

UNIVERSAL HEALTH COVERAGE

The overarching goal for any health system

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What is Universal Health Coverage?

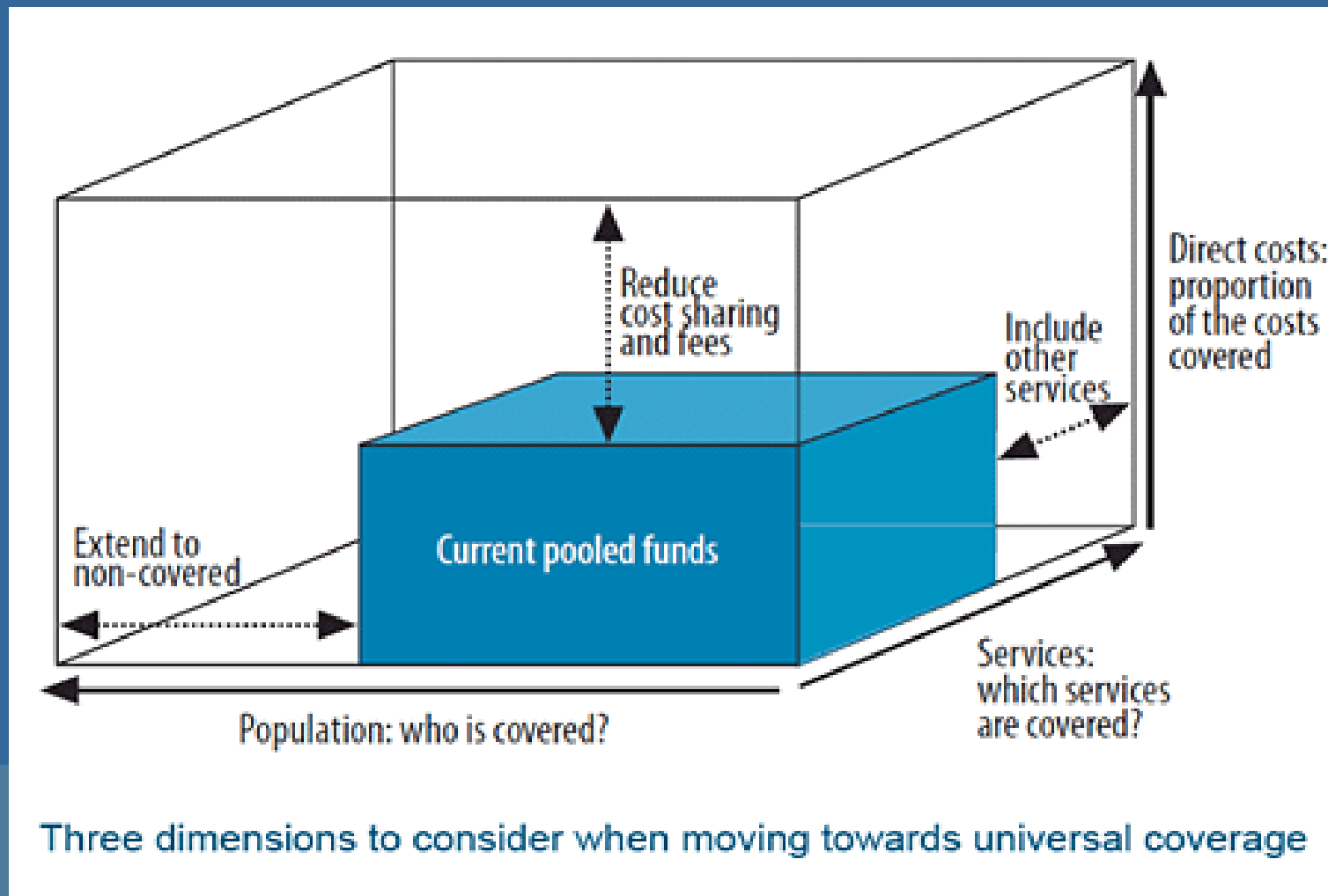
- Definition:

