

Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

World Health Organization (WHO)

WHATIS SDG



By 2030, achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

United Nations

THE COMPANY OF THE PARTY OF THE



As a measure of SDG indicator 3.8.1, the UHC service coverage index combines 14 tracer indicators of service coverage into a single summary measure, including (4) Child treatment: % children <5 with symptoms of acute respiratory infection in 2 weeks presurvey for whom advice or treatment was sought from a health facility or provider.

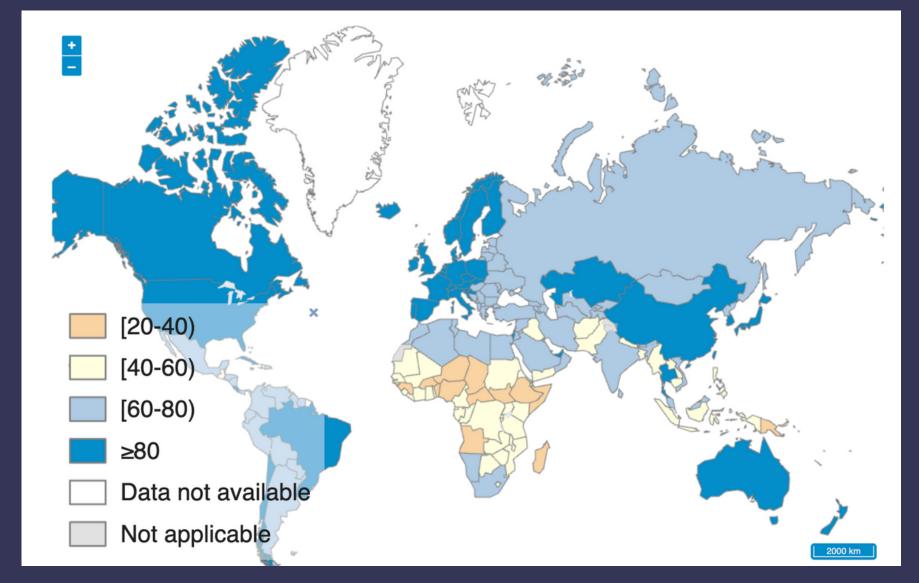




The world is off track to make significant progress towards the UHCSDG target by 2030 as improvements to health services coverage have stagnated since 2015, and the proportion of the population that faced catastrophic levels of out-of-pocket health spending has increased.

World Health Organization, 2023

ASPENDENCE OF STATES





World Health Organization, 2023

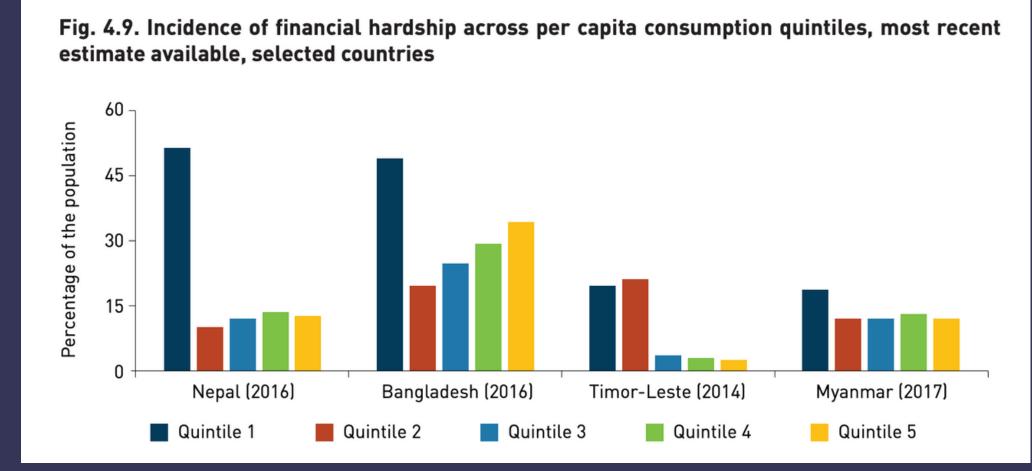
ASPENDENCE OF SURVEY



The South-East Asia Region continued to be the second worst-performing region in the world on catastrophic out-of-pocket health spending. However, in Thailand, the % of the population spending more than 10% of household budget out-of-pocket healthcare fell from 5.6% in 2000 to 1.9% in 2019.

