

# Health System Strengthening for Universal Health Coverage and Health security

Meeting with the EU Health Attachés  
Brussels, 4 October 2023

Fahdi Dkhimi, Sean Cockerham & Denis Porignon, WHO



**#UHCPartnership**

Powered by the  
*Joint working team* for PHC & UHC

# UHC, Health system strengthening, PHC

**Denis PORIGNON, SP-PHC**



## Expertise

145+ policy advisers on the ground

We work to strengthen health systems across the world. Our health policy advisers play a crucial role in bringing WHO's technical expertise in fostering policy dialogue, national health planning, health security, addressing noncommunicable diseases and more. We provide funding for catalytic projects and engage partners to enable effective development cooperation.

WHAT WE DO

## Solidarity

Over half a billion dollars in donor contributions

We invest in health for all. The UHC Partnership is one of WHO's largest initiatives on international cooperation for universal health coverage and primary health care. For over a decade, it has served as a platform for donors to work together in transforming global commitments to tangible results in countries. (\*funding up to 2026)

OUR DONORS



## People

125+ countries representing over 3 billion people

We bring health services closer to communities. The UHC Partnership is part of WHO's Special Programme on Primary Health Care, which promotes a whole-of-society approach in addressing health priorities and empowering people to take part in making decisions that affect their health and well-being.

WHERE WE WORK

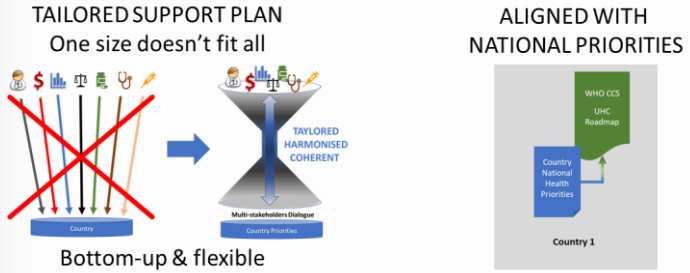


# The UHC Partnership provides WHO catalytic PHC for UHC support in 125 countries with >145 Health Policy Advisers in WCOs and ROs

**125**  
UHC-Partnership countries

<b>63</b> Million \$ In 2022	<b>3 levels allocation</b>			<b>9</b> UHC-Partnership donors
	70% Country Level	15% Regional Office	15% HQ	
<b>6</b> WHO Regional Offices	<b>&gt;145</b> WHO Advisors on the Ground			<b>Financial support</b>