- Provide all people with access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective;
- Ensure that the use of these services does not expose the user to financial hardship“
 - World Health Report 2010, p.6

Moving toward UHC

UHC is a social contract with 3 dimensions:

- a set of essential services for all
- protection from financial hardship
- progressive realization, starting with reaching the most excluded segments of societies



For relevance, think of UHC as a direction, not a destination

- No country fully achieves all the coverage objectives
 - And harder for poorer countries
- But all countries want to
 - Reduce the gap between need and utilization
 - Improve quality
 - Improve financial protection
- Thus, moving towards UHC is relevant to all countries, and every country can do something to make progress

Idea of UHC is not new

- Emerged in particular after 2nd World War
 - Push for “social cohesion” in Europe
 - Concept of “human security” in Japan
- WHO constitution “highest attainable standard...” for all
 - And later Alma Ata – “Health for All”
- Universal Declaration of Human Rights, includes “right to...medical care”
- Embedded in many national constitutions

What UHC brings to public policy

- Coverage as a “right” (of citizenship, residence) rather than as just an employee benefit
 - Critically important implications for choices on revenue sources and the basis for entitlement
- Unit of analysis: system, not scheme
 - Effects of a “scheme” is not of interest per se; what matters is the effect on UHC goals considered at level of the entire system and population
- An explicitly political agenda...because it involves redistribution

What the world has said...