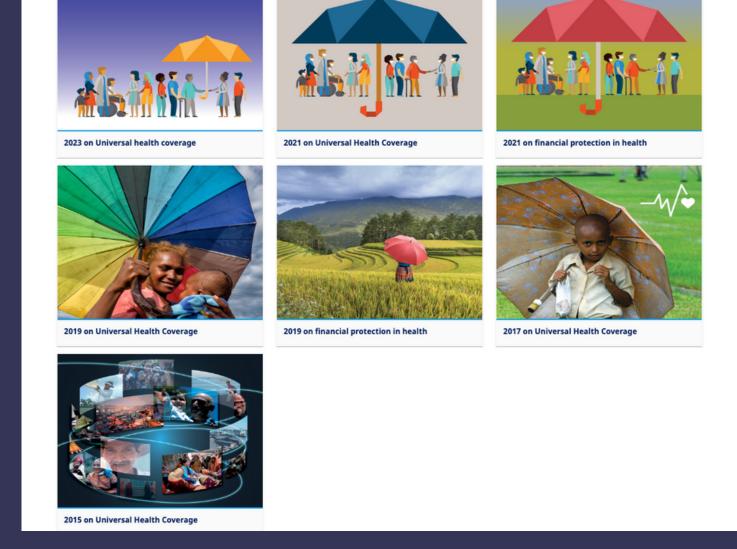
WHO/World Bank, 2023

ASTA PERSONAL PROPERTY OF THE PROPERTY OF THE

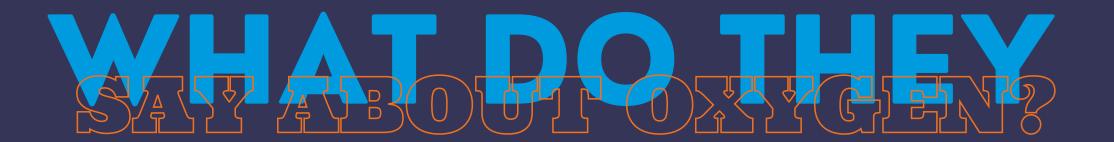




TIC WORTHORS THE STREET







NOTHING!



THE CHARGE TO STATE OF STATE O





2019

oxygen = zero

vaccine = 12X

2023

oxygen = zero vaccine = 24X

2027

?

THE WAR BOXY CHEN BESOLUTION?



Reaffirming the critical role of medical oxygen in the achievement of the SDGs for health, including...accelerating progress towards <u>universal health</u> <u>coverage</u> (target 3.8).

Member States

(1:2) to develop costed national plans to increase access to quality assured, affordable medical oxygen systems and personnel to meet the identified needs of all patients in the context of national achievement of the health-related SDGs and universal health coverage.

(1:11) to monitor access to safe, affordable, quality assured. medical oxygen and related services throughout their health systems, as part of national efforts to achieve <u>universal health</u> <u>coverage</u>.

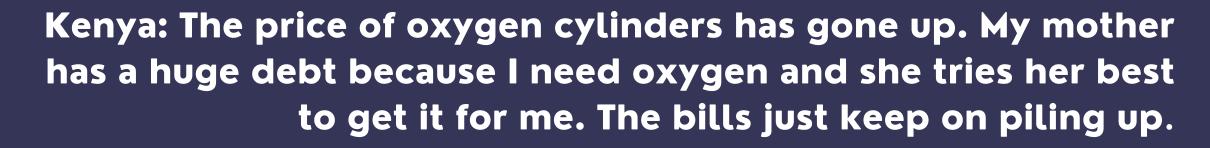
THE RESOLUTION?

Director-General

(2:1) to continue to highlight medical oxygen as an essential medicine and to highlight the related priority medical devices and infrastructure that must be available to all patients who need them as part of quality health systems contributing to universal health coverage.



WHAT DO WE KNOW ABOUT THE COSTS OF MEDICAL



Nigeria: When the oxygen was removed, we moved her to the house until she breathed her last. It was a terrible experience. The family is poor. We don't have money. That was the reason we lost the woman.

Egypt (\$US7 daily income per capita): The price of a cylinder hiked up to \$US255 from \$US115 before the spread of the virus.





WHAT DO WE KNOW ABOUT THE GOSTS OF MEDICALL



Brazil (\$US21 daily income per capita): At the height of the shortage crisis in Brazil's Manaus region in January [2021], the price of a 50-liter oxygen container went up 6.5 times, to almost \$US1,200.



Peru: I feel helpless, angry and furious, I feel like my hands are tied. My father is sick and we can't afford something that is so essential for him to survive.

Mexico (\$US21 daily income per capita): At the height of the oxygen shortage in Mexico, a cylinder of oxygen cost more than \$US800, up to 10 times the cost paid by a US hospital.

WHAT DO WE KNOW ABOUT THE COSTS OF MEDICALL

Indonesia (\$US9 daily income per capita): The price for a tank of oxygen had jumped to \$US140 from the usual \$US50.

PNG (\$US7 daily income per capita): When we went to the oxygen bottle supplier, BOC, we were confronted with the reality of the high cost of the oxygen bottle (\$US193), flowmeter (\$US110), and regulator (\$US412).

India (\$US5 daily income per capita): One man in India told AFP that he paid 45,000 rupees, about \$US600, for a cylinder of oxygen. That is about nine times its normal price.



WHAT CAN WE DO 100 CHANGE TO COMPANY TO THE PROPERTY OF THE PR



The COVID-19 pandemic has amplified these high out-of-pocket costs for oxygen in every region of the world, exposing the tragic results when patients cannot afford to pay. A study by The Bureau of Investigative Journalism in August 2020 documented high and varied prices for oxygen across Africa and found small rural hospitals in Kenya and Nigeria paying five to 10 times more for a cylinder of oxygen than a London hospital.

