LANCET-SIGHT COMMISSION

PEACEFUL SOCIETIES through HEALTH and GENDER EQUALITY

SIGHT.
SWEDISH INSTITUTE FOR GLOBAL HEALTH TRANSFORMATION

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INDICATOR ANALYSIS

COVERAGE OF ESSENTIAL HEALTH SERVICES

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FOR THE LANCET-SIGHT COMMISSION ON PEACEFUL SOCITIES THROUGH HEALTH AND GENDER EQUALITY

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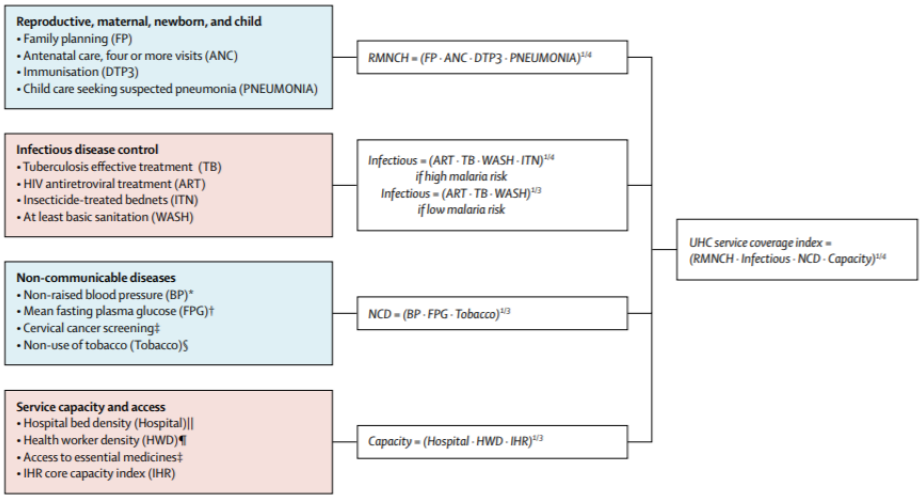
How is this indicator calculated?	Universal health coverage (UHC) is the goal that all people receive essential health services, without being exposed to financial hardship. Measurement essential health services considers "reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access, among the general and the most disadvantaged population" (1). The Universal health coverage (UHC) service coverage index was adopted to monitor progress towards Sustainable Development Goal (SDG) target 3.8 on UHC, namely the coverage of essential health services (1). It was jointly developed by the WHO and World Bank (1). The index of essential health services, also known as the UHC service coverage index, is presented on a 0-100 scale, and is calculated as shown:  This is done primarily by using data from population-based surveys, and is sometimes supplemented with other health-system data including administrative data, facility surveys, and surveillance data (1).

GLOBAL TRENDS	
What are the global patterns for this indicator? Trends, geographic patterns etc.	On average, most high-income countries have a coverage index of over 80, while most low-income and conflict-affected countries have a coverage index of less than 35 (1).

RELEVANCE TO UNDERSTANDING RELATIONSHIPS AMONG GENDER, HEALTH, FRAGILITY/PEACE	
How could this indicator contribute	This indicator provides one measure of women aged 15 years and older's subjection to sexual violence by persons other than an intimate partner. Thus, it

to our understanding of how gender, health and fragility and peace influence one another?	indicates the level of non-intimate-partner sexual violence against women in a given area. Because high levels of sexual violence against women are associated with perverse outcomes such as (but not limited to) higher rates of depression, unwanted pregnancy, and HIV prevalence, this indicator is closely related to women's overall mental and physical health (2). Because women and girls are especially vulnerable in the face of sexual violence, analysis of this indicator can be of value to reach those who experience the greatest fragility. According to the United Nations, having data on this indicator can aid in understanding the extent and nature of this form of violence, and could potentially help develop appropriate policies and programs to reduce gender-based sexual violence and promote stable, peaceful societies (1).

