

# UNIVERSAL HEALTH COVERAGE: HOW TO MAKE IT HAPPEN?

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

Direction de la coopération  
au développement et  
de l'action humanitaire



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**World Health  
Organization**

# Idea of UHC is not new

- Emerged in particular after 2<sup>nd</sup> 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

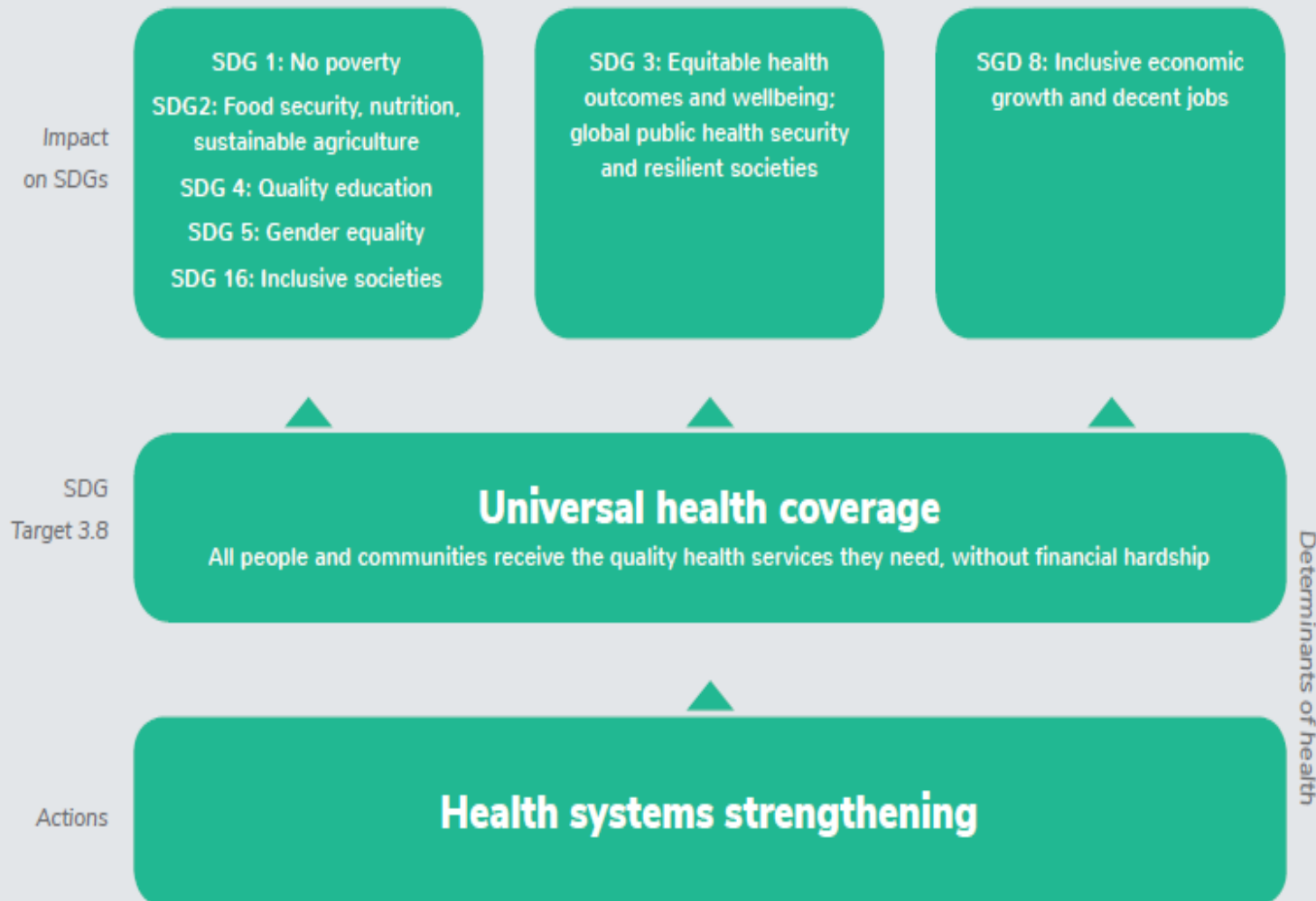
# What the world has said...

