for price differences between countries (PPP adjustment). From 2015 to 2030 the World Bank's projections are shown.

Our World
in Data

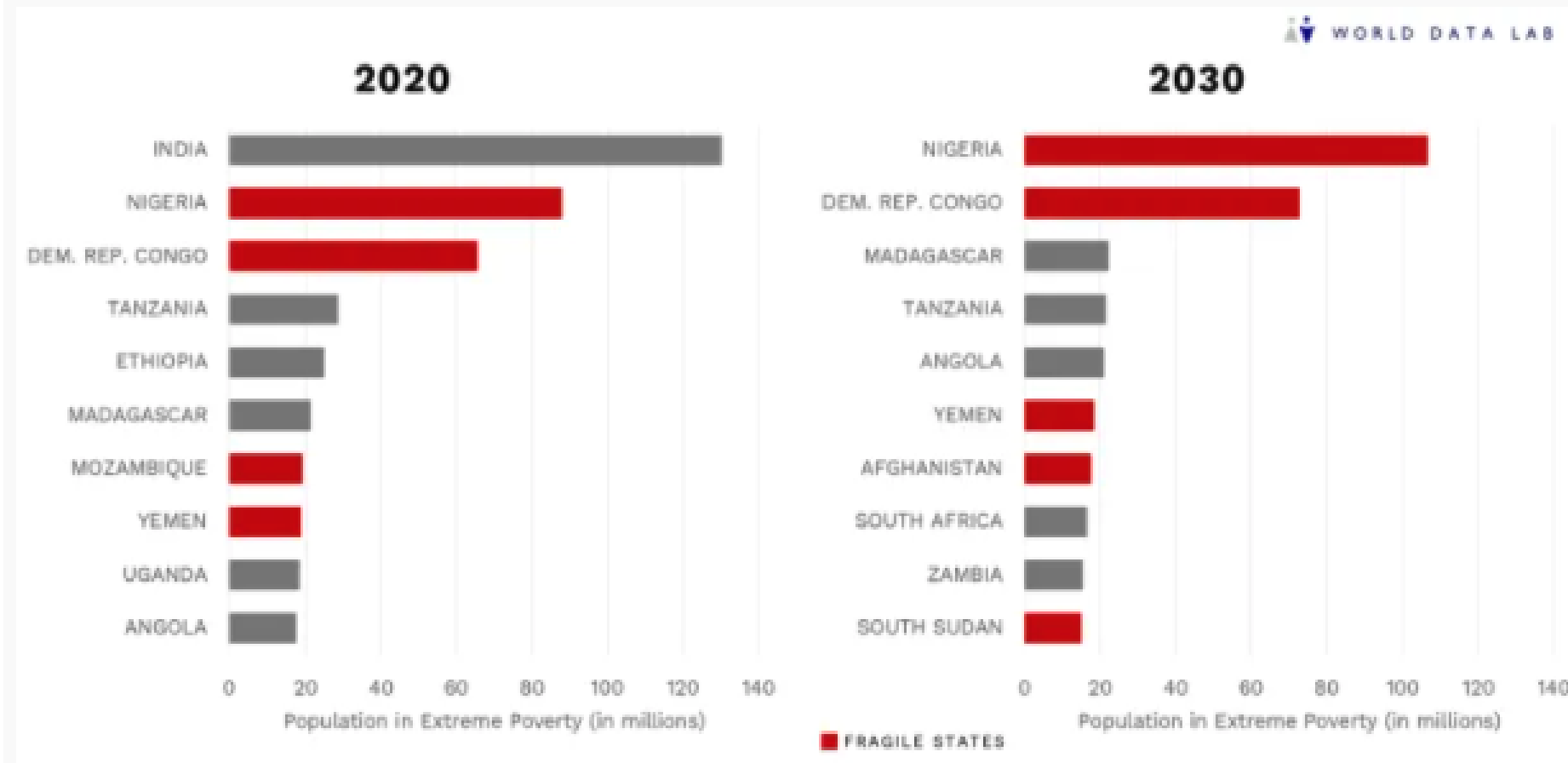


Data source: World Bank data from 1990 to 2015. The projections from 2015 to 2030 are published in the World Bank report *Poverty and Shared Prosperity 2018*.

This is a visualization from OurWorldinData.org, where you find data and research on how the world is changing.

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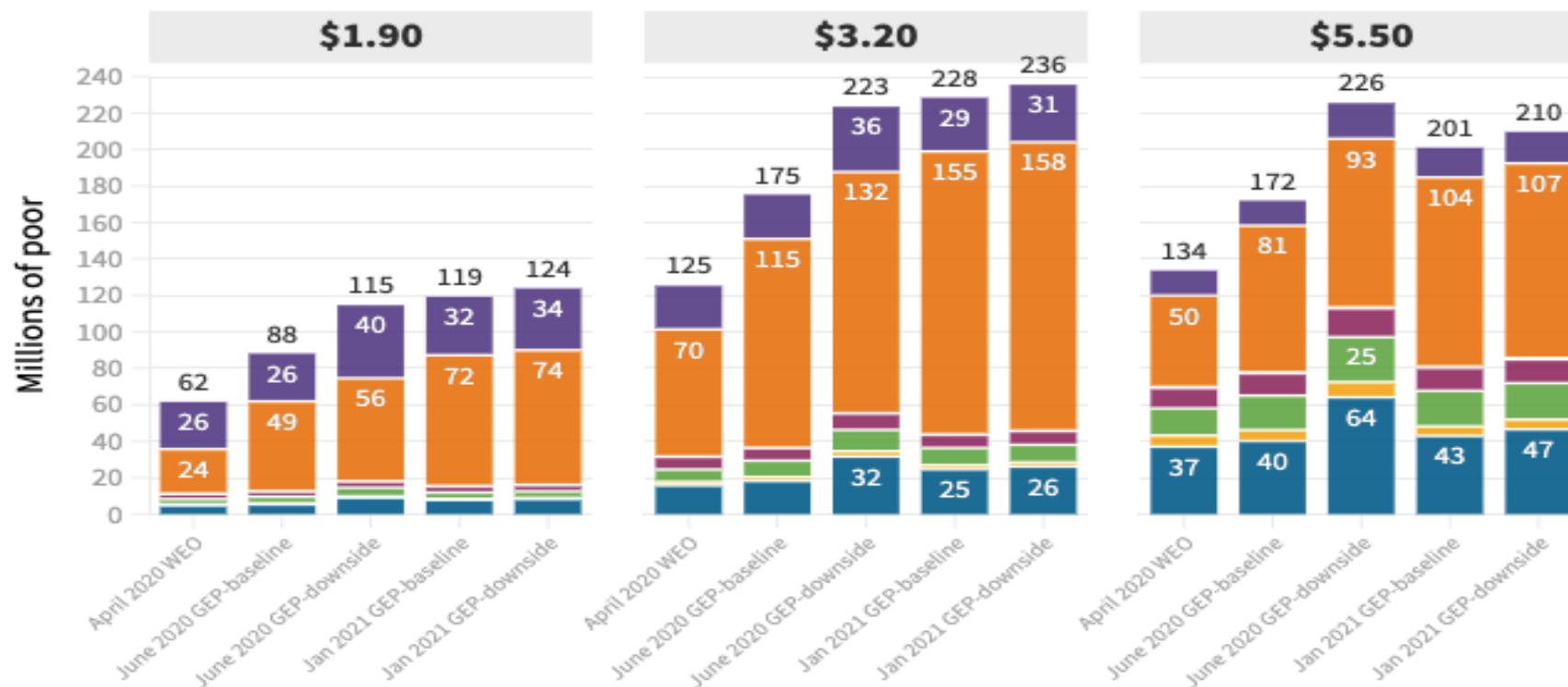
Figure 2. By 2030, fragile states will make up five of the 10 countries with the highest number of extreme poor



Poverty and fragility: Where will the poor live in 2030?

Figure 2: COVID-19-induced new poor in 2020, using various growth vintages

■ East Asia & Pacific
 ■ Europe & Central Asia
 ■ Latin America & Caribbean
 ■ Middle East & North Africa
■ Rest of the world
 ■ South Asia
 ■ Sub-Saharan Africa

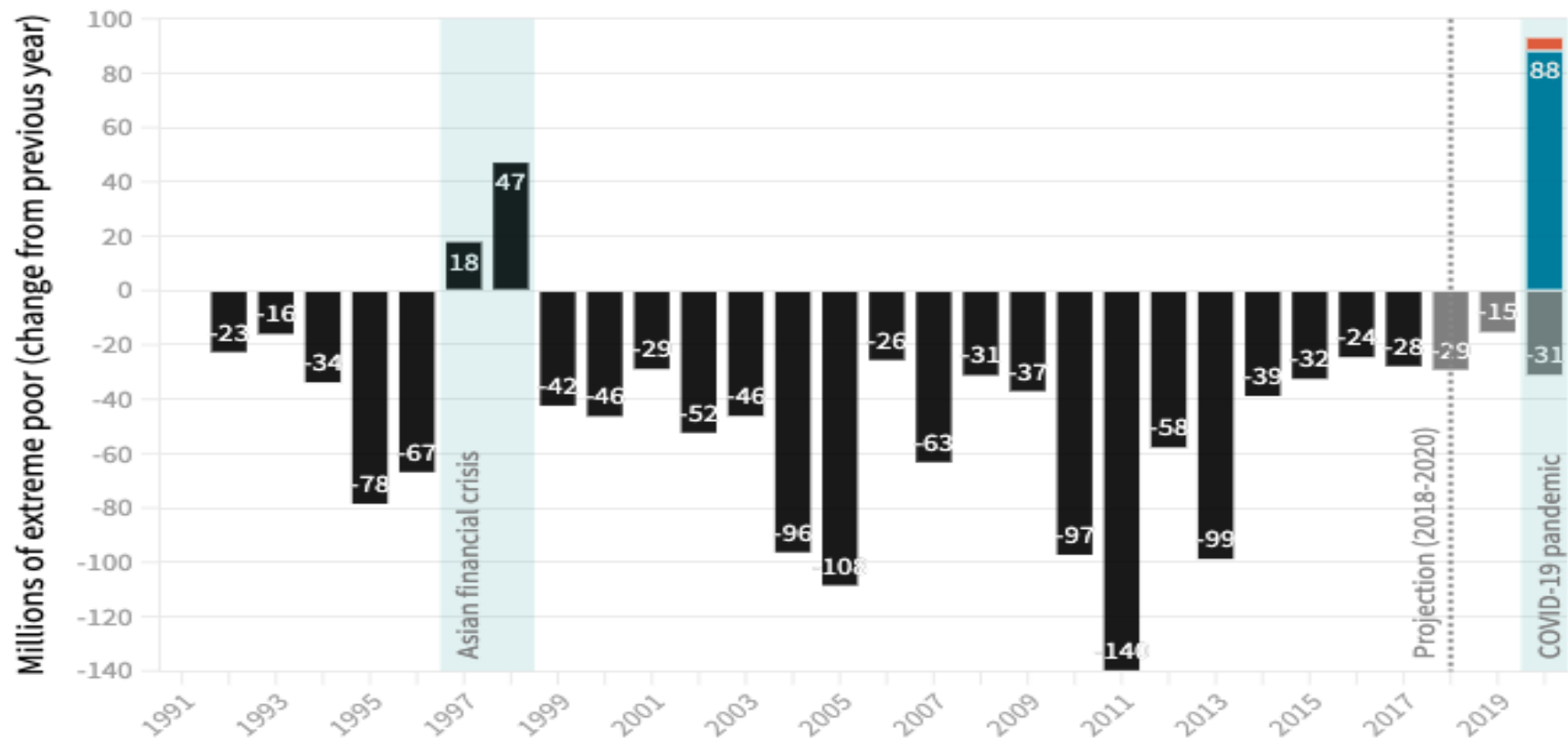


Source: [Lakner et al. \(2020\) \(updated\)](#), [PovcalNet](#), [Global Economic Prospects](#).

Note: This chart compares the change in the new poor using various growth vintages that have been available in 2020. They include growth forecasts from April 2020 World Economic Outlook (WEO), June 2020 Global Economic Prospects (GEP) (baseline and downside), and January 2021 GEP (baseline and downside). To isolate the impacts of changes in growth, all estimates are based on the September vintage of PovcalNet, so they may differ somewhat from the previously published numbers. Regional classification is based on the definition in PovcalNet. Comparison with estimates using the October 2020 forecasts is available here:

<https://public.flourish.studio/visualisation/4697157/>.