HEALTH IN THE SDG ERA



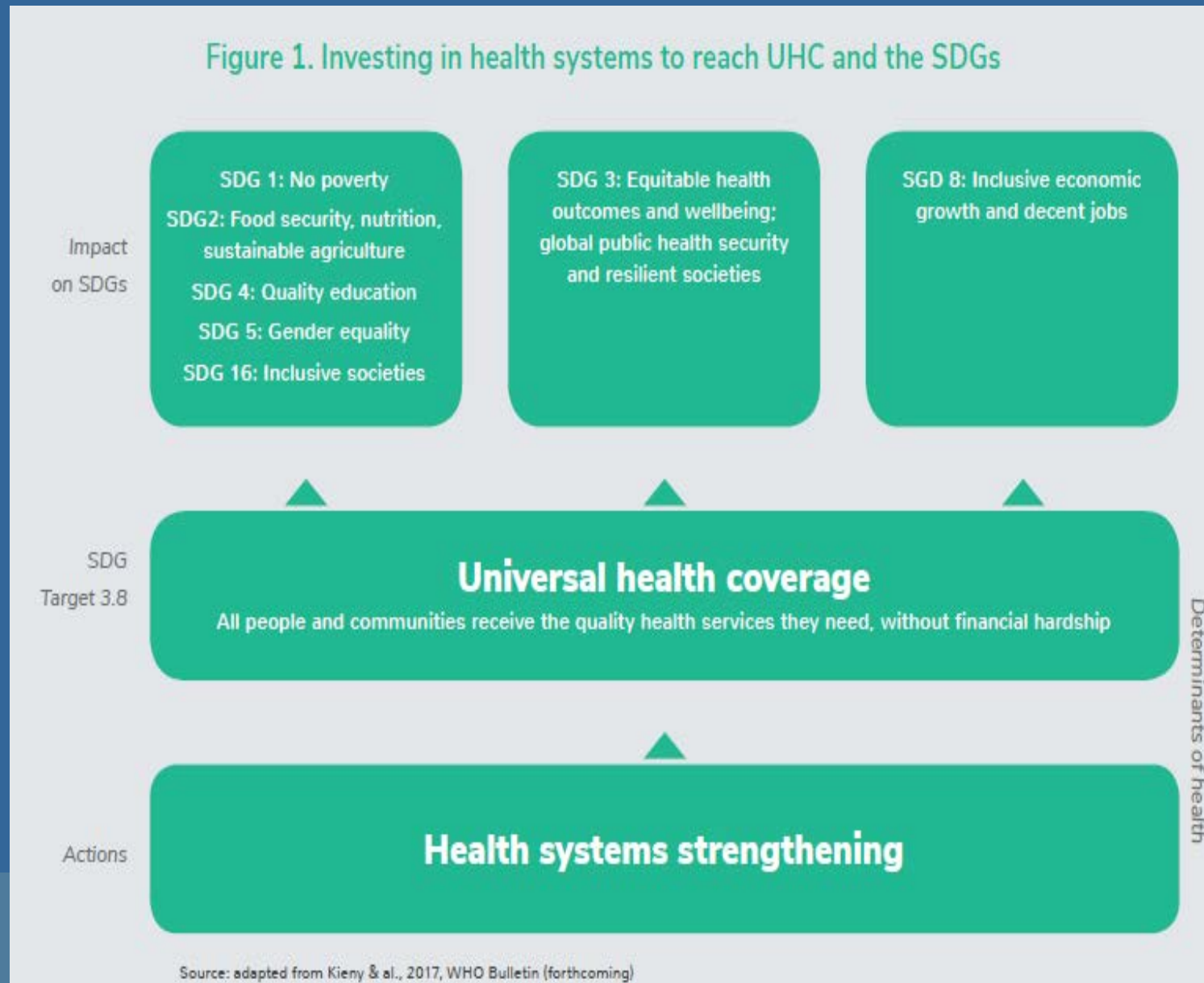
World Health Organization

WWW.WHO.INT/SDGS



Universal Health Coverage is embedded in the SDG Health Goal

Figure 1. Investing in health systems to reach UHC and the SDGs



Measuring HSS for UHC

WHO framework

SDGs Impact

Infant Mortality
Maternal Mortality
Nutrition
NCD prevalence and mortality
HIV, Malaria, TB, Hepatitis prevalence and mortality
Impoverishment from illness
Income Equality (Gini Coefficient)

UHC

Menu of UHC interventions and indicators
Health expenditures as a proportion of household budget
Equality of UHC index