## HEALTH IN THE SDG ERA



# Universal Health Coverage is embedded in the SDG Health Goal

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



Source: adapted from Kiemy & al., 2017, WHO Bulletin (forthcoming)

# What is Universal Health Coverage?

- Definition:

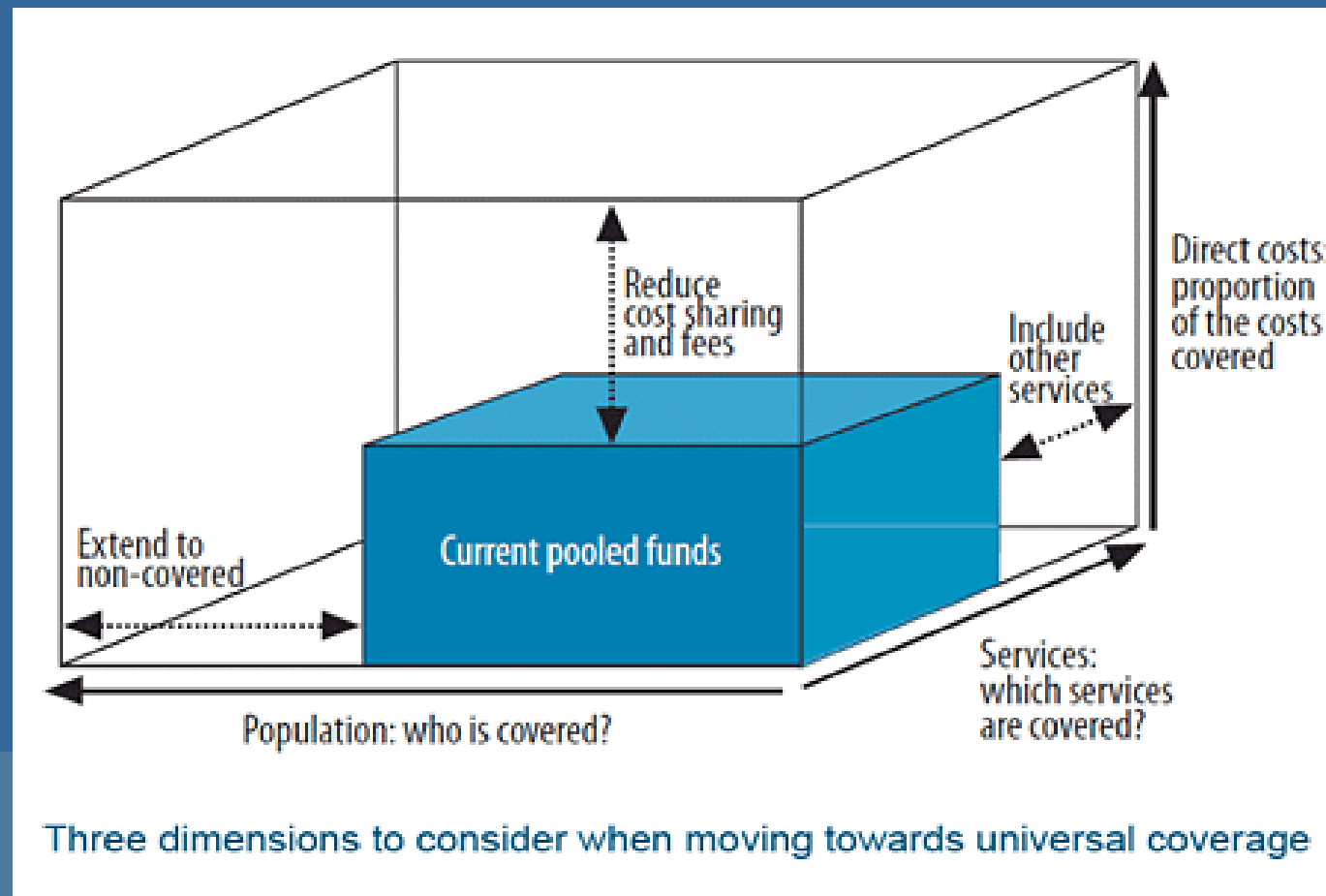
- Provide all people with access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective;
- Ensure that the use of these services does not expose the user to financial hardship“