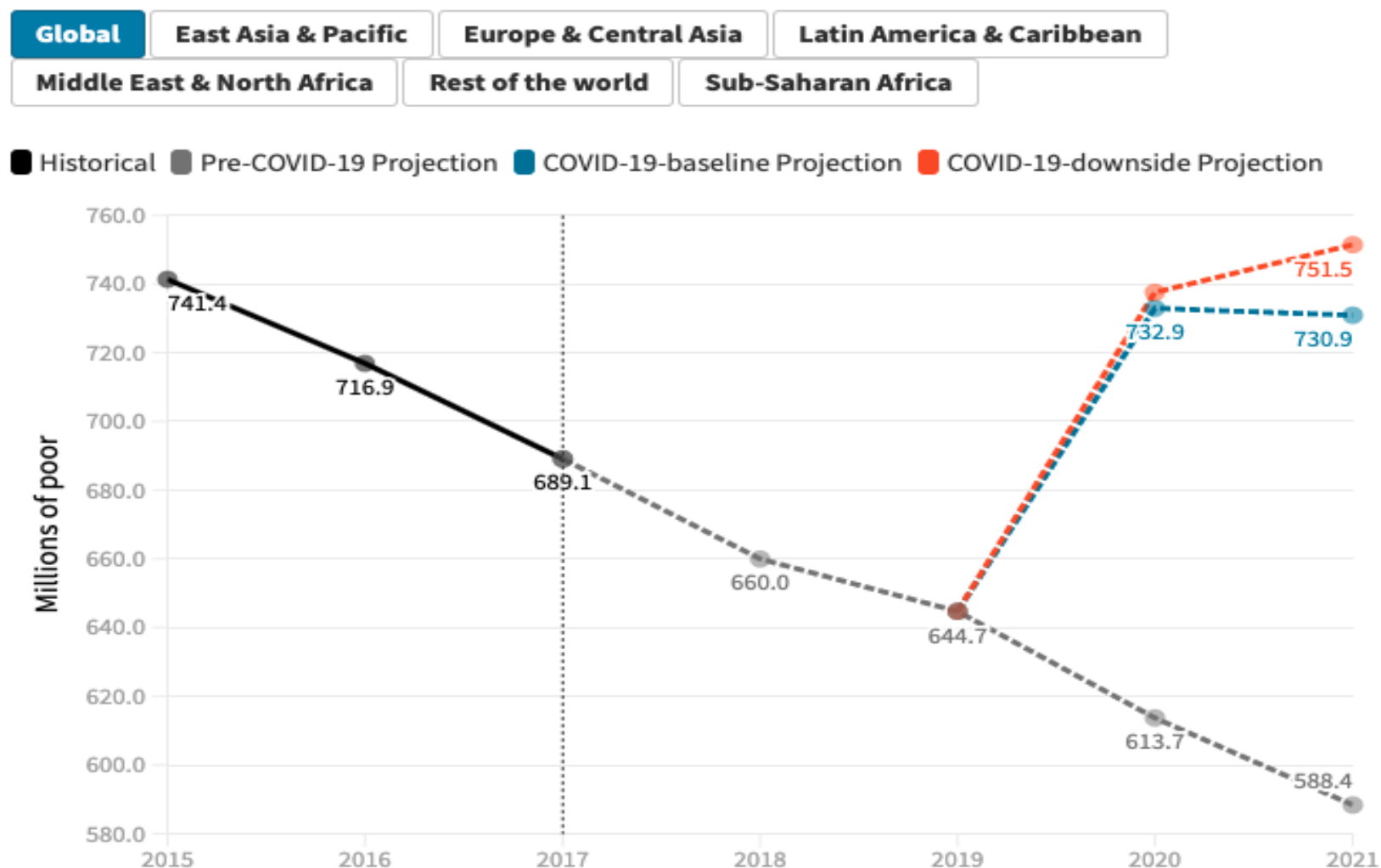
Figure 1: Annual change in the number of extreme poor (in million), 1992-2020



Source: [Lakner et al. \(2020\) \(updated\)](#), [PovcalNet](#), [Global Economic Prospects](#).

Note: Projections for years 2018-2021 are based on updated estimates of Lakner et al. (2020). For 2020, we show both (a) the number of people that were expected to move out of extreme poverty had the COVID-19 pandemic not happened (Pre-COVID-19 counterfactual scenario, gray bar) and (b) the number of people who are pushed into poverty under the COVID-19-baseline scenario (blue bar) or the COVID-19-downside scenario (blue + orange bar). The “new poor” induced by COVID-19 is the sum of (a) and (b). For instance, under the COVID-19-baseline scenario in 2020, the “new poor” is equal to $88 + 31 = 119$ million. Similarly, under the COVID-19-downside scenario in 2020, the “new poor” is equal to $88 + 31 + 5 = 124$ million. We thank colleagues at USAID for the inspiration behind this figure.

Figure 3: Nowcast of extreme poverty, 2015-2021

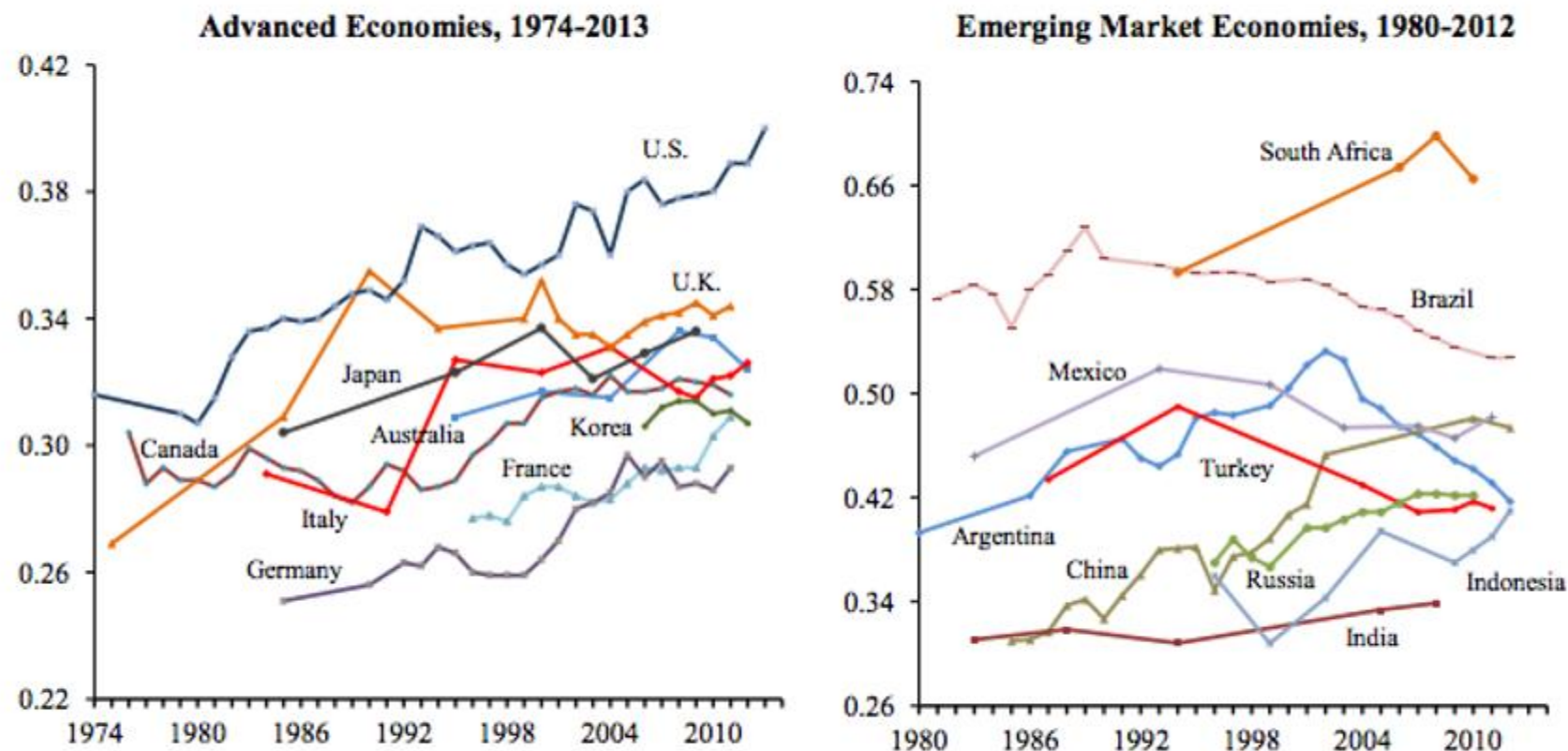


Source: [Lakner et al \(2020\) \(updated\)](#), [PovcalNet](#), [Global Economic Prospects](#).

Note: Extreme poverty is measured as the number of people living on less than \$1.90 per day. 2017 is the last year with official global poverty estimates. Regions are categorized using PovcalNet definition.

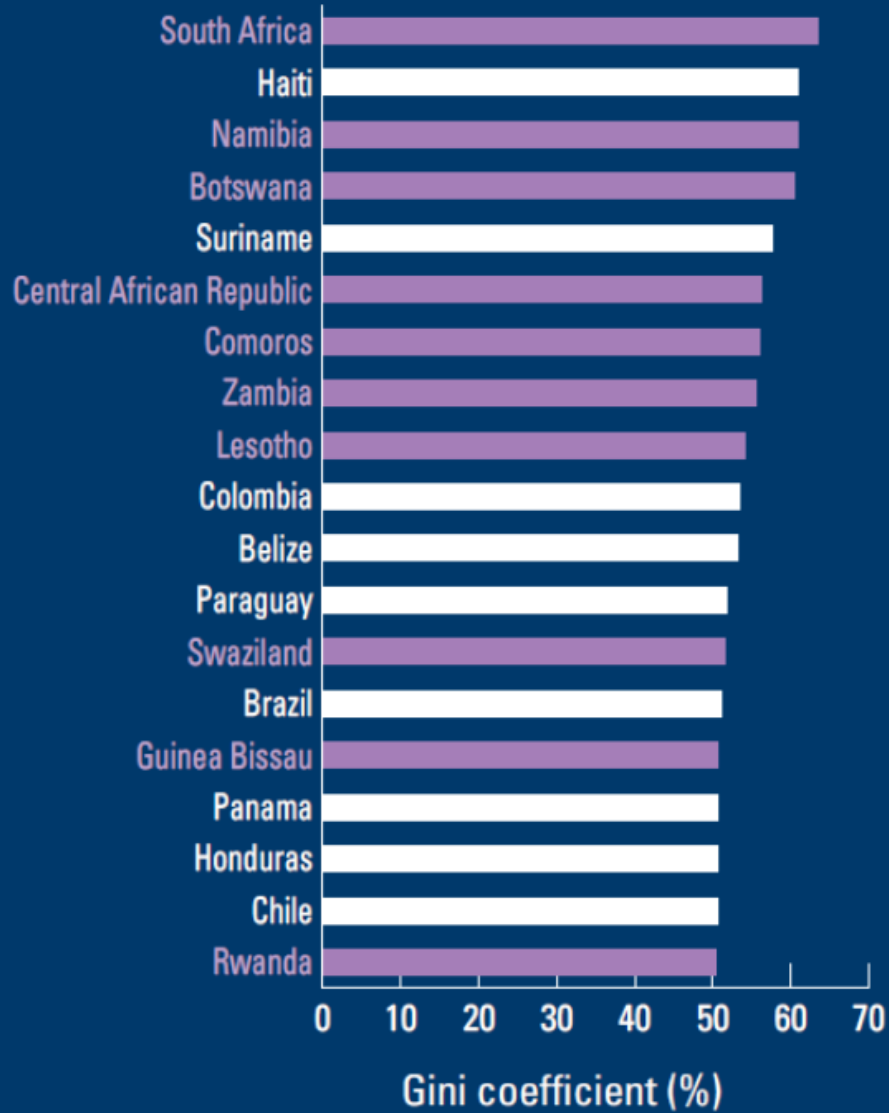
Trends in income inequality within countries

Figure 1: Trend in income inequality within countries
(Gini coefficient of household disposable income)

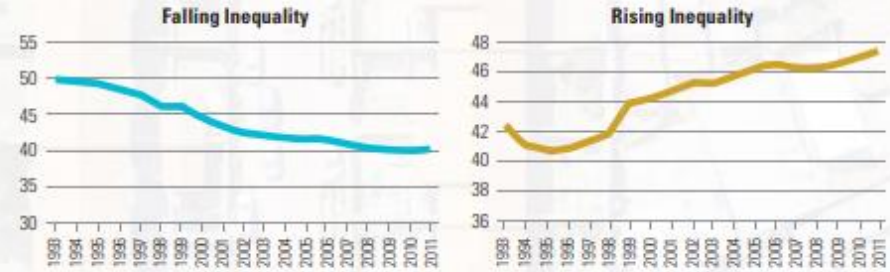


Source: OECD Income Distribution Database and All The Ginis dataset, World Bank.