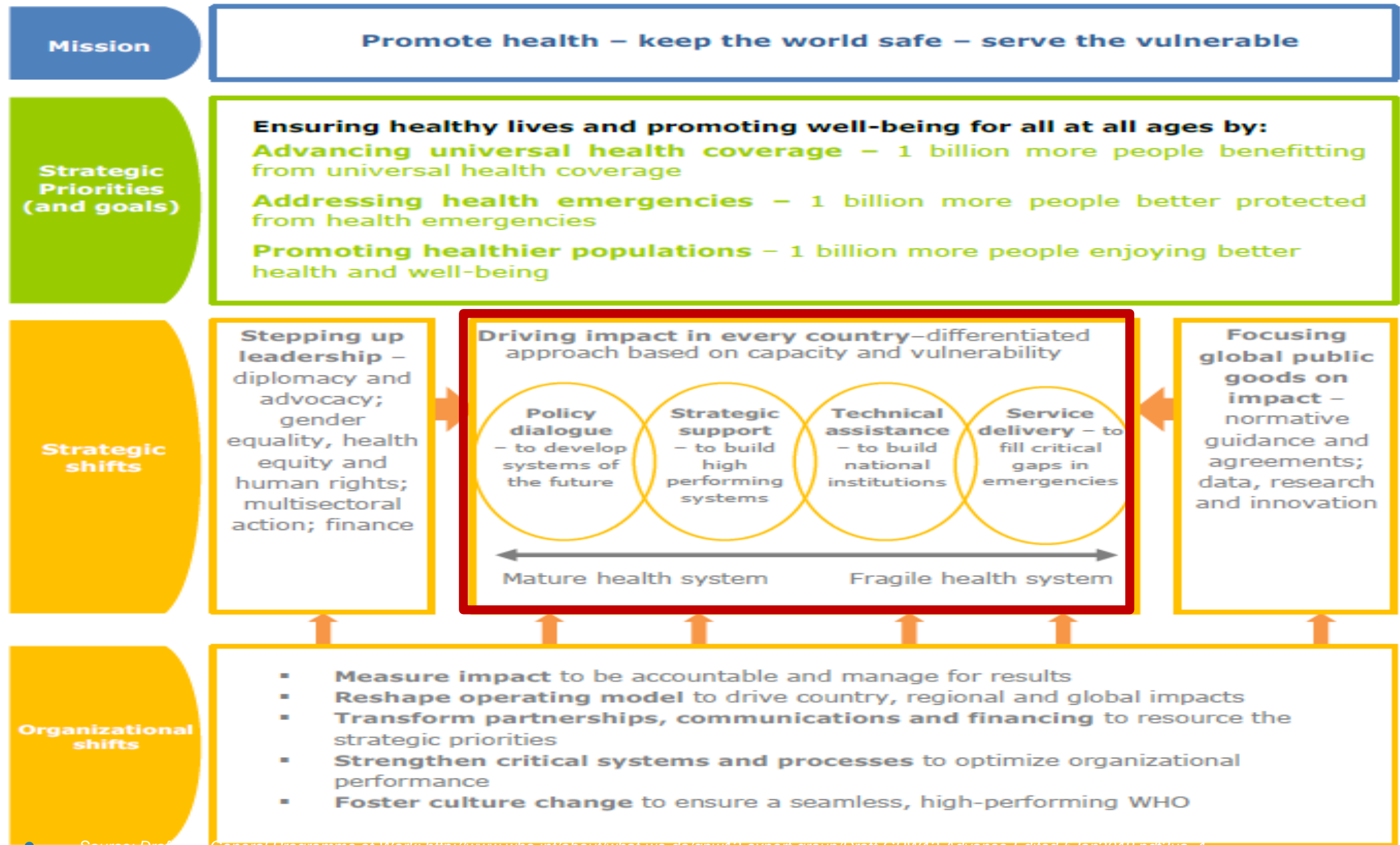
Health System

Out-of-pocket spending as a share of total health expenditures	IHR
% of clinics with water, electricity and connectivity	Density of health workers
Surveillance System	Availability of 20 essential medicines
	Freedom of information

WHO'S PROGRAMME OF WORK AND UHC

WHO 13th GPW 2019-2023: 4 modalities

Fig. 1. Overview of WHO's draft thirteenth general programme of work 2019–2023: strategic priorities and shifts



