

Statement by Winnie Byanyima (Executive Director, Oxfam International) on the indicator to measure SDG target, ‘financial protection for universal health coverage’

Today we can celebrate that we are now talking about how to achieve Universal Health Coverage and not whether or not this is a worthy Sustainable Development Goal (SDG).

Oxfam, like many others across the global health community, supports an indicator that measures whether the number of people paying excessive and punishing out of pocket payments for health is going up or down.

The World Health Organization (WHO) and World Bank have proposed an indicator that in our view, and many in the global health community, does this: *‘Proportion of the population with large household expenditures on health, as a total share of household expenditure or consumption.’*

The indicator currently being proposed by the IAEG-SDGs however, measures the:

‘Number of people covered by health insurance or a public health system per 1,000 population.’

This current proposed indicator in our view is not a suitable measure: it fails to measure whether people are actually protected from obstructive and punishing costs associated with seeking needed health care. It would be like trying to measure someone’s health outcomes by counting the numbers of hospital beds.

Coverage by “health insurance” or a “public health system” does not eliminate the risk of high impoverishing payments for health care.

Health insurance does not always equal financial protection. In Vietnam for example 60% of people have health insurance but still face high out of pocket payments. The current indicator risks implying that all health insurance is welcome but many health insurance schemes have been shown to exacerbate inequalities.


And of course, ‘coverage by a public health system’ means nothing if that public health system charges you fees that you cannot afford.

As Dr. Gro Brundtland said at the event hosted by the Governments of Thailand, South Africa, Japan and Chile, The Rockefeller Foundation, and the International Health Partnership (IHP) 2030 in New York on 22nd September 2016:

‘The Elders share the opinion of the WHO and the World Bank, and many experts and campaigners, that the indicator to be adopted by the UN Inter- Agency and Expert Group for Target 3.8 must address the issue of financial protection coverage, rather than looking at the number of people covered by health insurance. Insurance is not a measure or guarantee of financial risk protection. We are concerned that this kind of indicator for UHC could undermine measuring real progress.’

At Oxfam we share this view. One billion human beings are being denied medical care each year because they cannot afford to pay. 100 million people are pushed into poverty each year paying for needed health care. To see how health costs impact on real lives, read Esther’s and Nhut’s stories below, which illustrate how prohibitive health care costs lead to greater hardship for the whole family – or even death. We cannot let the millions of stories like Esther’s and Nhut’s remain invisible and uncounted.


‘COVERAGE BY A PUBLIC HEALTH SYSTEM’ MEANS NOTHING IF LIKE FOR ESTHER IN MALAWI, THAT PUBLIC HEALTH SYSTEM CHARGES FEES YOU CANNOT AFFORD.



A year ago Esther fell pregnant with her first baby – she was so happy. During labour Esther’s blood pressure became dangerously high but the staff at the hospital refused to see her because she couldn’t pay the \$3 fee. Esther collapsed, unconscious. A passing doctor eventually took pity and dragged Esther into theatre. But it was too late, her baby had died.

Esther is just one of one billion people denied medical care each year because they cannot afford to pay.

‘COVERAGE BY HEALTH INSURANCE’ MEANS LITTLE IF LIKE FOR NHUT IN VIETNAM, YOUR HEALTH INSURANCE FAILS TO COVER THE COST OF LIFE SAVING HEALTH CARE.



This is 15 year old Nhut. He was diagnosed with a life threatening brain tumour and needed emergency surgery. His health insurance did not cover the cost of the operation or his ongoing treatment. Nhut’s family were forced to take high interest loans and sell everything they owned to pay the bill themselves.

“We have nothing left. No house, no farm land, no livestock” his father told us. *“We will do anything to save our son”.*

Nhut is just one of 100 million people pushed into poverty each year because of health care costs.

Oxfam welcomes the IAEG-SDG’s decision to consider refinement of the indicator for financial protection for UHC (3.8.2). We also welcome the open consultation for refinement of this and other indicators.

Oxfam strongly supports the indicator proposed by the WHO and World Bank as a refinement – not as an addition but to act as a replacement – to the current indicator 3.8.2.

The refined indicator is a meaningful measure of financial protection– and allows for disaggregation, including by income and gender, as is required. This refinement is the indicator proposed by the WHO and World Bank after a 3 year open and transparent consultation process with the global health community. Data for household expenditure on health can be collected for this indicator from existing nationally representative household surveys.

This alternative indicator, in our view, necessarily enables us to hold governments to account – and is a fundamental means to ensure we leave no one behind.