Ten of the 19 most unequal countries in the world are from Africa

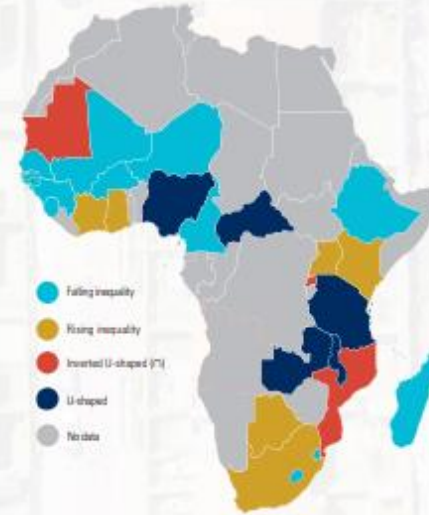


An overview of main changes in income inequality in SSA since the early 1990s



Traditional causes of income inequality

- Output structure
- Smallholder and estate agriculture
- Rural modernization, food production and threat of climate change
- Expansion of mining enclaves
- Urban formal and informal sector
- Tax policy and social transfers
- Impact of democratization on ethnicity and horizontal and vertical inequality



Non-traditional factors affecting income inequality

- Terms of trade gains
- Growing remittances
- Aid flows, FDI and debt relief
- Growth acceleration, but with low poverty alleviation elasticity of growth

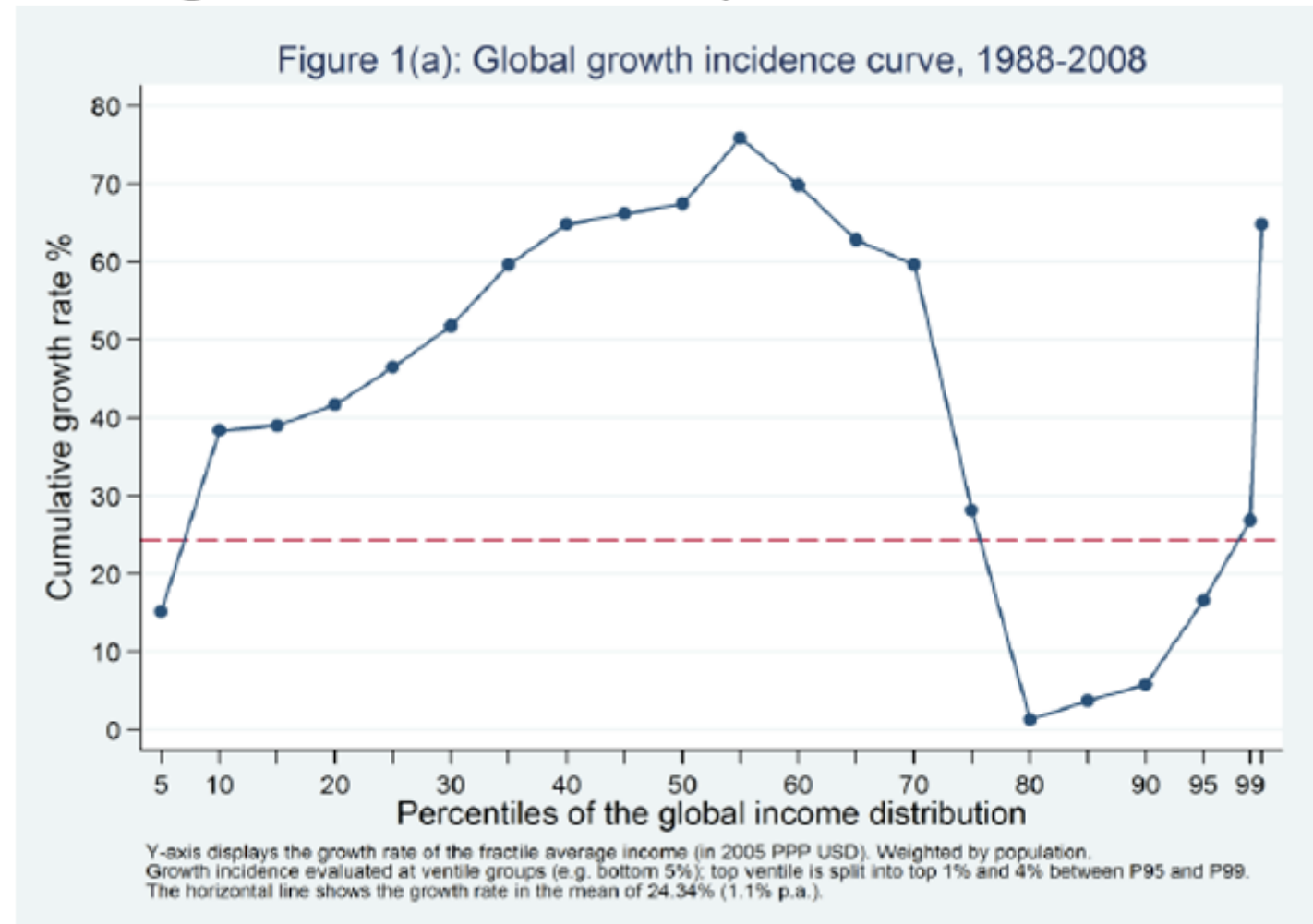
Other factors

- Negligible decline in total fertility rate and stable population growth
- Distributive impact of HIV/AIDS
- Technological shocks, including the existence of low-cost and highly divisible communication technologies



Source: UNDP (2017) Income inequality trends in sub-Saharan Africa: Divergence, determinants and consequences

Global growth incidence curve, 1988-2008



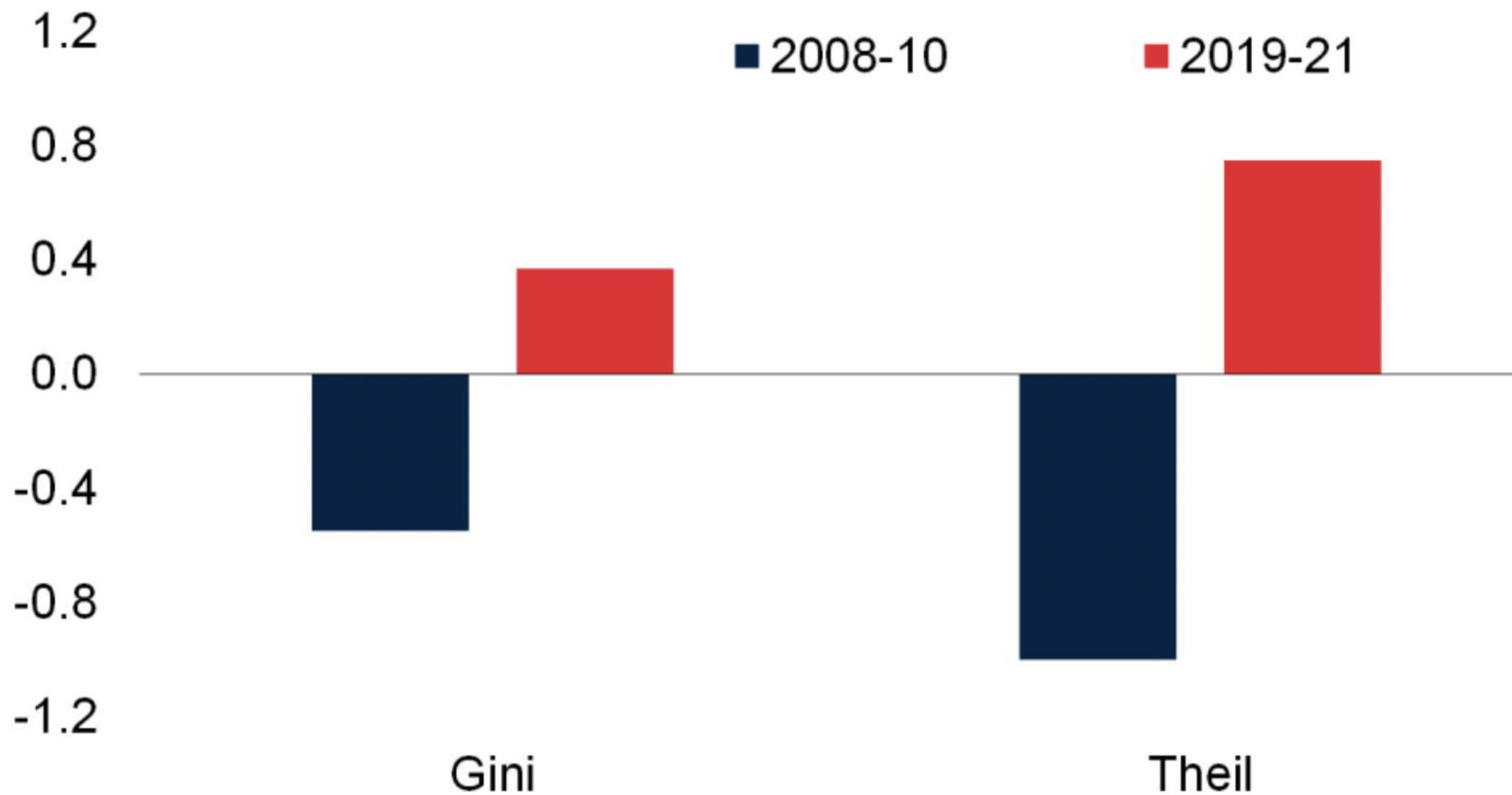
Source: [Lakner](#) and [Milanovic](#) (2016)