- World Health Report 2010, p.6

# Moving toward UHC

UHC is seen as all people and communities have access to health services they need without financial hardship. UHC is a social contract which evolves overtime and independently of technology. Three dimensions:

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



# The 3D's of decision making – framework for UHC work





# 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**

UHC index (16 indicators)  
[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

% of clinics with water, electricity  
and connectivity

Surveillance System

IHR

Density of health workers

Availability of 20 essential medicines

Freedom of information

# 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

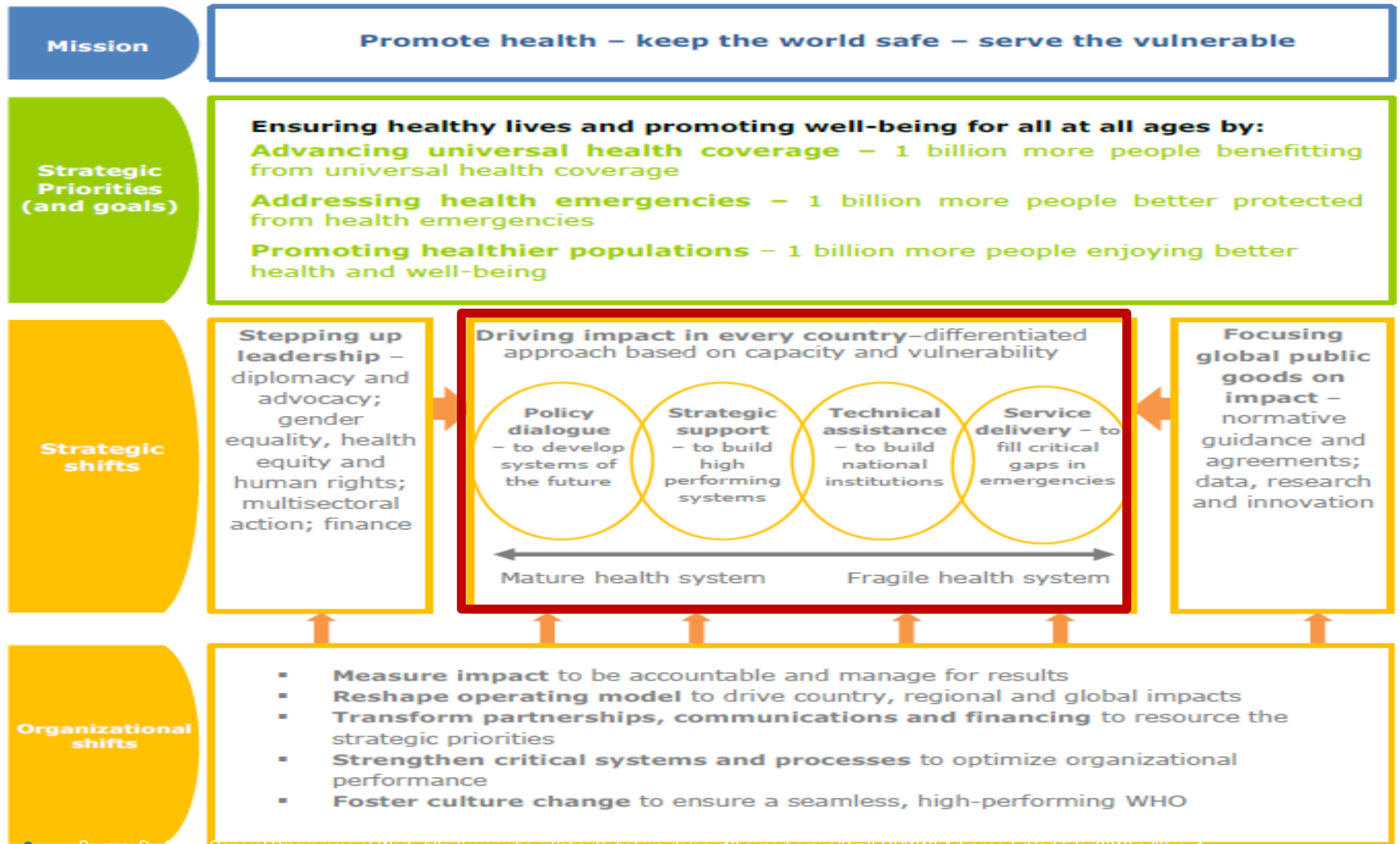
# **Do remind!** It takes more than health financing to make progress towards UHC