UTILITY	
What does the indicator measure?	The index measures average service coverage based on tracers for reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access in a given population (1).
What does it NOT measure - what does it miss?	The coverage index is not a causal estimate of the effect of UHC on survival (1).
If and how does the indicator relate to interface/relationship among health, gender and fragility/stability?	On average, most conflict-affected countries have a coverage index of less than 35 (1).

AVAILABILITY	
Sources for indicator (CRVS, DHS etc. – include links);	Data is available at the country level from the following sources: The Sustainable Development Goals website: https://www.sdg.org/datasets/f6c3182a119748dcb8db841cfce94e95_0/data Full data available on the WHO website: http://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOVERAGEv

Dates available;	Depending on the country, data as early as 2000 and as recent as 2017 is available.
Availability across geographic areas;	The data covers at least 183 countries (1).
Availability in conflict affected settings;	Data is available for 2015 and 2017 in Yemen, South Sudan, Libya, Somalia, the DRC and Afghanistan.

GRANULARITY	
Disaggregation at national level	
Data disaggregated by sex;	While some constituent tracer indicators are disaggregated by sex, data of the final output of the coverage index is not disaggregated by sex (2).
Data disaggregated by identity group (race, ethnicity);	No
Data disaggregated by income	No
Data disaggregated by citizenship;	No
Data disaggregated by migration background;	No
Disaggregation at sub-national level	
Data disaggregated by geographic region;	No
Data disaggregated by identity group (race, ethnicity);	No
Data disaggregated by income.	No

SOURCES OF BIAS	
What bias can exist with these data?	Omission bias: Certain groups of people can be omitted from the assessed population, either unintentionally (in cases where civil registration data are inaccessible or incomplete), or intentionally to inflate scores. Reporting bias: Patient satisfaction can be biased due to language and cultural barriers (2). Variations in tracer indicator inclusion between countries results in bias as some services tend to have higher coverage than others (2).

VALIDITY	
Clear and accepted international standards for indicator;	The UHC coverage index is a clear and accepted international standard (1).
Validity of measurement of indicator generally accepted;	The coverage index has a high level of validity (1).

RELIABILITY	
Reliability of indicator generally accepted;	The coverage index has a high level of reliability as it performs well in various sensitivity tests (1).

COMPLEXITY	
Enables analysis across time and location.	Caution should be exerted when comparing countries with similar index values given variation in data availability, tracer indicator uncertainty, and calculation choice (1). The index is also ineffective in comparing quality health services in high-income countries that have coverage levels approaching 100% for most indicators (1). Asynchronous data collection timing makes reliable time trends difficult given the relatively low temporal resolution of available data (1).

OTHER REFLECTIONS

Is the Indicator modelled? Other reflections on debate, accuracy, etc.	At times, analytical or statistical methods were used to fill in data gaps when empirical data was unavailable for a given country (1). Most tracer indicators are modelled when reliable data are unavailable in the calculation of the coverage index (2). Uncertainty bounds are not included with estimates, which could limit comparability of index values between countries. The WHO provides a separate indicator named "Data availability for UHC index of essential service coverage (%)" in its global health observatory data repository (3). This second indicator presents the percentage of tracer indicators with primary data used to calculate the UHC service coverage index and should be consulted before comparing index values between countries. Most coverage indicators used in the index measure contact coverage (being in contact with services) as opposed to effective coverage (appropriateness and effectiveness of care). Additionally, proxy indicators were used in place of “robust indicators of coverage of intervention for non-communicable diseases, mental health, injuries, and emergencies for most countries” (1).

References

1. Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. The Lancet Global Health. 2018 Feb 1;6(2):e152–68.

2. WHO & IBRD. Tracking Universal Health Coverage: 2017 Global Monitoring Report [Internet]. World Health Organization and the International Bank for Reconstruction and Development / The World Bank; 2017. Available from: pubdocs.worldbank.org/en/193371513169798347/2017-global-monitoring-report.pdf

3. WHO. Global Health Observatory [Internet]. [cited 2020 Feb 8]. Available from: https://www.who.int/data/gho