## GPW13 BOTTOM-UP APPROACH



## ACCOUNTABILITY MECHANISMS



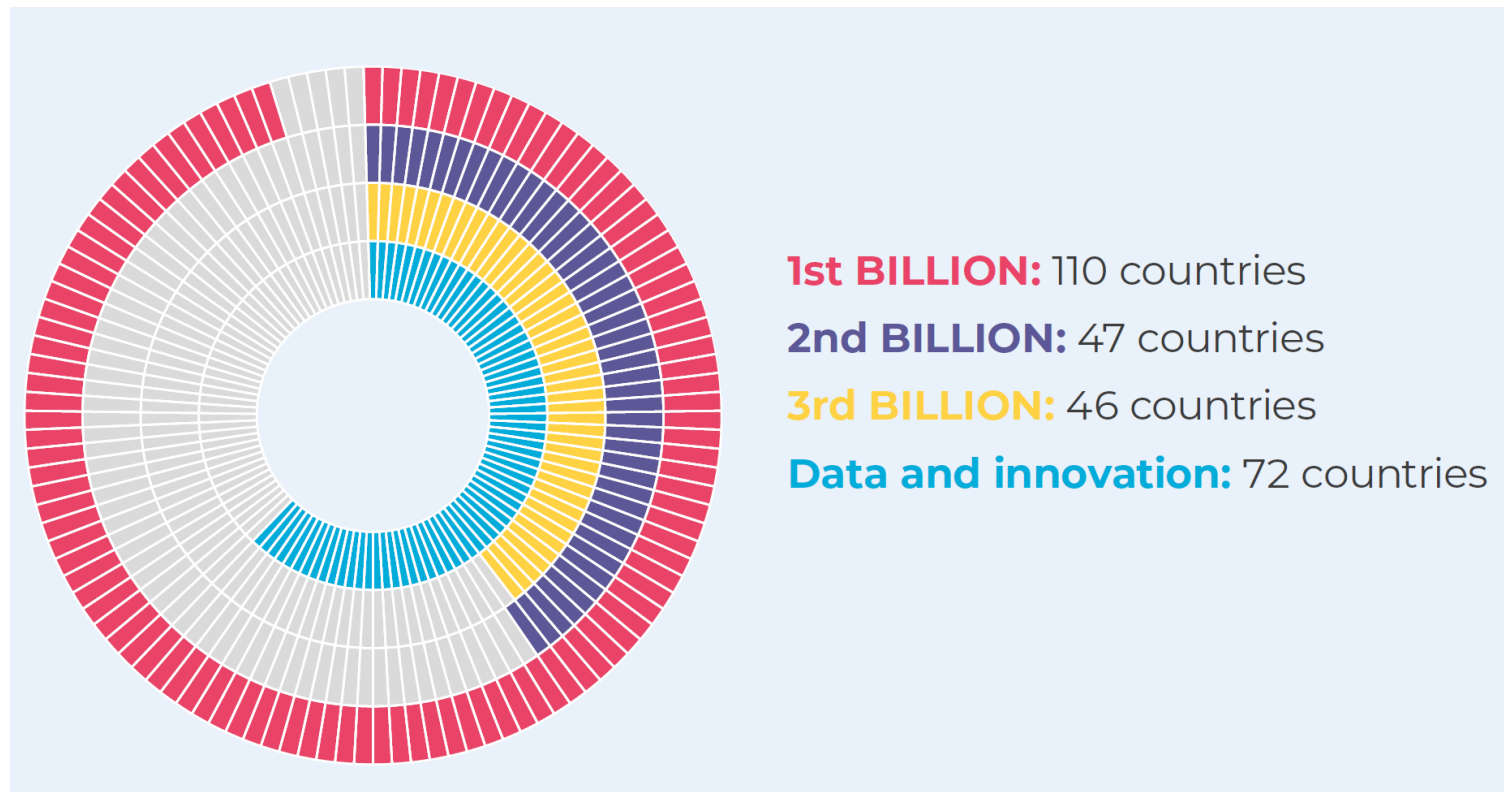
### HIGH LEVEL STEERING COMMITTEE

Governance  
High Level Steering Committee  
DDG  
ADGs & EXDs  
DPMs  
AFRO EMRO EURO PAHO SEARO WPRO