WHO 13th GPW: 4 modalities

- **Universal Health Coverage:**

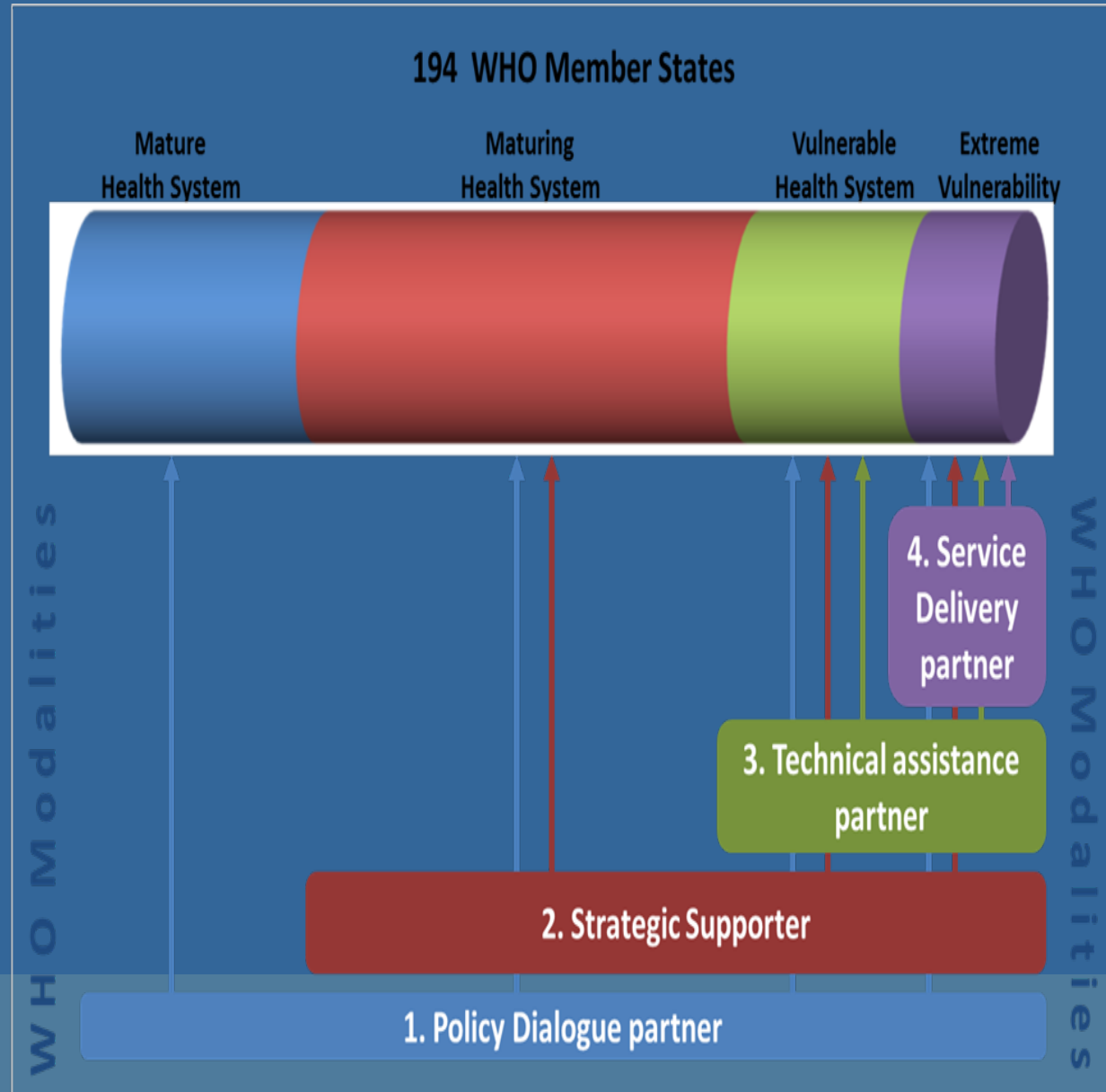
All people and communities receive needed quality health services without financial hardship

- **Health Systems Strengthening:**

The means to achieve UHC, Health Security and SDG's

- **WHO four modalities support:**

Tailored to country health system context



3. WHO in motion towards UHC

MODALITY 1: Policy Dialogue partner

WHO? RO/HQ : distance support & missions

- Strategic agreement on UHC support
- Policy dialogue support missions
- High level technical expertise
- Intercountry learning + normative guidance

Practical example 2016-2017

Greece: Policy dialogue on public health reform in Greece: public health in the 21st century

Examples of WHO products

IHR certification; Health reforms; laws & regulations; fiscal space; private sector; labour market; pricing policies; e-health policies; quality & safety policies; etc.

MODALITY 2: Strategic Supporter (~90 countries)

WHO? WCO: ~2 Staff HSS & IHR for UHC

- WCO UHC support plan development
- WCO national level day-to-day support
- WCO Long term policy dialogue expertise
- RO intercountry peer learning
- RO/HQ backstopping + normative guidance

Practical example 2016-2017

Tunisia: Citizen jury & public accountability

Moldova: PHC & Hospital reform

Morocco: Institutional review of the health sector agencies

Examples of WHO products

IHR capacity building; institutional reforms; performance assessments; accountability mechanisms; PFM assessments; interministerial dialogue on Health Workforce; data interoperability; AMR action plans; etc.