Global income inequality and the COVID-19 pandemic in three charts

AMAT ADAROV | FEBRUARY 07, 2022

Change in global between-country income inequality

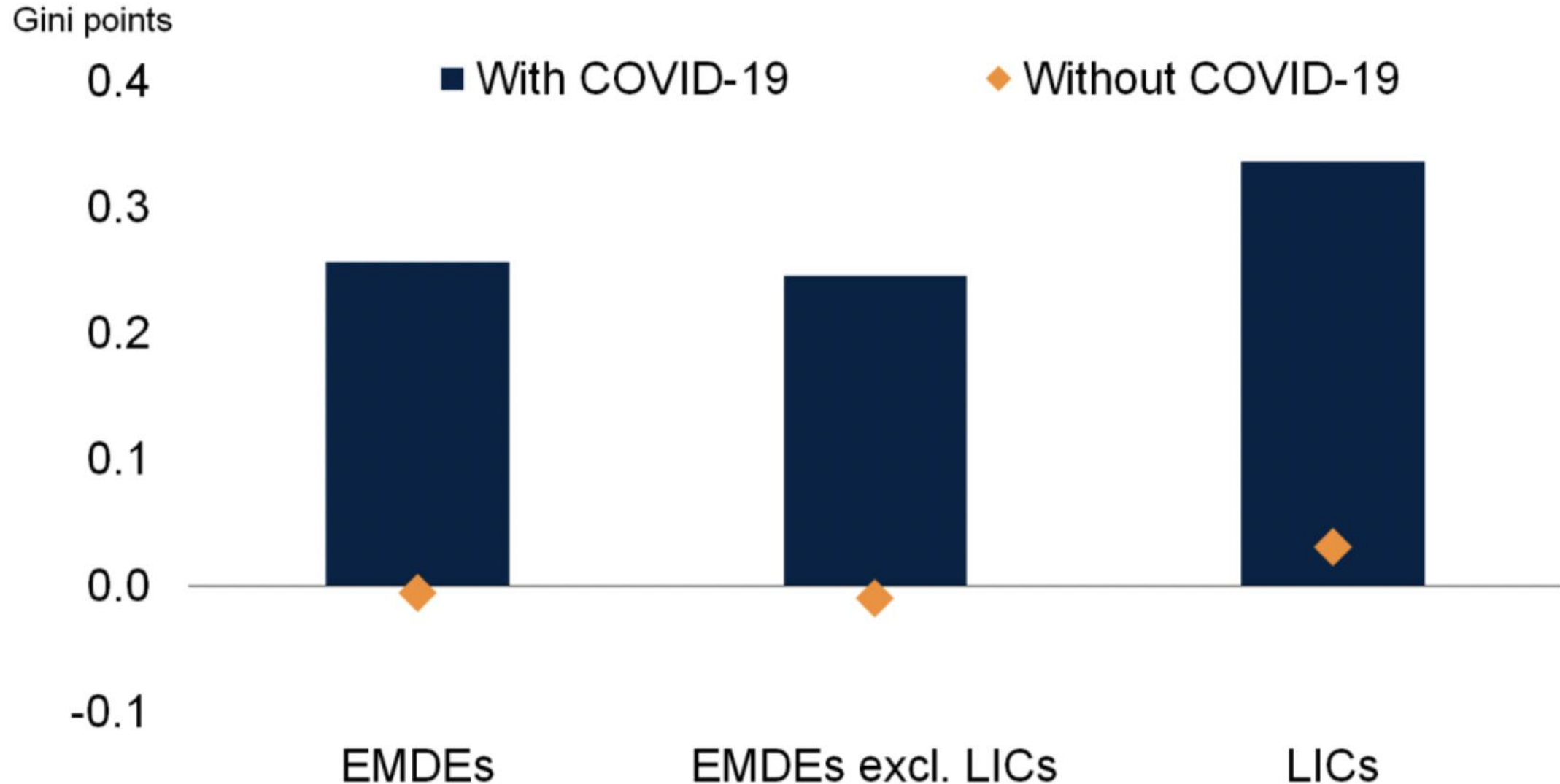
Change in index



Global income inequality and the COVID-19 pandemic
in three charts

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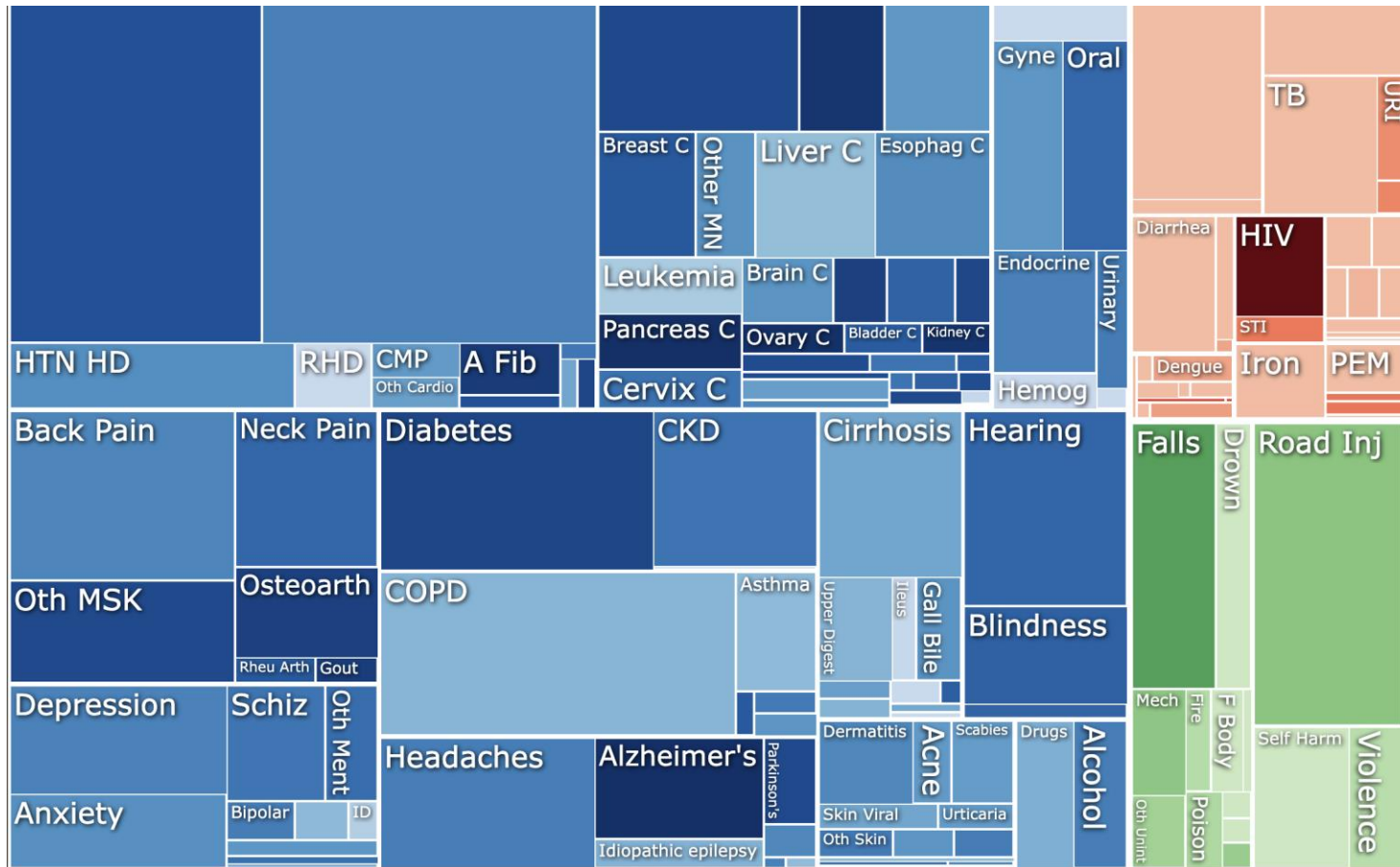
Change in within-country income inequality in EMDEs, 2019-20