### Multi-Donors Coordination Committee

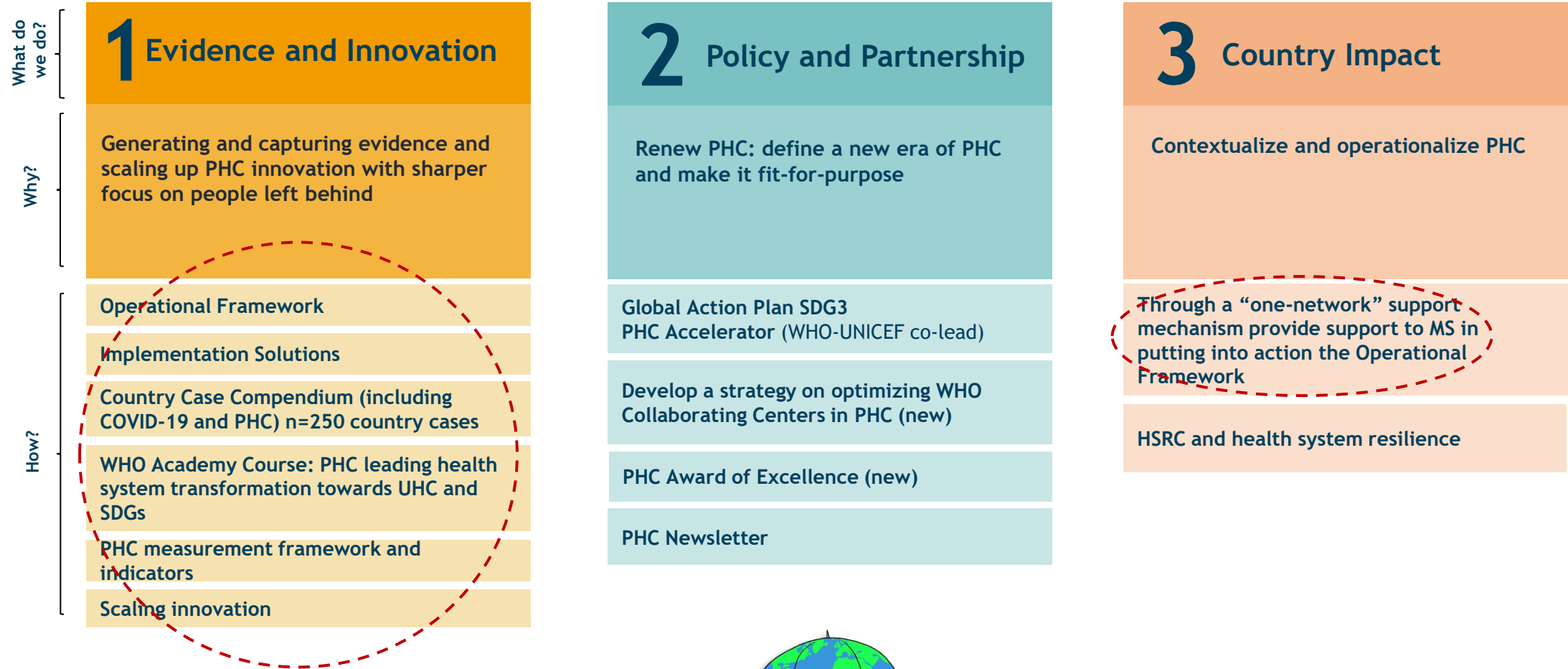


Abroad range of activities conducted in countries to cover the major GPW13 areas of work



- Annual report 2022
- Stories from the Field
- Live monitoring

# Functions and programme of work



## UHC Partnership Live Monitoring Q1/2 & Q3/4

**Objective Achieved:** Provided a platform for comprehensive discussions on UHC progress, bottlenecks, and forward strategies across WHO regions with the UHC-P Partners.

**Broad Representation:** Included perspectives from eight diverse countries: Ghana, Burundi, Gambia, Bolivia, Tajikistan, Ukraine, India, and Lao PDR, enabling a global outlook on UHC implementation. All partners invited and most welcome!

### Key Outcomes:

- Identified key advancements and setbacks in the execution of UHC initiatives across the regions and countries.
- Facilitated exchange of ideas and best practices among the participant countries and regions.
- Fostered cooperation and collaboration among participating countries, regions and HQ with partners for the achievement of UHC goals.



## Stories

- **Brazil** Sharing knowledge for stronger PHC
- **Colombia** Building healthy communities
- **Egypt** Making UHC a reality
- **Estonia** Affordable medicines for all
- **Georgia** Building a financing system for UHC
- **Greece** The rapid rise of PHC for UHC
- **Iran** Training hospital managers for better services
- **Jordan** Investing in family doctors for UHC
- **Kyrgyzstan** Improving access to medicines
- **Lebanon** New Observatory and National Health Forum for UHC
- **Liberia** Workforce: Task-sharing for UHC
- **Libya** Supporting medicines supply
- **Morocco** Improving quality of care through better hospital management
- **Niger** A strong health workforce, a strong economy - all working together
- **Nigeria** Health workforce planning and management for UHC
- **Oman** Leading the way in patient safety
- **Philippines** UHC Act: a new dawn for health
- **Republic of Moldova** Improving access to medicines for UHC
- **Sri Lanka** PHC on the road to UHC
- **Syria** Tackling NCDs in emergencies
- **Tajikistan** Strengthening rehabilitation in UHC
- **Tanzania** Stronger data for PHC and UHC
- **Tunisia** Civil society and citizens engage with health policy
- **Ukraine** Championing UHC through health financing reform