MODALITY 3: Technical assistance partner (~35 countries)

WHO? WCO: ~10 Staff HSS & IHR for UHC

- WCO UHC support plan development
- WCO national level day-to-day support
- WCO IHR&HSS expertise: all areas
- RO Missions & intercountry peer learning
- RO/HQ backstopping + normative guidance

Practical example 2016-2017

Burkina Faso: Health financing strategy

Guinea: Health workforce pre-service education

Sierra Leone: HRH strategy

Examples of WHO products

IHR roadmap development; donors coordination; district services management; health strategic plans; PFM bottlenecks assessment; workforce data collection; NHIS/DHIS implementation; PHC package development; etc.

MODALITY 4: Service Delivery partner (~10 countries)

WHO? WCO: ~30 Staff HSS & IHR for UHC

- WCO UHC support&Recovery plan development
- WCO national&sub-national day-to-day support
- WCO expertise: ALL areas (HSS/IHR/Emergency)
- RO/HQ intensified technical support Missions
- RO/HQ backstopping + normative guidance

Practical example 2016-2017

Yemen: Health sector support programme with WB, Unicef & WFP

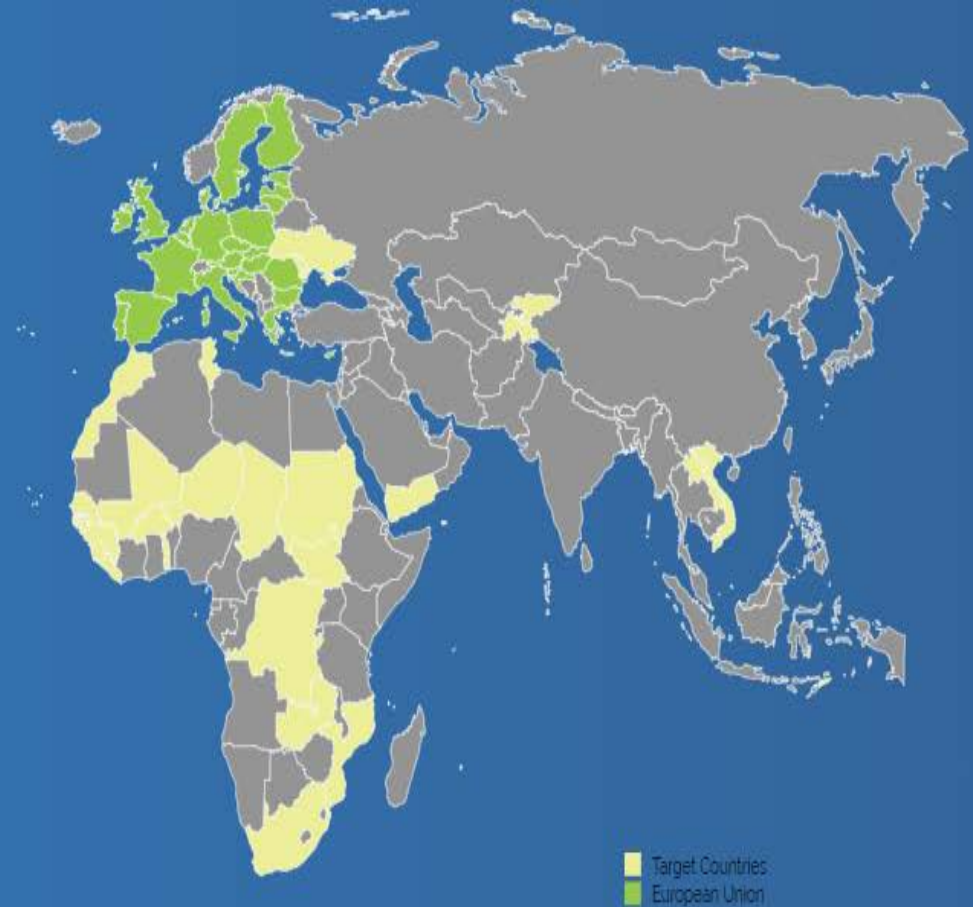
South Sudan: donors coordination; national health policy

Examples of WHO products

Surveillance & basic IHR functions; donors coordination; essential governance functions; financial management; support to education institutions; procurement&supply of essential drugs & equipments; information systems essentials; etc.