BURDEN OF DISEASE



Southeast Asia, East Asia, and Oceania Both sexes, All ages, 2019, DALYs

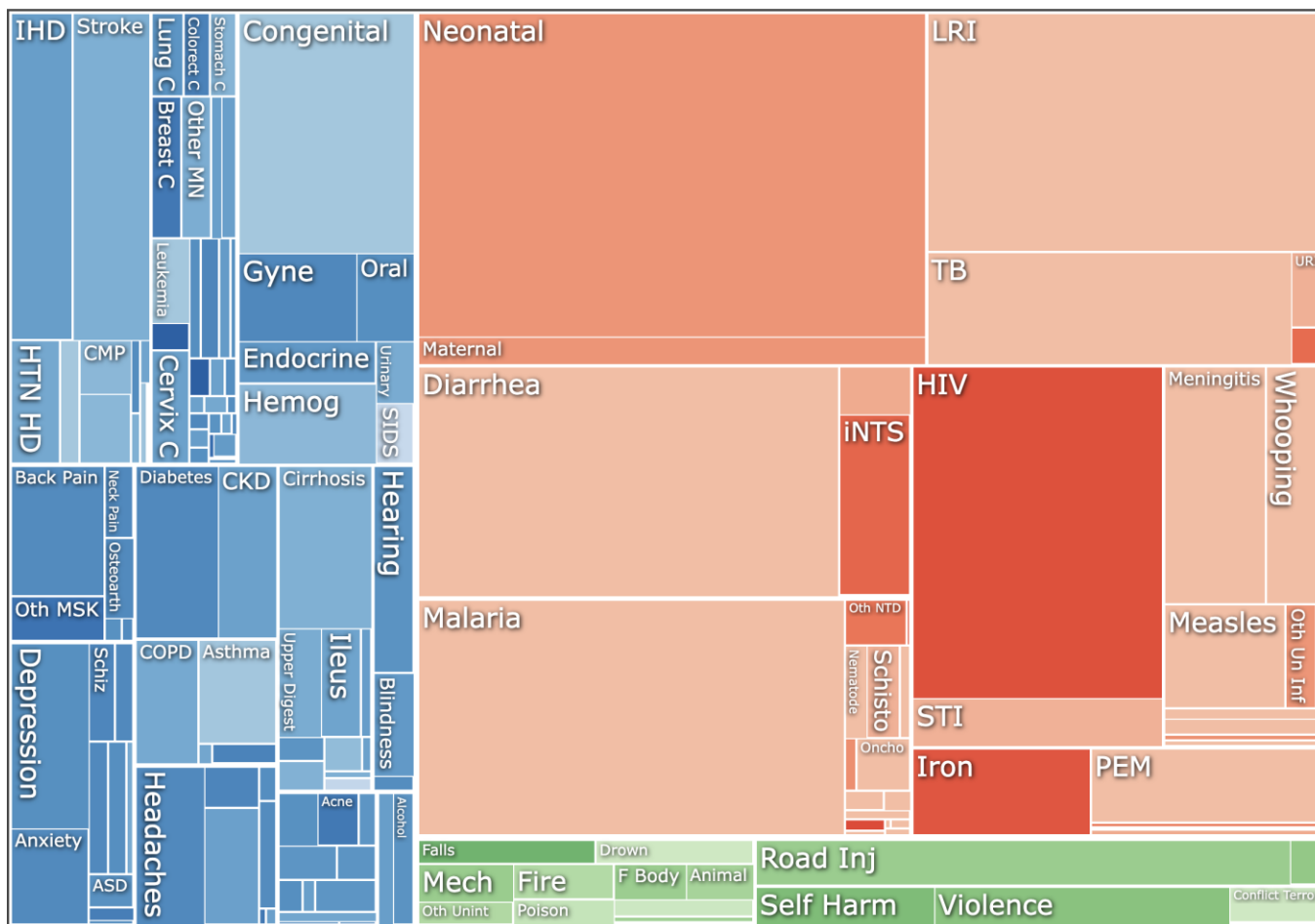


<https://vizhub.healthdata.org/gbd-compare/>

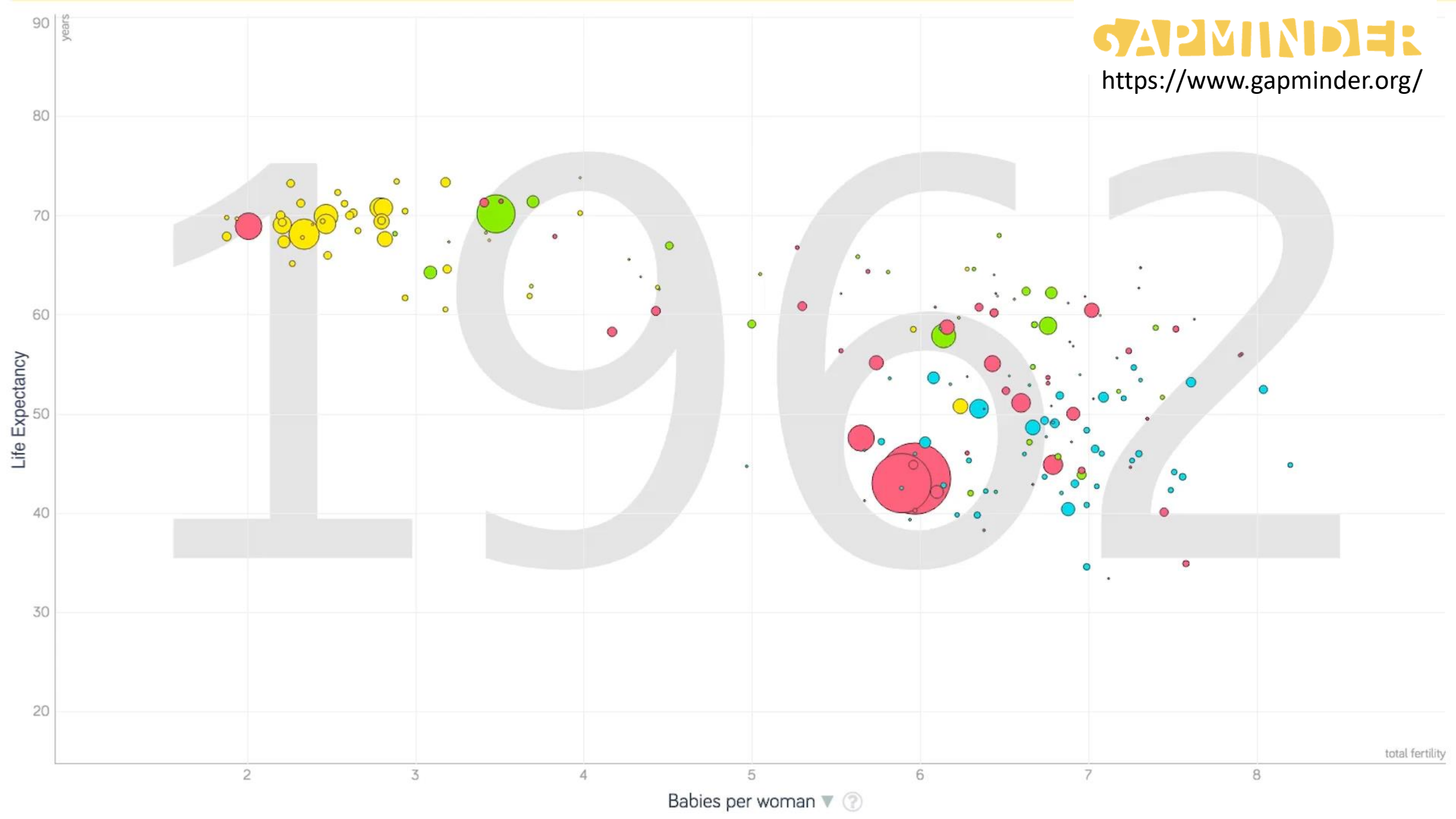
BURDEN OF DISEASE

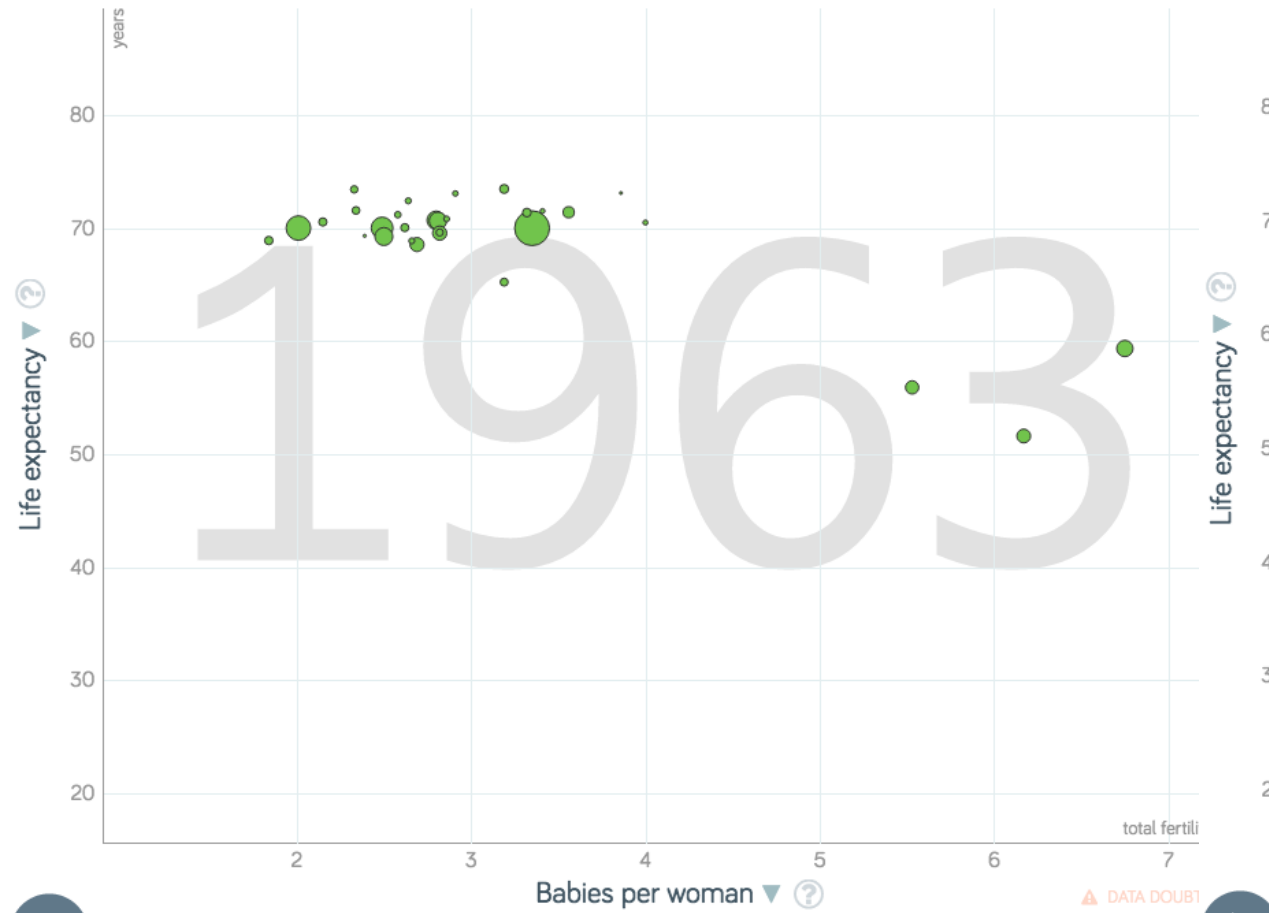


Sub-Saharan Africa Both sexes, All ages, 2019, DALYs

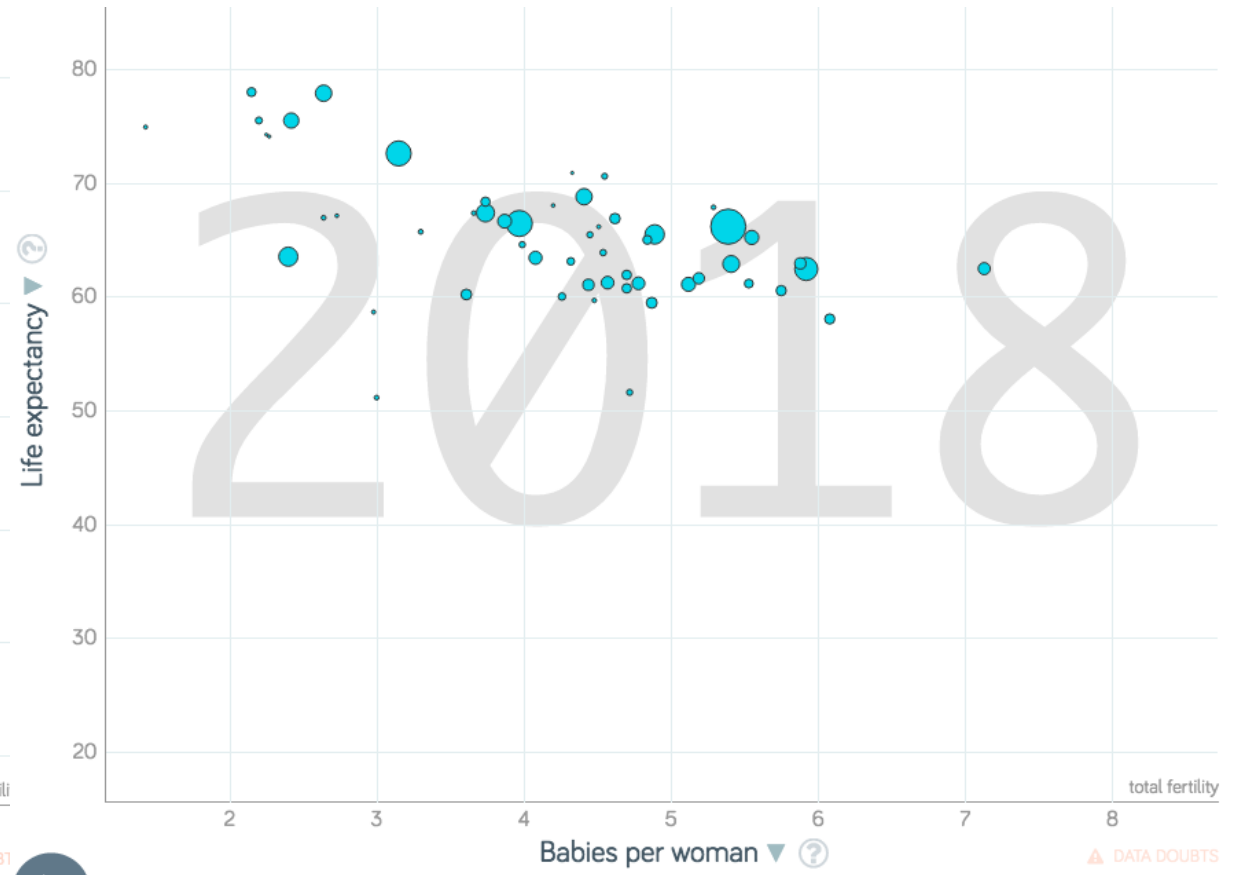


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OECD COUNTRIES IN 1963



AFRICAN COUNTRIES IN 2018

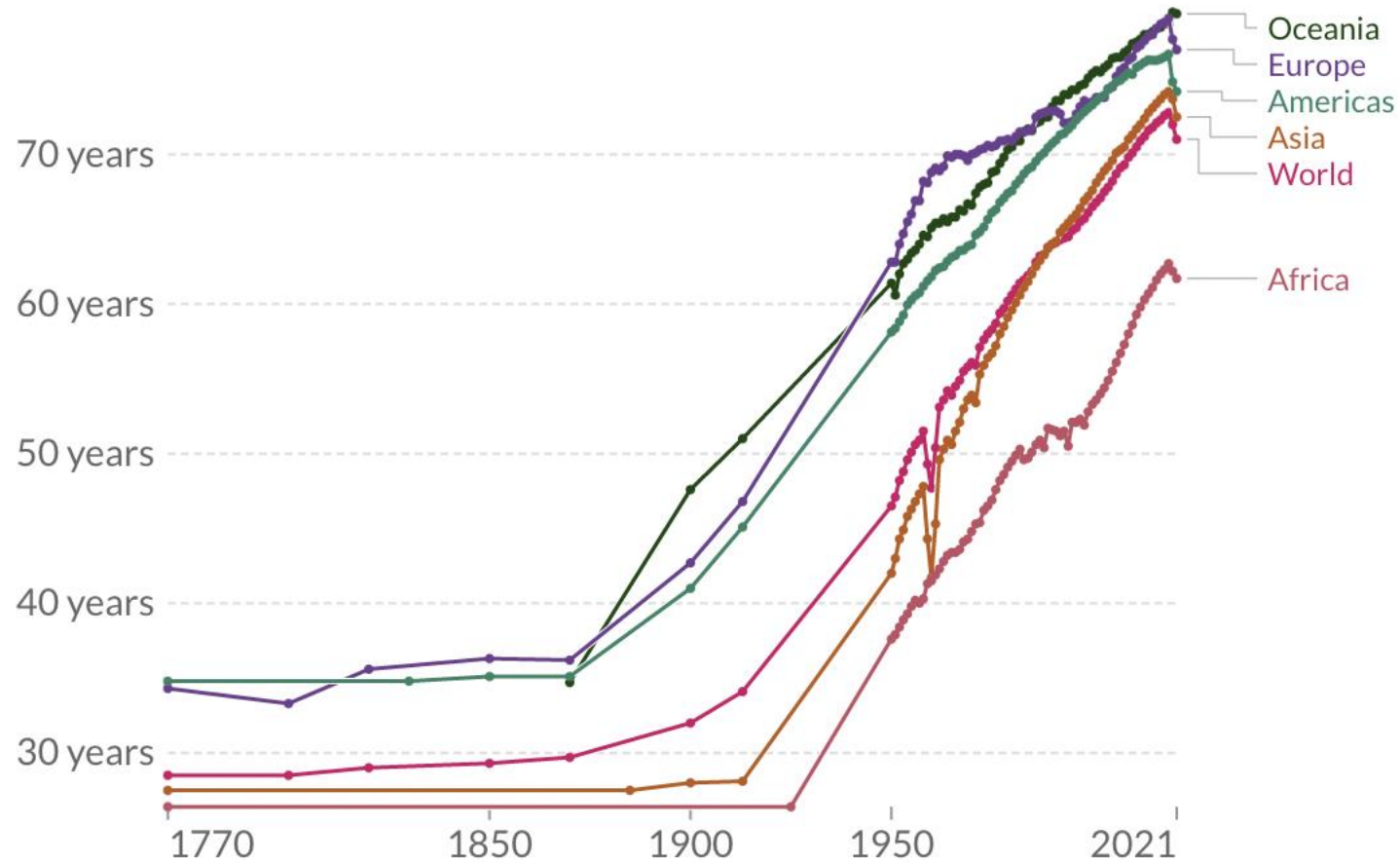
Life expectancy, 1770 to 2021

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Source: UN WPP (2022); Zijdeman et al. (2015); Riley (2005)

Note: Shown is the 'period life expectancy'. This is the average number of years a newborn would live if age-specific mortality rates in the current year were to stay the same throughout its life.

OurWorldInData.org/life-expectancy • CC BY

<https://ourworldindata.org/>



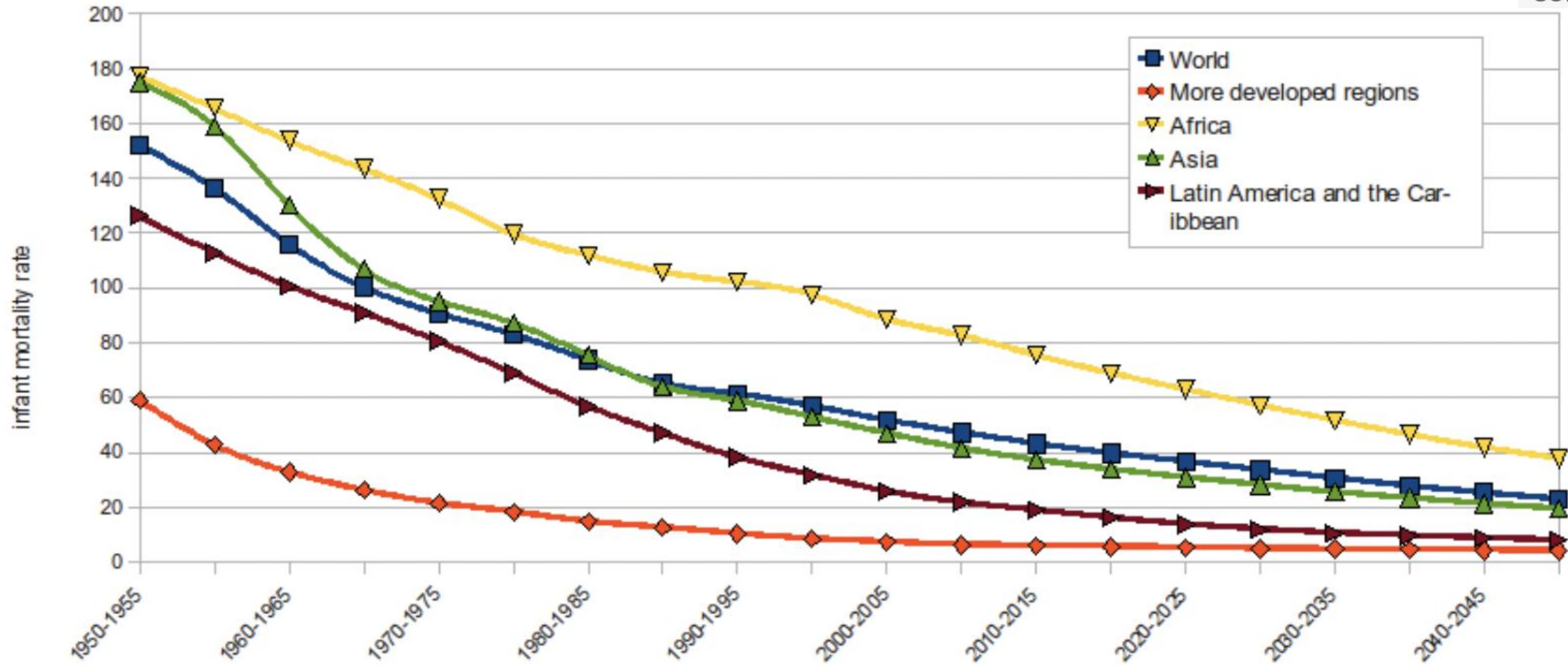
1770



2021

Infant Mortality Rate by Region, 1950-2050.