- Health financing policy directly affects financial protection; policy on medicines does as well
- Many parts of the system (organization of service delivery, human resources, medicines, technologies, financing) combine to influence service utilization
- Financing may only be complementary instrument for influencing quality (service delivery, human resources/medical education, medicines, technologies, information)

**WHAT DOES WHO PROPOSE IN ITS  
PROGRAMME OF WORK?**

# WHO 13<sup>th</sup> GPW 2019-2023: 4 modalities

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



# WHO 13<sup>th</sup> GPW: 4 modalities

- Universal Health Coverage:**

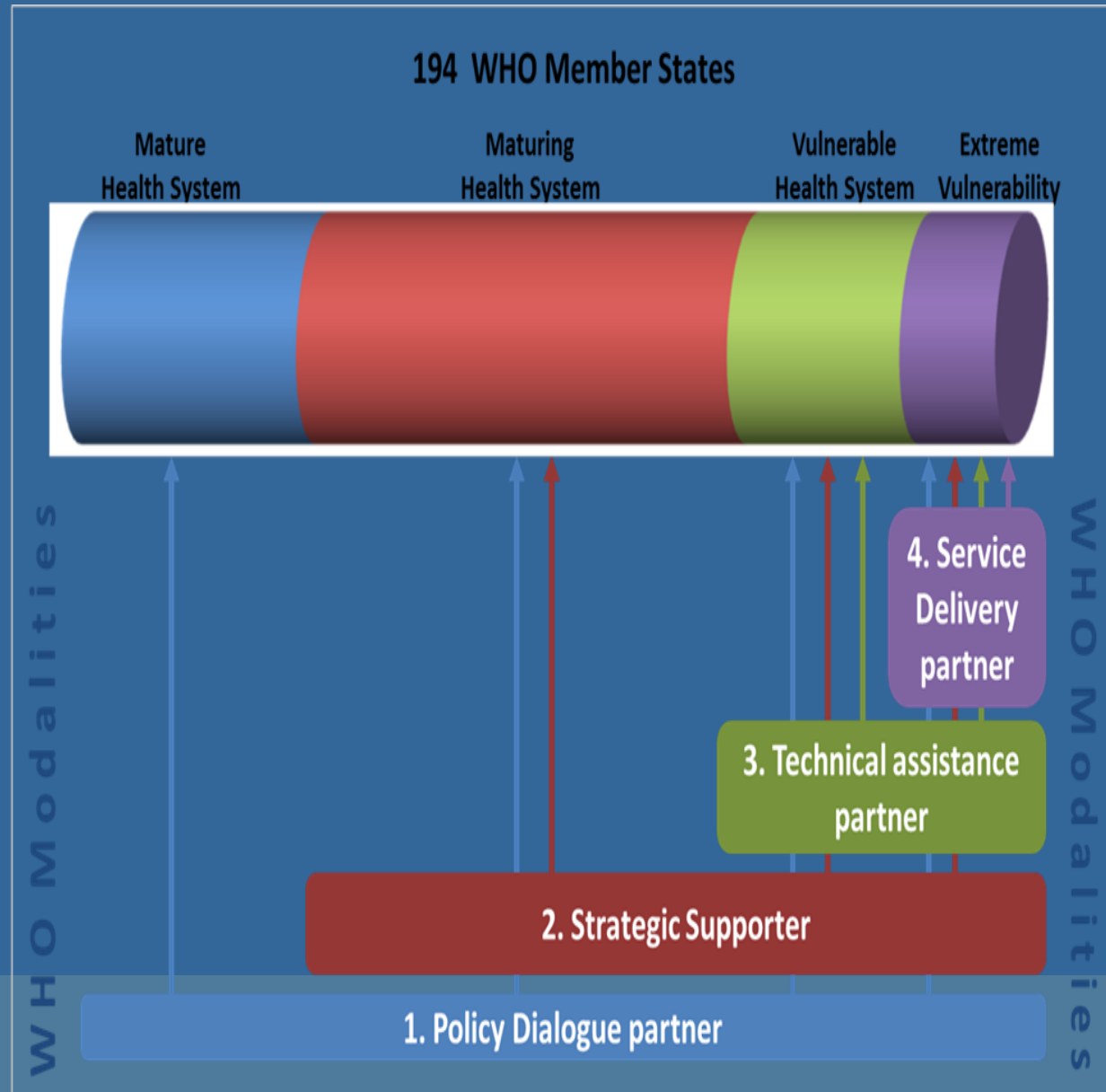
All people and communities receive needed quality health services without financial hardship