HOW DOES IT TRANSLATE AT COUNTRY LEVEL? THE UHC PARTNERSHIP

The UHC Partnership supports policy dialogue, with a view to promoting universal health coverage in 35 partner countries.

[Learn More >](#)

UHC Partnership [UHC-P]

- **The “Universal Health Coverage Partnership” (UHC-P)** aims at supporting WHO Member States in health systems strengthening activities for the achievement of Universal Health Coverage
- **The UHC-P started in 2011 with 7 countries and progressively expanded to reach about 36 countries in March 2018.**

UHC Partnership [UHC-P]

- **Funded by the EU, Luxembourg and Ireland, and implemented by WHO, it represents a budget of \$80 Million for the period 2011-2018,**
- **The UHC-P is based on the following principles: results oriented; country ownership; aiming at leveraging domestic resources; and highly flexible to adapt to evolving country situation.**
- **UHC-P as an asset and a model for the implementation of the WHO 13th GPW**



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Roadmaps: *hundreds of activities*

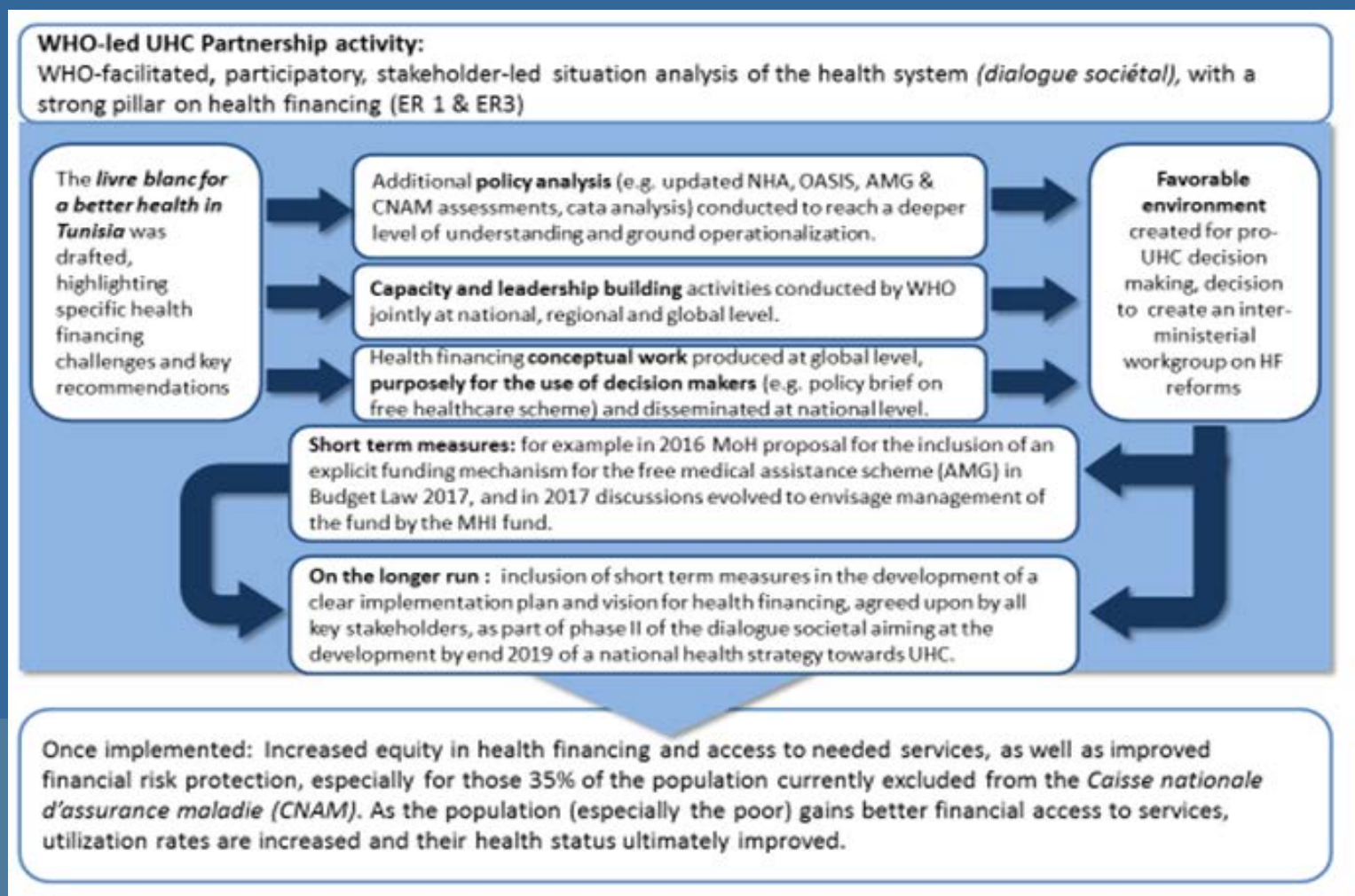


Launch of Phase II of the Dialogue Societal in Tunisia commenced in July 2017

“Cette deuxième phase vise, essentiellement, à mettre en œuvre les recommandations prévues par le “livre blanc” issu de la première phase du dialogue menée avec le soutien de l’Organisation Internationale de la Santé et l’Union européenne”.

Mrs. Samira Merai, former Minister of Public Health, Tunisia

Source: <https://directinfo.webmanagercenter.com/2017/07/18/tunisie-demarrage-de-la-2e-phase-du-dialogue-societal-sur-la-reforme-du-secteur-de-la-sante/>





Moving from health financing reform planning to implementation mode in Ukraine

WHO-led UHC Partnership activities: have supported reform planning for the sector-wide reform, creation of the strategic implementation plan, and are now focusing on supporting the reform implementation stage

Elaboration of the Health Financing Concept Note (2016)



Law on State Financial Guarantees for Provision of Medical Services

– adopted by the Parliament and enacted by Presidential Decree on 27 Dec 2017