Source: UN World Population Prospects, 2008.

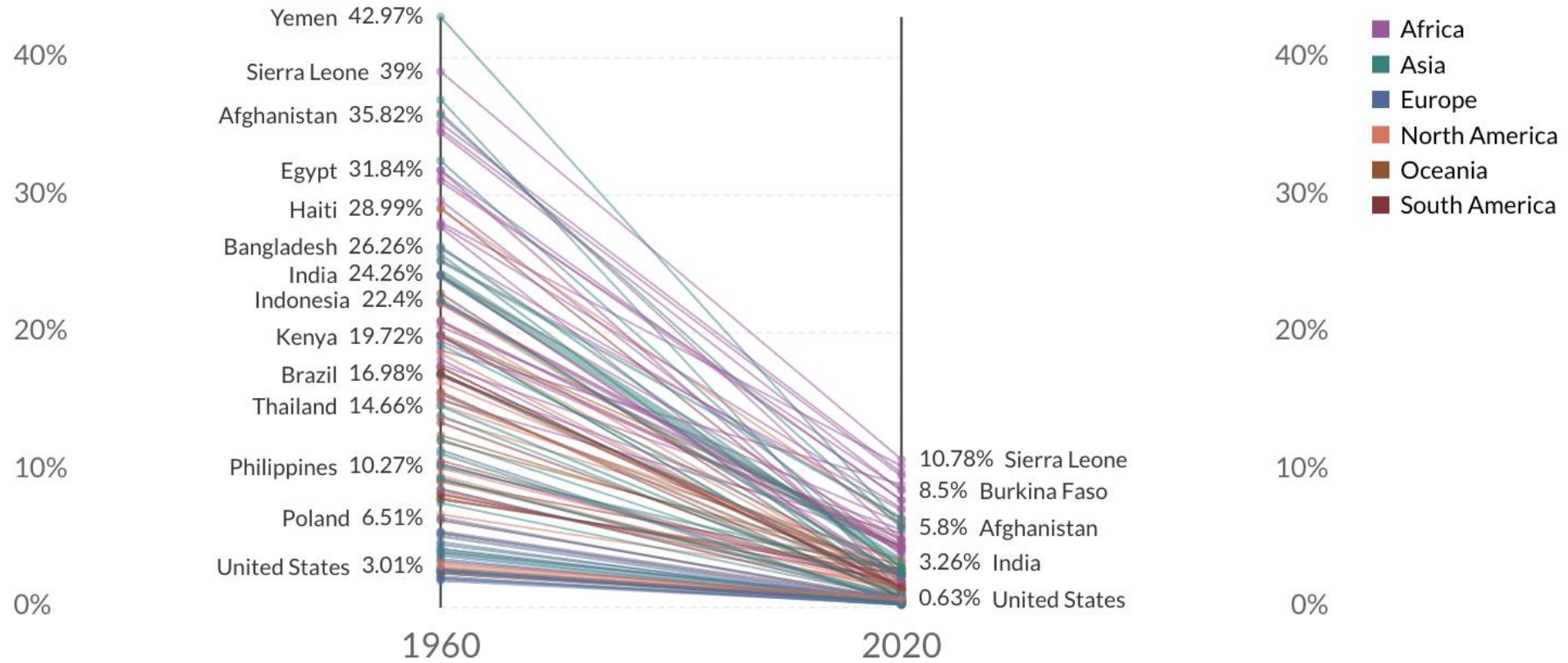


Child mortality rate, 1960 to 2020

The child mortality rate is the share of children who die before reaching the age of five.

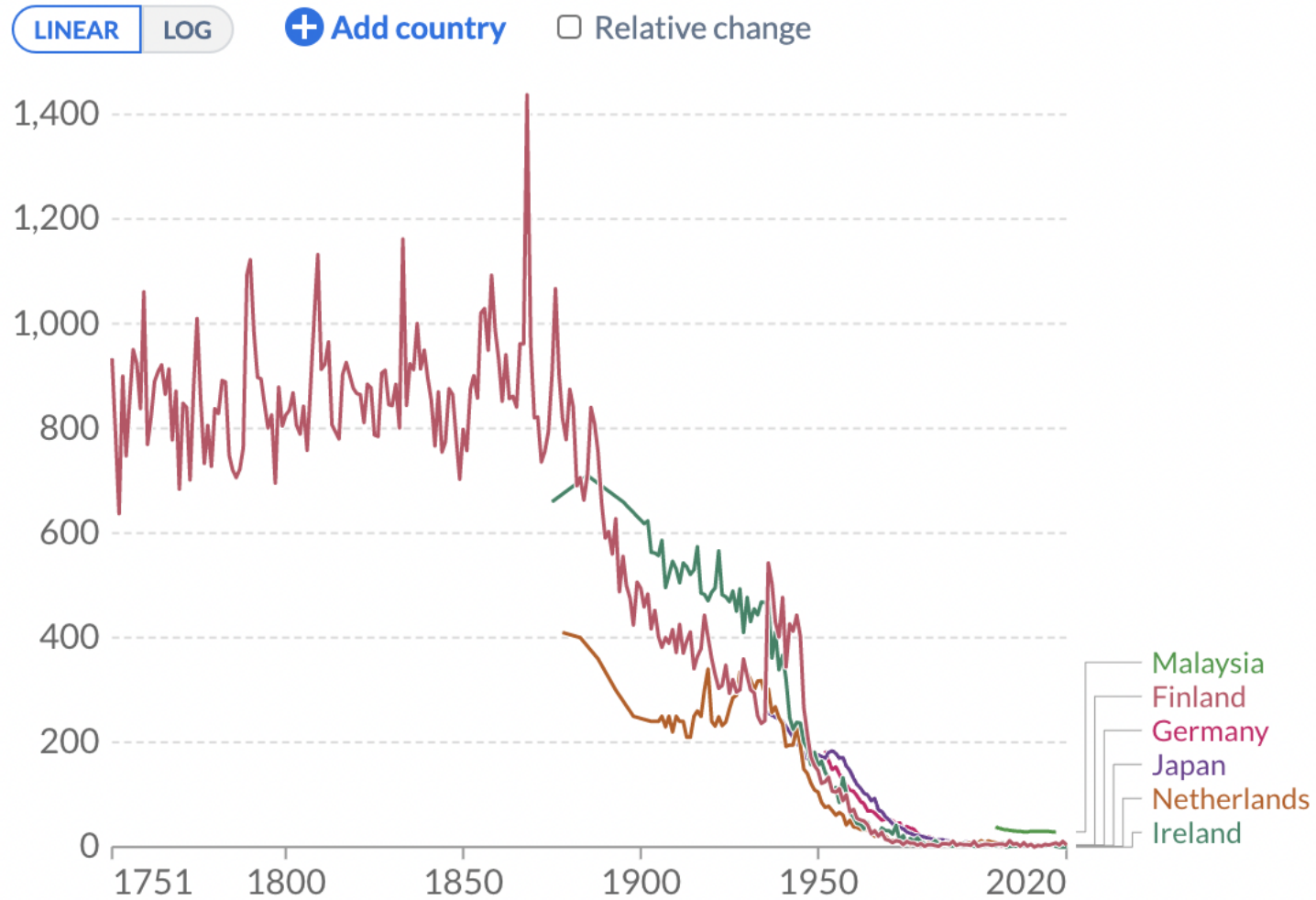


Select countries



Maternal mortality ratio, 1751 to 2020

The maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.

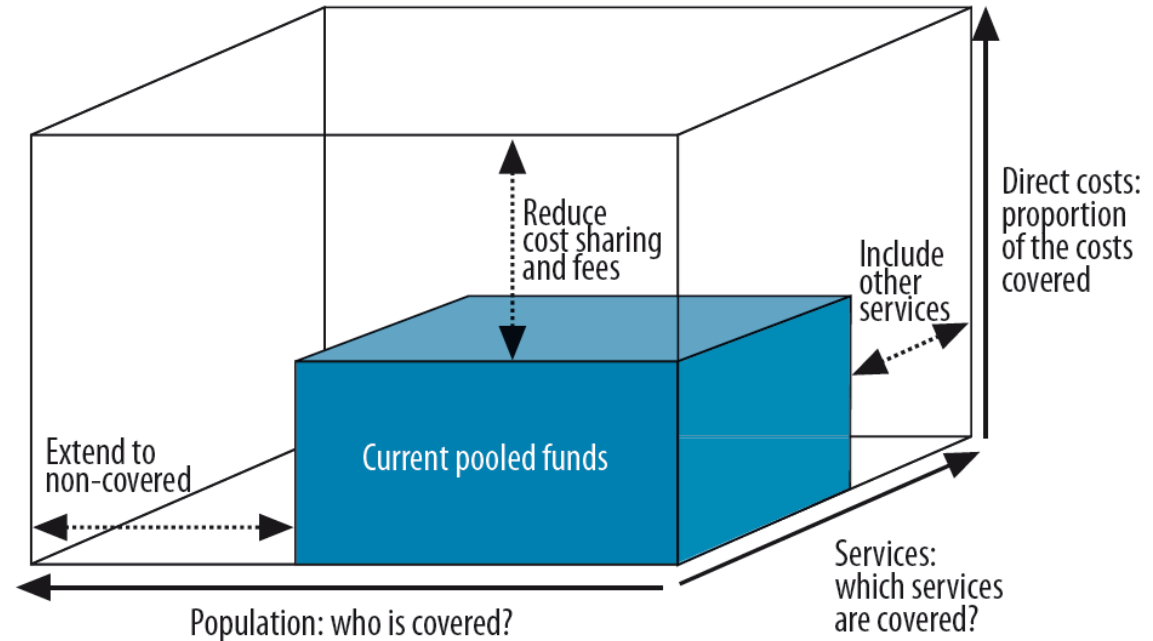


Source: Gapminder (2010); WHO (2019); OECD (2022) OurWorldInData.org/maternal-mortality • CC BY



Universal health coverage

Three dimensions to consider when moving towards universal coverage



Universal health coverage (UHC) is defined by WHO to mean that *'all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship'*.