- 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

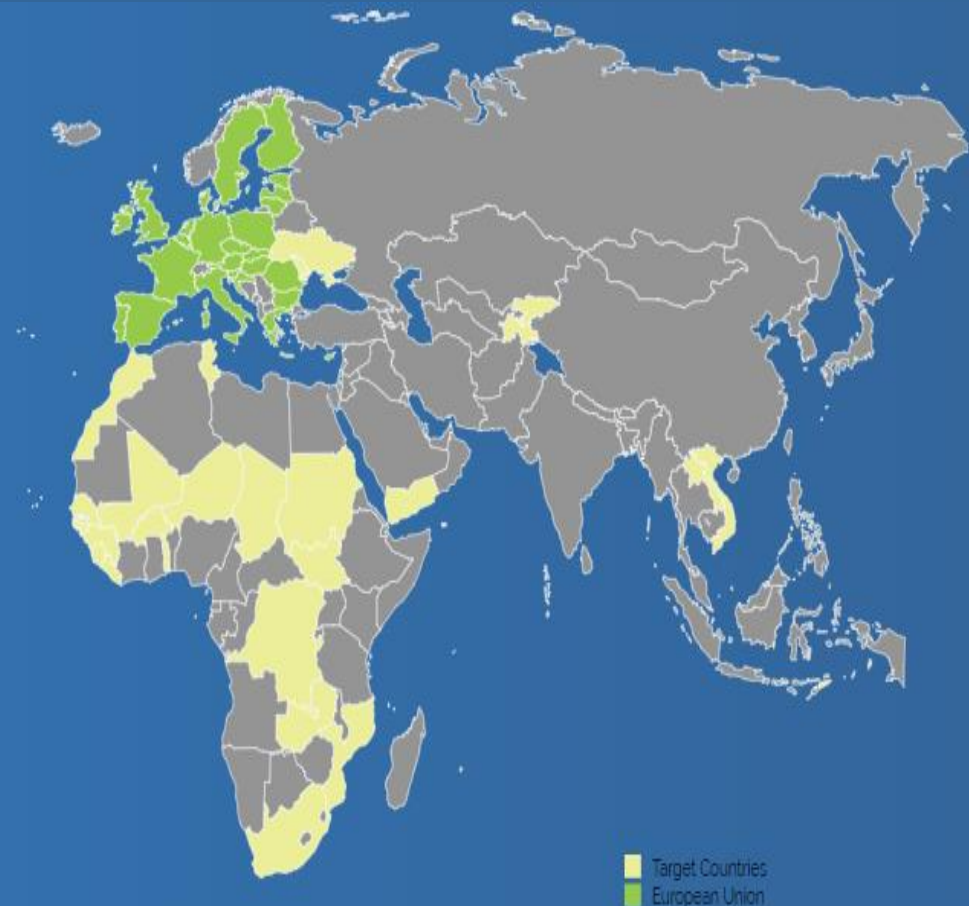
**Examples of WHO products**

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 >](#)