Principles and values set in the Health Financing Concept Note have been successfully translated into the framework legislation on health financing of health care in Ukraine

Additionally, the *bylaws for implementation of the new health financing system* have been drafted in 2017 along with the *development of governance and organisational* structure for the new health financing system. In this regard, *the establishment of the National Health Purchasing Agency (NHPA)* will help to change fund flows: moving away from historical line-item budgets to capitation and case-based payment models will allow changing the behavioural patterns of health care providers.



Current reforms in health financing have opened the possibility to significantly improve

- access to health care services,
- financial protection of the population and
- efficiency of health care service provision



Human Resources for Health Management in Mali

UHC Partnership-led activities:

Support to the evaluation of the current human resources for health plan and technical assistance to the development of a new plan in cooperation with WHO Country Office and various partners, in particular USAID



Due to flexible funding modalities of the UHC Partnership, an additional activity was added to support the elaboration of an investment case for human resources for health. The objective was to analyse the current situation and gain a better understanding of persisting deficits, highlighting the need for more health professionals. One of the recommendations was to invest more money into the recruitment process.



As a result, following significant advocacy efforts, more resources were dedicated to the recruitment process. The number of professionals being recruited increased from 400 in 2016 to more than 1200 in 2017



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DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère des Affaires étrangères
et européennes

Direction de la coopération
au développement et
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