WHAT CAN WE DO CHANGE DO CHANGE



UNIVERSAL HEALTH COVERAGE (UHC) DAY

Why the costs of medical oxygen must be included in Universal Health Coverage

12 December 2021



WHAT CAN WE DO TO CHANGE THE PROPERTY OF THE P

Every Breath Counts calls on all national governments to ensure that:

- 1. Pulse oximetry and oxygen are free at the point-of-care, especially for patients most at risk of death from hypoxemia.
- 2. Pulse oximetry and oxygen are available in primary health facilities and to transport hypoxemic patients to higher-level health facilities. No patient should die of hypoxemia because their primary health facility did not have oxygen nor could provide any en route to a hospital.
- 3. Pulse oximetry and oxygen are available at all secondary and tertiary hospitals.
- 4. Health facilities at all levels have adequately trained and remunerated health staff to accurately operate pulse oximeters and oxygen therapies (from all sources), and have expertise in administering invasive and non-invasive ventilation, and all the associated respiratory care technologies.
- 5. Health facilities at all levels have adequately trained and remunerated biomedical engineering staff to maintain pulse oximeters and oxygen therapies (from all sources) and have expertise in maintaining invasive and non-invasive ventilation, and all the associated respiratory care technologies.





HAT CAN WE DO TO CHANGE TO SELECTION OF THE PROPERTY OF THE PR





To document the high out-of-pocket costs of oxygen treatment, Every Breath Counts is launching a new campaign on Universal Health Coverage Day - You Paid WHAT? The Crippling Costs of Oxygen Treatment. If you are an adult or the parent of a child who has incurred high out-of-pocket costs for medical oxygen in recent years, we want to hear from you. Simply answer the seven simple questions below. Your identity will be protected. We will be collating and sharing publicly the information you provide, without attribution, to raise awareness.





Lancet Global Health Commission on Medical Oxygen Security

Patient Testimony

Pakistan: My treatment cost 5,000,000 rupees (\$US18,000) and I had to get 2,000,000 (\$US7,000) from my parents, 2,000,000 (\$US7,000) in loans from friends and family, and 1,000,000 (\$US4,000) from my father's health insurance.



Pakistan: The government doesn't support oxygen purchases. People have to pay for their own. It cost me 840,000 rupees (\$US3,000) for my concentrator and should last for life.



WHAT CANYOUDO TOBSONS OF THE PROPERTY OF THE P

Opportunities for Action

- 1. UHC2030 and UHC Day (12 December 2024)
- 2. Lancet Global Health Oxygen Commission, 2025
- 3. Disease Control Priorities 4 (DCP4), 2025
- 4. UHC High-level Political Meeting, 2027
- 5. What will you be doing?



HATS 2030?

https://www.uhc2030.org/

- Steering Committee (Co-chairs Gabriela Cuevas Barron, former Mexican MP and honorary President of the IPU, Dr Justin Koonin, President, AIDS Council of New South Wales)
- Political Advisory Panel
 - Ms. María Fernanda Espinosa Garcés, President of the 73rd Session of UNGA
 - Dr. Vytenis Povilas Andriukaitis, Former European Commissioner
 - Prof Ilona Kickbusch, Graduate Institute for International and Development Studies
 - Dr. Sania Nishtar, Member of the Senate of Pakistan (now Gavi CEO)
 - Joy Phumaphi, Executive Secretary, African Leaders Malaria Alliance
 - Ms. Emilia Saiz, Secretary General of the United Cities and Local Governments
 - Mr. Elhadj As Sy, Chair of the Board, Kofi Annan Foundation
 - Prof. Keizo Takemi, Member of the House of Councillors, Japan
 - H.E. Mrs. Fawzia bint Abdulla Zainal, Speaker of the Council of Representatives
- Secretariat
 - World Health Organization, the World Bank, and OECD



HATS CDAY



12 December

https://universalhealthcoverageday. org/

#HealthforAll





THE LANGET ON COMMENT





https://stoppneumonia.org/latest/lancet-globalhealth-oxygen-commission/







Disease Control Priorities (DCP) assess the most up-to-date evidence on the most cost-effective interventions to address the burden of disease in low-resource settings.

There have been three editions and a fourth will be published in 2024:

• DCP 1: 1993

• DCP 2: 2006

• DCP 3: 2015-18

• DCP 4: 2024+



Core partners include University of Washington, World Bank, Fogarty International Center, World Health Organization, Gates Foundation, + more



Convene a high-level meeting on universal health coverage in 2027 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, the scope and modalities of which shall be decided no later than the eightieth session of the General Assembly, taking into consideration the outcomes of other existing health-related processes and the revitalization of the work of the General Assembly.

Political Declaration of the High-level Meeting on Universal Health Coverage, 2023