## SIDS

- **Belize** Moving towards UHC with integrated care services
- **Dominica** Strengthening primary care with community health workers
- **Haiti** Improving maternal health through primary health care.
- **Micronesia (Federated States of)** Improving primary health care
- **Samoa** Revitalizing primary health care and tackling non-communicable diseases
- **Timor-Leste** Building a strong finance system for UHC

## COVID (new)

- **Pakistan** action plan to maintain essential health services during COVID-19
- **South Africa** development of the South African National Infection Prevention and Control Strategic Framework
- **DRC** National health plan integrating IHR in PHC
- **PNG** Enhance PHC in countries to maintain essential services
- **Suriname** Maintain essential health services during Covid-19 and strengthen health system
- **Timor-Leste** Increase COVID response capacity



**Programme updates from the WHO Special Programme on Primary Health Care**

**Release of the Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens**

To continuously strengthen primary health care, countries must be able to assess how decisions, actions and investments are addressing the broader determinants of health while improving service coverage, financial risk protection, and ultimately the health of individuals and populations.



Read more

Contact us Request Access Login

**WHO UHC Service Package Delivery & Implementation (SPDI) Tool**

**Build and implement UHC packages with SPDI.**

Explore Compend Programme packages

Health financing diagnostics

**Health financing progress matrix**

Cross-programmatic efficiency analysis

The Health Financing Progress Matrix

Developed by WHO and partners, the matrix is based on a set of indicators that matter in assessing health financing progress. How a country performs on these matters in the matrix is a key indicator of its health financing strength.

Stories from the field

Stories from the field: Special series on the COVID-19 response

We bring you stories straight from the countries where we work as they unfold. These stories document the results of the UHC Partnership's close collaboration with governments, communities and our partners. Watch this space for regular updates.

<p>The Bahamas</p> <p>The Bahamas: Protecting the population with safe and effective medicines and vaccines</p>	<p>Pacific island countries</p> <p>Strengthening mental health services in the Pacific during COVID-19 and beyond</p>	<p>Rwanda</p> <p>Rwanda's primary health care strategy improves access to essential and life-saving health services</p>
<p>Afghanistan</p> <p>Afghanistan's health system is on the brink of collapse: urgent action is needed</p>	<p>Kenya</p> <p>Kenya increases uptake and equity for COVID-19 vaccinations</p>	<p>Bangladesh</p> <p>Community health workers at the heart of a stronger health system and the fight against COVID-19</p>
<p>Trinidad and Tobago</p>	<p>Azerbaijan</p>	<p>Lao PDR</p>

Video series

	<b>WHO and the UHC Partnership in the Small Island Developing States</b> World Health Organization (WHO) 2:24
	<b>Universal health coverage for a fairer, healthier world</b> World Health Organization (WHO) 2:28
	<b>WHO's 7 policy recommendations on building resilient health systems based on primary health care</b> World Health Organization (WHO) 2:36
	<b>Universal health coverage for a fairer, healthier world</b> World Health Organization (WHO) 2:13
	<b>Primary health care: health systems, communities and the planet</b> World Health Organization (WHO) 2:24

Social media

World Health Organization  
4,634,227 followers  
10 • 🌐

What is primary healthcare?  
Why do we need to urgently and smartly invest in primary health care?  
WHO's Dr Shannon Barkley explains.

really making primary health care the foundation of their health systems

WHO explains Primary Health Care

👍👍 You and 943 others 27 comments • 221 shares

World Health Organization ... @WHO

As #COVID19 continues to reveal inequities globally, the 🌐 commitment to health as a human right will determine how our economies & societies will recover & support everyone.

How #PrimaryHealthCare accelerates #HealthforAll 📄 bit.ly/3704QpL

Watch on Twitter

5:14 PM · Jul 23, 2021

World Health Organization (WHO) • May 25 at 10:00 PM • 🌐

To make health for all a reality, we need effective primary health care. This is how we can protect everyone from health threats and emerge stronger from COVID-19. We must act NOW to bring health services closer to people.