Recent trends in UHC

Tracking Universal Health Coverage 2021 Global Monitoring Report



Indices for tracking UHC: Service Coverage Index (SCI)

Tracer area	Tracer indicator	Population	Type
Reproductive, maternal, newborn and child health			
Family planning	Demand satisfied with modern methods	Married women aged 15–49	Service coverage
Pregnancy and delivery care	ANC, 4+ visits	Women with a live birth in past xx years	Service coverage
Child immunization	DTP3 immunization	1-year-old children	Service coverage
Child treatment	CSB for suspected pneumonia	Children < 5	Service coverage
Infectious diseases			
Tuberculosis treatment	TB treatment coverage	TB incident cases	Service coverage
HIV therapy	HIV ART coverage	People living with HIV	Service coverage
Malaria prevention	ITN use	Population living in malaria-endemic areas	Service coverage
Water and sanitation	Population with access to at least basic sanitation	All	Service coverage

Tracer area	Tracer indicator	Population	Type
Noncommunicable disease			
Prevention of CVDs	Prevalence of raised blood pressure	Adults aged 30+	Proxy
Management of diabetes	Mean FPG	Adults aged 18+	Proxy
Tobacco control	Tobacco use	Adults aged 15+	Proxy
Service capacity and access			
Hospital access	Hospital beds density	–	Proxy
Health workforce	Health worker density: comprising physicians, psychiatrists and surgeons	–	Proxy
Health security	IHR core capacity index	–	Proxy

Indices for tracking UHC: COOP and IOOP

- Catastrophic out-of-pocket spending (COOP)
 - the proportion of the population with out-of-pocket health spending exceeding 10% or 25% of the household's total consumption or income (budget)
- Impoverishing out-of-pocket spending (IOOP)
 - change in the poverty headcount ratio resulting from the exclusion of out-of-pocket health spending from the indicator of household welfare

Figure 3.3 Trends in UHC service coverage index (SDG indicator 3.8.1) and incidence of catastrophic health spending (SDG indicator 3.8.2, 10% threshold) by WHO region, 2000–2017

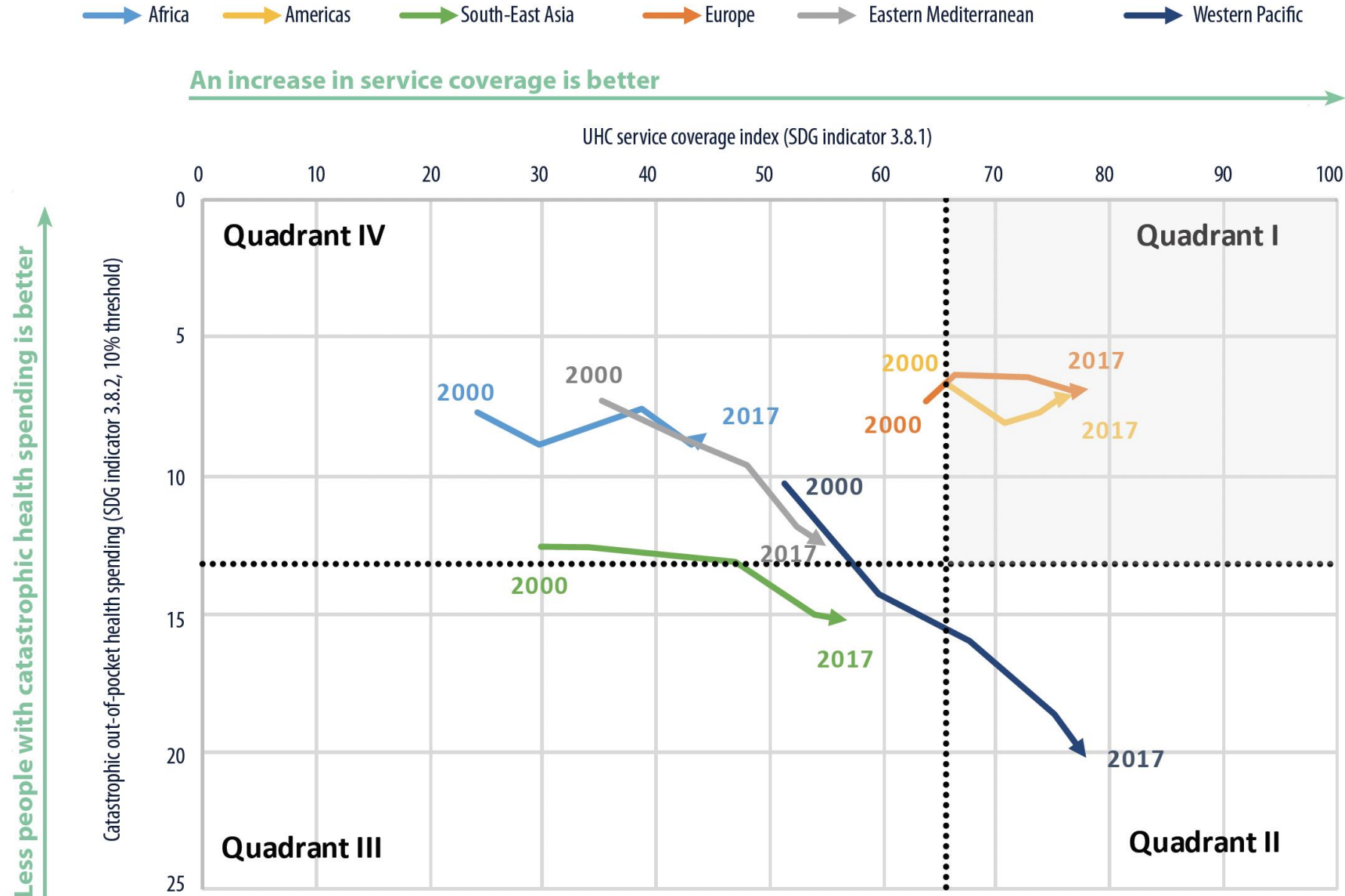
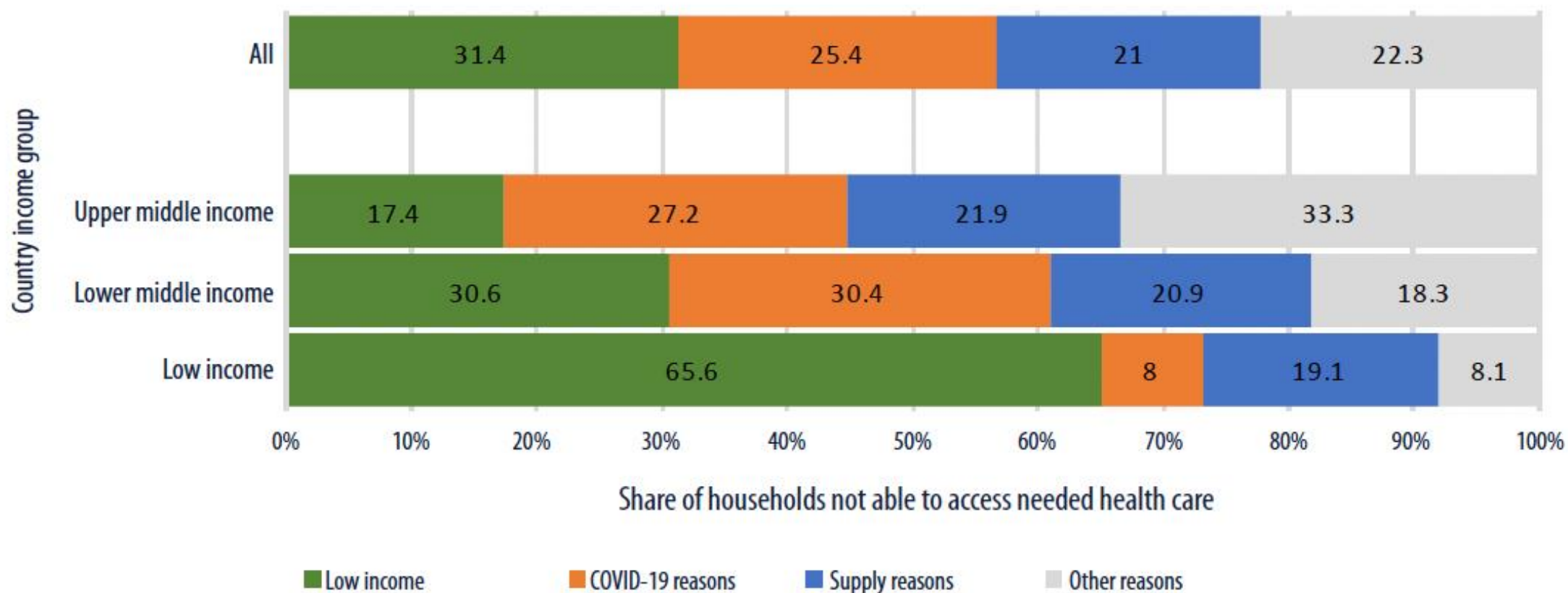


Figure ES.4 Main reason reported by household for not accessing health care when needed, multi-country evidence



Note: upper-middle-income countries n=1 to 13; lower-middle-income countries n=2 to 17; lower-income countries n=3 to 12.

Source: Author's calculations using data from the World Bank High Frequency Survey (2021). Data collected between April 2020 and August 2020.

Some insights from India 1: Literature on OOP

- The size of out-of-pocket expenditures in both absolute and relative terms has grown substantially over recent decades (Jayakrishna et al., 2016; Selvaraj et al., 2017; Pandey et al., 2018)
- Incidence of catastrophic health expenditure is estimated at 7% of the older population nationally (Brinda et al., 2014); and impoverishing health expenditure at 8% of the whole population (Kumar et al., 2015) annually.
- Conditions responsible for the highest levels of out-of-pocket expenditure are mainly chronic and non-communicable conditions. Yadav et al. (2021) Ladusingh et al. (2018) Kastor and Mohanty (2018) Sharma et al. (2017)

The Great Indian Poverty Debate, 2.0

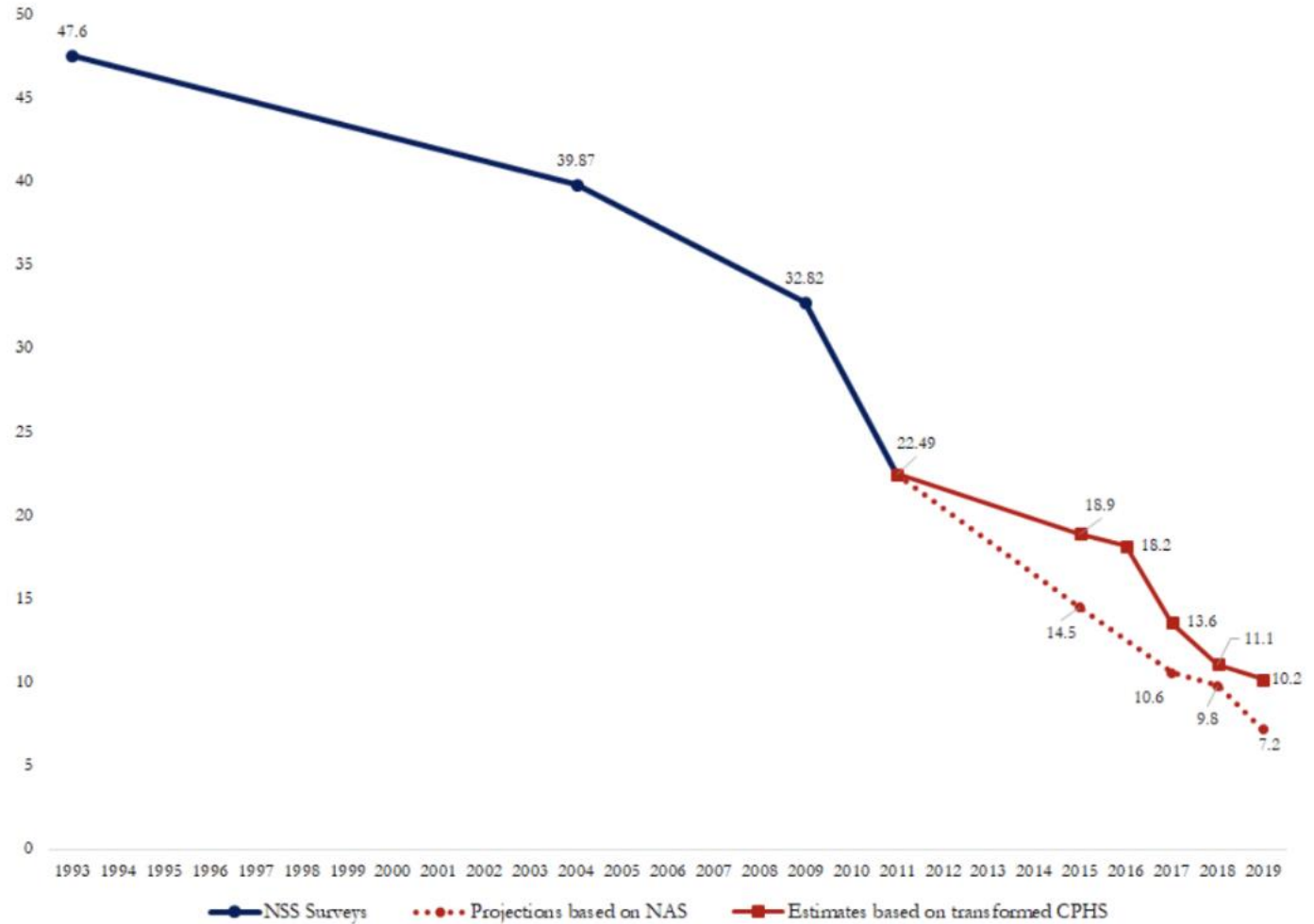


CENTER FOR GLOBAL DEVELOPMENT

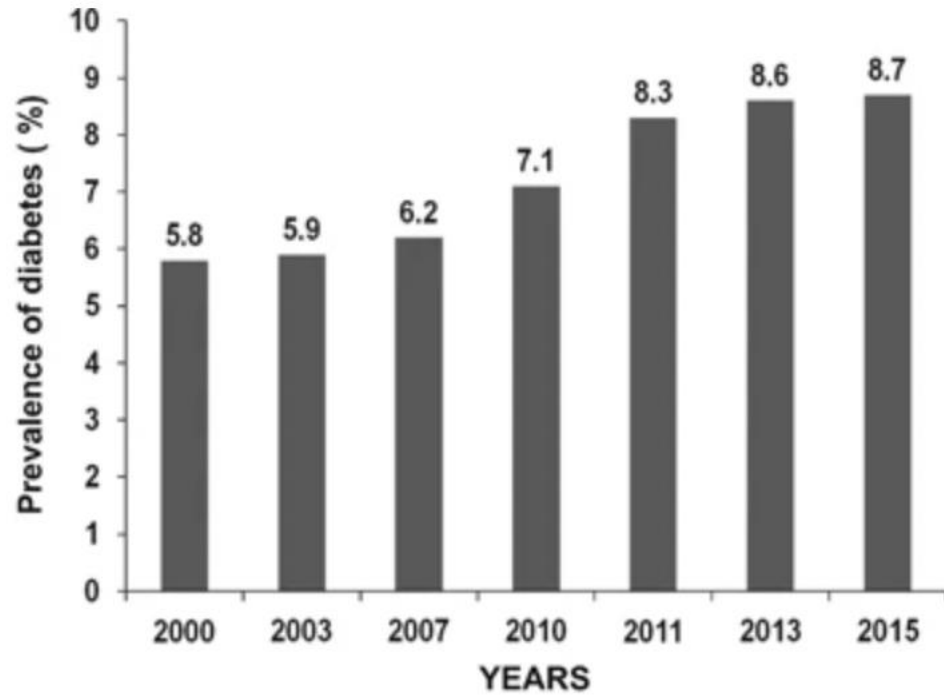
by Justin Sandefur

APRIL 19, 2022

Figure 1. Indian poverty (<\$1.90 PPP) since the official data series stopped



Prevalence of diabetes 20-79 years, India



European Journal of Clinical Nutrition (2017) 71, 816–824
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www.nature.com/ejcn