# The EU-Luxembourg-Ireland / WHO UHC Partnership [UHC-P]

- The “**Universal Health Coverage Partnership**” (UHC-P) aims at supporting WHO Member States in the development and implementation of health system strategies 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.

# The EU-Luxembourg-Ireland / WHO UHC Partnership [UHC-P]

- **Funded by the EU and Luxembourg and further joined by Ireland, it represents a budget of \$80 Million for the period 2011-2018, of which \$61 Million funded by the EU (= €51 M EUR)**
- **In practice, the UHC-P provides support to Ministries of Health in the form of WHO technical assistance specialized in Health Systems and seed money for catalytic activities.**

# The EU-Luxembourg-Ireland / WHO UHC Partnership [UHC-P]

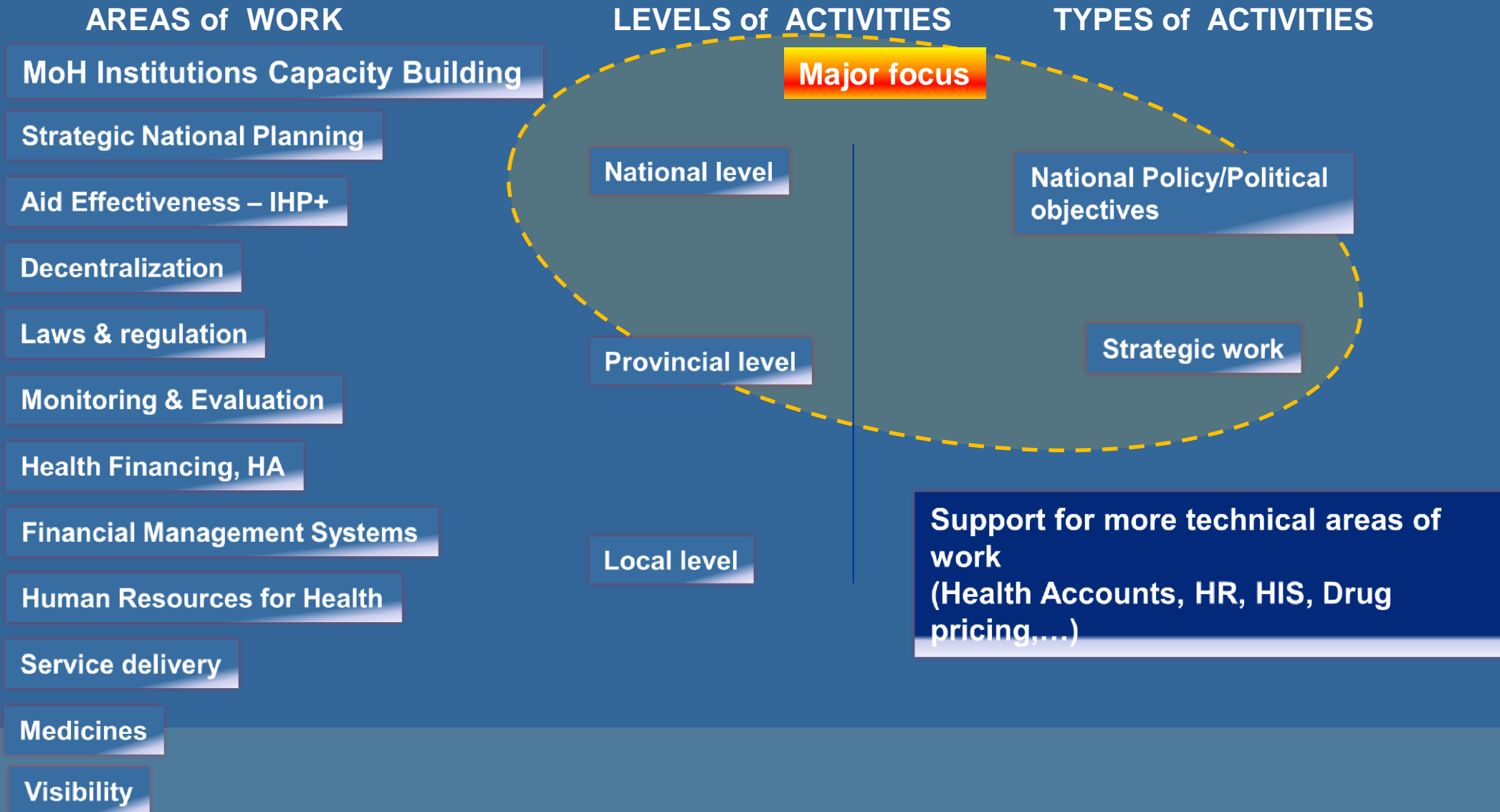
- **The UHC-P is a truly corporate programme that involves the 3 levels of the organisation: Country Offices (70% of resources - direct assistance to countries), Regional Offices (15 % of resources - direct backstopping), and HQ (15% of resources - coordination and normative work)**
- **The UHC-P is based on the following principles: results oriented; country ownership; aiming at leveraging domestic resources; and highly flexible to adapt to evolving country situation.**