Jaw fled from their village during war in Darfur in 2004.

the way to health and peace for all  
In the Sudan, communities are taking an active role in advancing universal health coverage. Through ...more

**A health system that's resilient protects everyone.**

Investing in primary health care for universal health coverage boosts capacities to prepare for and respond to health emergencies.

World Health Organization

👍👍 2.6K 331 Comments 523 Shares

# A few milestones and events in the coming months

The background image shows a vast, arid landscape under a cloudy sky. In the foreground and middle ground, there are several large, dry, acacia-like trees with sparse green and brown leaves. In the distance, a group of people, including women carrying children on their heads, are visible, suggesting a rural or nomadic community setting.

**Health Impact Investment Platform for PHC - June 2023**

**Side event during the high level Meeting on UHC in the UNGA, NY – sept. 2023**

**UHC Partnership workshop in Astana - 22 October 2023**

**6 RCs from August to November 2023**

**International Conference on PHC in Astana - 23 October 2023**

**4 Pre-Conference Virtual Round Tables**

**The next round of the Live Monitoring sessions - October-November 2023**

**AFRO: 16th November 2023**

**GPW14 development process 2023-2024**

>50 countries lack foundations for effective PHC strategies

Collaboration with IFIs (EIB etc.)



# A possible avenue to move forward in the changing WHO [1/2]

- The UHC-P has demonstrated its capacity to strengthen the policy and strategic work at country level.
- The GPW14 might consider to reinforce that orientation for 2025-2028
- It is realistic, if additional resources allow to open the door for an intensified support to countries to implement the PHC approach as a key driver for health systems strengthening and UHC.
- The recent meeting in Paris and the Health Impact Investment Platform has opened that door...
- This will require to - at least - maintain the presence of the policy advisers in countries, who are key to accompany MoHs on that innovative path
- A transition period will be needed and our request goes to donors to support WHO in fostering the UHC-P as an instrument at country level

GA Text as of 1 September 2023

*Political Declaration of the High-level Meeting on Universal Health Coverage  
"Universal Health coverage: expanding our ambition for health and well-being  
in a post-COVID world"*

*We, Heads of State and Government and representatives of States and Governments, are assembled at the United Nations on 21 September 2023 to undertake a comprehensive review on the implementation of the political declaration of the high-level meeting on universal health coverage, entitled "Universal health coverage: moving together to build a healthier world", of 2019, and to identify gaps and solutions to accelerate progress towards the achievement of universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all, and in this regard we:*

# A possible avenue to move forward in the changing WHO [2/2]

- A transition period will be needed and our request goes to donors to support WHO in fostering the UHC-P as an instrument at country level
- This will require inclusion not only of NCDs and health security but also new public health challenges (AMR, migration, environmental matters, crises, urbanization, gender and human rights, etc.) in our daily workplans
- WHO will mobilize its own resources to ensure that sustainability, but will also require additional support from donors to ensure massive backing in countries to lead to a real difference -> ARG predictable country presence
- Need to enhance connections with SDG3-GAP, UHC 2030, PHC accelerator,...
- Finally, the demonstration of progress at country level is key and will require both financial and TECHNICAL support

# Objectives

## Look back

Take stock of  
progress and  
results since  
2018

## Shift focus

To  
implementation  
success factors  
of  
transformation

## Look forward

Future-proof  
primary health  
care  
transformation

Online platform (September 4 - October 23)

UHC – Partnership workshop (October 22)

PHC Conference (October 23)

## Promote health



**Climate change  
Determinants**

### Scope (examples)

- Climate & health advocacy, green health sector
- One Health
- NCD risk factors, nutrition, air quality

### Action areas (examples)

- embed health in decisions of related sectors
- harness investment in these areas for health

## Provide health



**Essential services  
Catastrophic spending**

### Scope (examples)

- workforce, products, out-of-pocket expenditure
- maternal, child & neonatal mortality
- NCD treatment, mental health conditions,
- disease goals: incl. HIV, TB, MAL, NTDs, Polio, GW