REVIEW

Prevalence of type 2 diabetes and its complications in India and economic costs to the nation

R Pradeepa and V Mohan

The burden of chronic respiratory diseases and their heterogeneity across the states of India: the Global Burden of Disease Study 1990–2016

Article - September 2018

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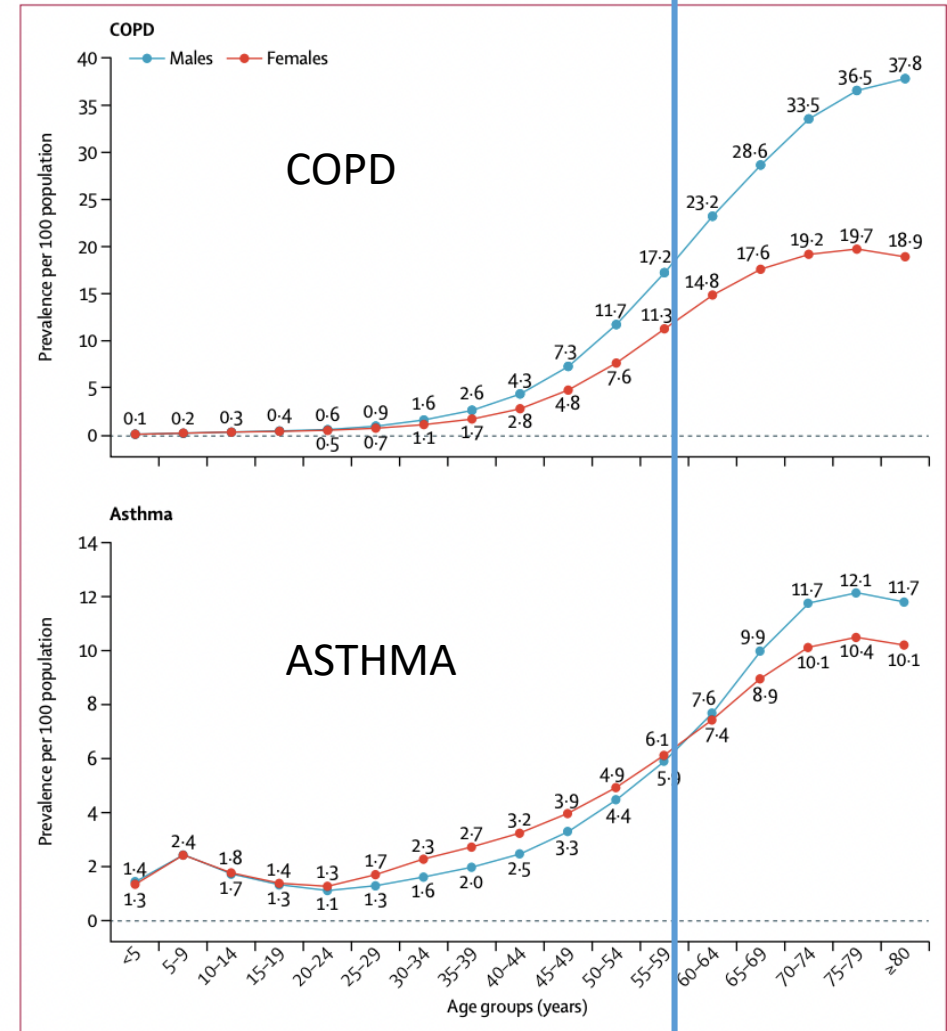
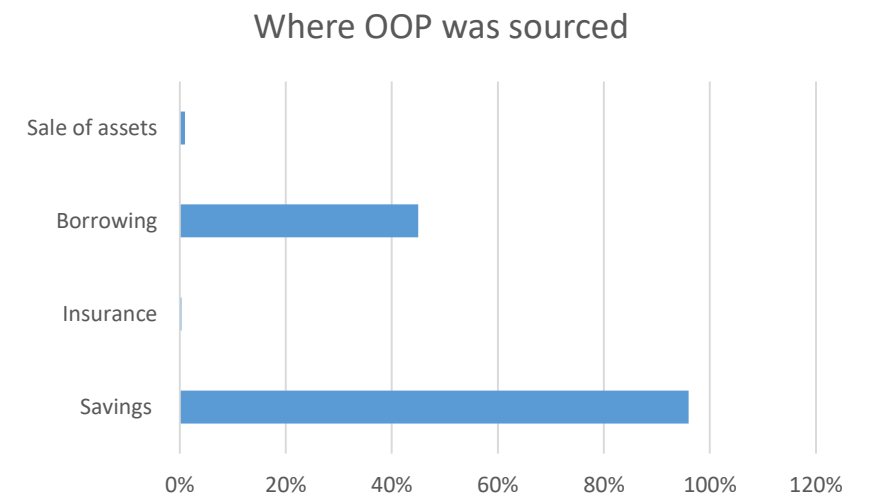
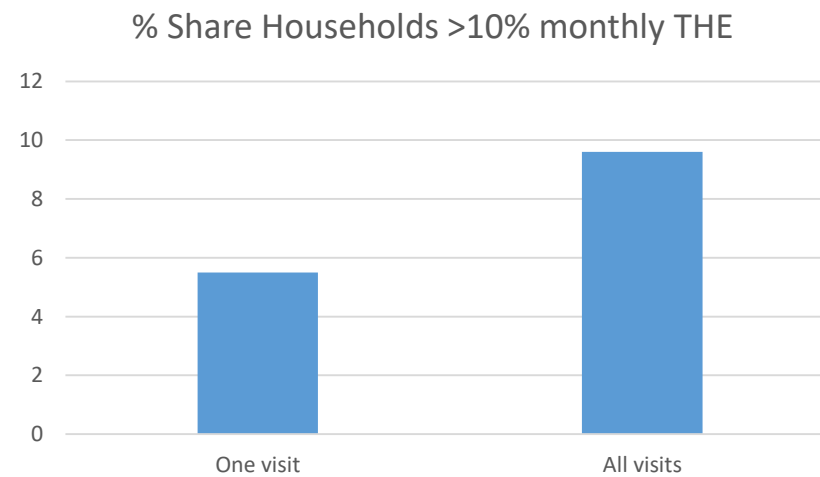
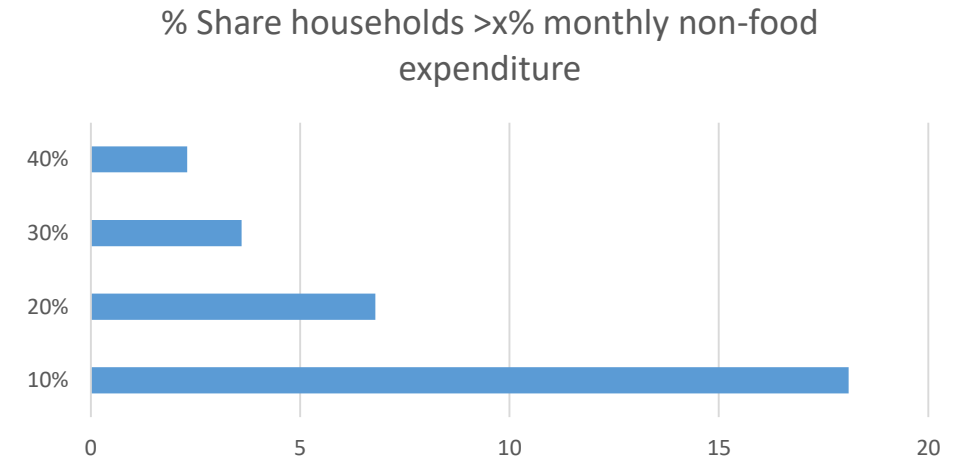
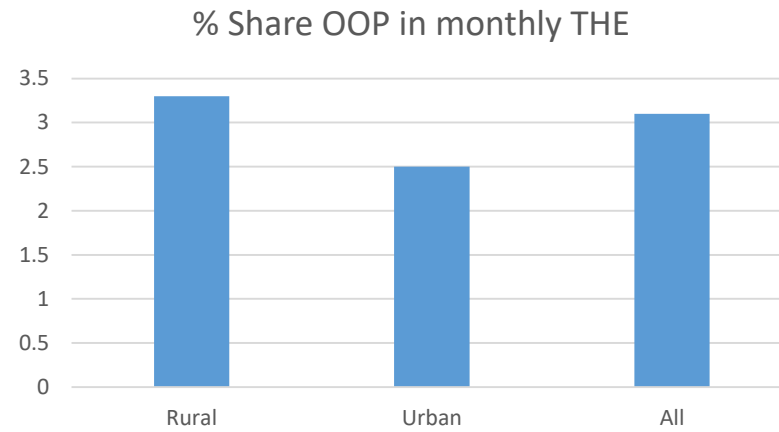
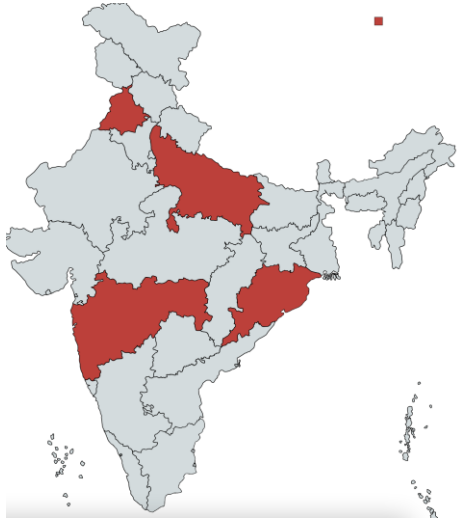


Figure 2: Age-sex-specific prevalence of COPD and asthma in India, 2016
 COPD=chronic obstructive pulmonary disease.

AGE GROUP

SOME DATA FROM NOSSAL INSTITUTE STUDY USING “Chronic breathlessness” and “Last flare up”





People's care seeking journey for a chronic illness in rural India: Implications for policy and practice

Sumit Kane^{a,b,*}, Madhura Joshi^b, Sapna Desai^c, Ajay Mahal^a, Barbara McPake^a

^a Nossal Institute for Global Health, Melbourne School of Population and Global Health, The University of Melbourne, Victoria, Australia

^b Gokhale Institute of Politics and Economics, Pune, India

^c Population Council, New Delhi, India

Social Science & Medicine 312 (2022) 115390

3.1. The beginning: running from pillar to post

“We may have been to 10-15 doctors”

3.2. Leaving no stone unturned

“Poor people can only go to local doctors and leave the rest to god”

3.3. Wrong turns and blind alleys

“Their main motive is to get a commission”

3.4. Disappointment, frustration, and penury for some

“This disease has broken me in all ways possible”

3.5. Learning, accepting, and living with the illness

More questions than conclusions

- Even before COVID-19, UHC was facing challenges associated with global transitions
 - Economic transition: growing economies but growing inequalities associated with that growth
 - Demographic transition: ageing and post-reproductive age health issues require more attention
 - Epidemiological transition: from a pill for every ill to chronic disease management
 - Globalisation: political disruption with implications for redistributive economic policies and public good promoting health policies
 - Why was service coverage improving while financial protection was regressing?
- COVID-19 reversed long term trends including near elimination of poverty in Asia; little analysis post 2020 of long term impacts
 - Which impacts are easily reversed (short term), linger but will lessen over time (medium term) and last (long term and permanent)?