# The EU-Luxembourg-Ireland / WHO UHC Partnership [UHC-P]

- **UHC-P as an asset and an example for the implementation of the WHO 13th GPW**
- **ensure coherence between the UHC-P EU funding and the ACP funding**
- **monitoring results using the new WHO 13th GPW Impact and Outcome Framework**, in addition to more detailed indicators for specific expected results in countries
- **UHC-P "Coordination Committee"** gathering donors, and 3 levels of WHO (May 2018).



# Major areas of work



# UNIVERSAL HEALTH COVERAGE PARTNERSHIP ROADMAP ACTIVITIES IN 28 TARGET COUNTRIES



<b>Strategic Objectives</b> 1. Strengthen health systems 2. Increase financial risk protection 3. Improve health equity 4. Increase coverage of essential services 5. Strengthen leadership and governance 6. Increase community participation and accountability 7. Strengthen evidence-based decision making	<b>Strategic Objective 1</b> Strengthen health systems - Increase health workforce capacity - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance																											<b>Strategic Objective 1</b> Strengthen health systems - Increase health workforce capacity - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance	<b>Strategic Objective 1</b> Strengthen health systems - Increase health workforce capacity - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance						
	<b>Strategic Objective 2</b> Increase financial risk protection - Strengthen health insurance - Improve health financing - Enhance health governance																											<b>Strategic Objective 2</b> Increase financial risk protection - Strengthen health insurance - Improve health financing - Enhance health governance	<b>Strategic Objective 2</b> Increase financial risk protection - Strengthen health insurance - Improve health financing - Enhance health governance						
	<b>Strategic Objective 3</b> Improve health equity - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance																											<b>Strategic Objective 3</b> Improve health equity - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance	<b>Strategic Objective 3</b> Improve health equity - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance						
	<b>Strategic Objective 4</b> Increase coverage of essential services - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance																											<b>Strategic Objective 4</b> Increase coverage of essential services - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance	<b>Strategic Objective 4</b> Increase coverage of essential services - Strengthen health systems - Increase financial risk protection - Improve health service delivery - Strengthen health information systems - Enhance health financing - Improve health governance						



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Ministry of Foreign and European Affairs  
Directorate for Development Cooperation  
and Humanitarian Affairs

Roadmaps: *hundreds of activities*

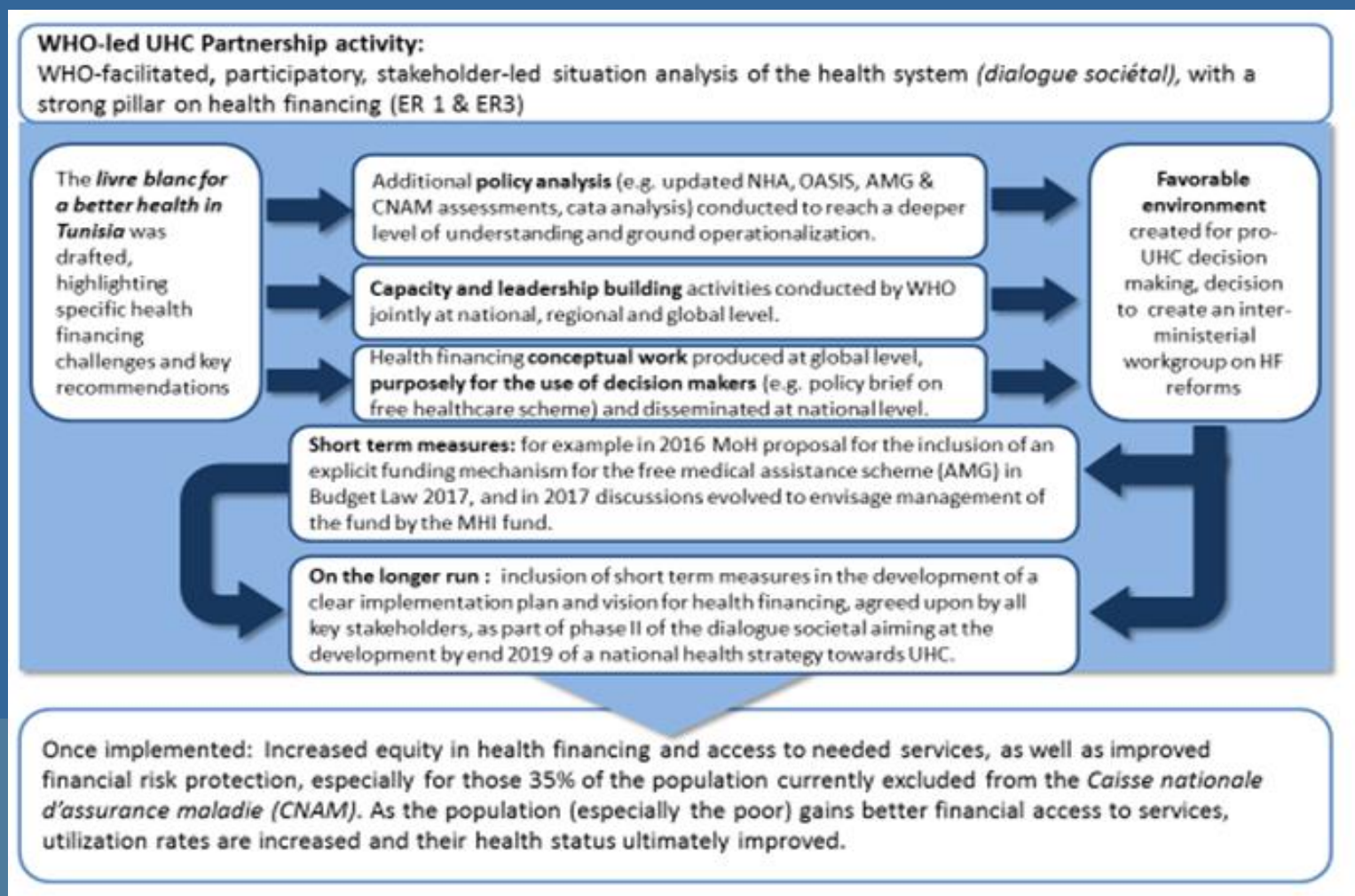


# Launch of Phase II of the Dialogue Societal in Tunisia commenced in July 2017

“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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