### Action areas (examples)

- PHC approach, resilience, tailor systems, innovations

## Protect health



**Fully prepared  
Acute/protracted crises**

### Scope (examples)

- INB & pandemic accord, IHR strengthening
- humanitarian-development nexus, DRR for health
- surv., clinical care, communities, MCMs, coord

### Action areas

- Support countries & communities to identify &



Ministry of  
Healthcare  
of the Republic  
of Kazakhstan



# PRIMARY HEALTH CARE POLICY AND PRACTICE: IMPLEMENTING FOR BETTER RESULTS

International conference celebrating  
the 45th anniversary of Alma-Ata  
and 5th anniversary of Astana declarations

<https://cvent.me/yZQDRI>

# A focus on Health Financing

**Fahdi DKHIMI, WHO/HEF**

# Quick reminder

GPW 13: One billion more people benefitting from UHC

## 1.2 Reduced number of people suffering financial hardship

1.2.1 Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage

- Evaluation of health financing policies
- Design and implementation of health financing policies

1.2.2 Countries enabled to produce and analyse information on financial protection, equity and health expenditures, and to use this information to track progress and inform decision-making

- Monitoring of financial protection
- Tracking health expenditure

1.2.3 Countries enabled to improve institutional capacity for transparent decision-making in priority setting and resource allocation and analysis of the impact of health in the national economy

- Economic evaluation
- Priority setting arrangements

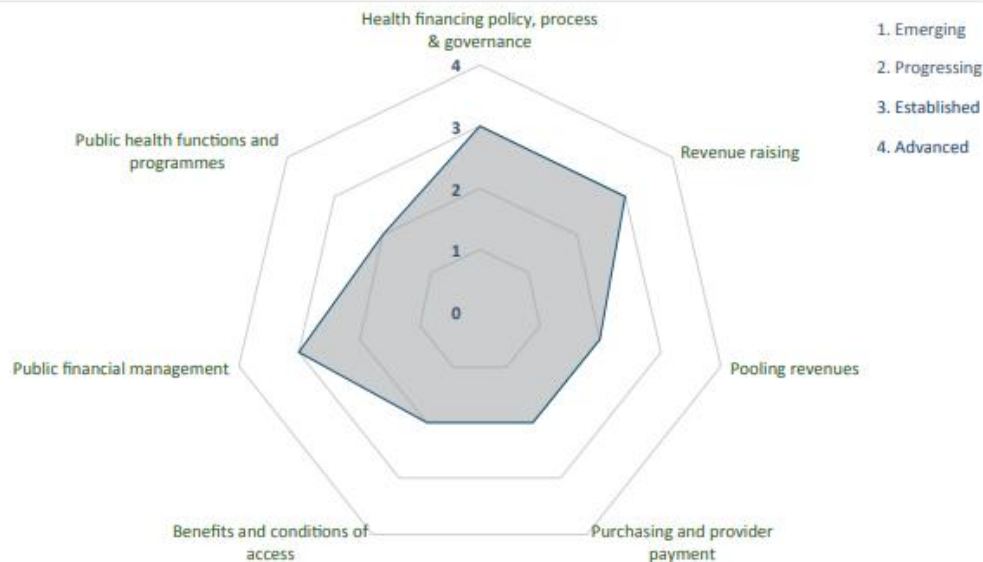
# Zoom-in on health financing policy work

## Evaluation of health financing policies

- Objective: Generating country specific recommendations on accelerating progress to UHC through health financing reforms, based on HFPM country assessments
- The HFPM was developed through expert consultation and literature review, to identify key attributes that indicates progress in terms of health financing for UHC
- The matrix allows confronting country health financing system to, under 7 key assessment areas, and 8 policy goals and objectives
- The HFPM is an essential tool that :
  - Provides a comprehensive description of a country's health coverage arrangements
  - Systematically assesses health financing policy against desirable attributes of health financing systems
  - Complements quantitative measures with structured qualitative assessment
  - Describes and monitor more systematically movement/ change/ direction at the country level and make some assessment and judgement.

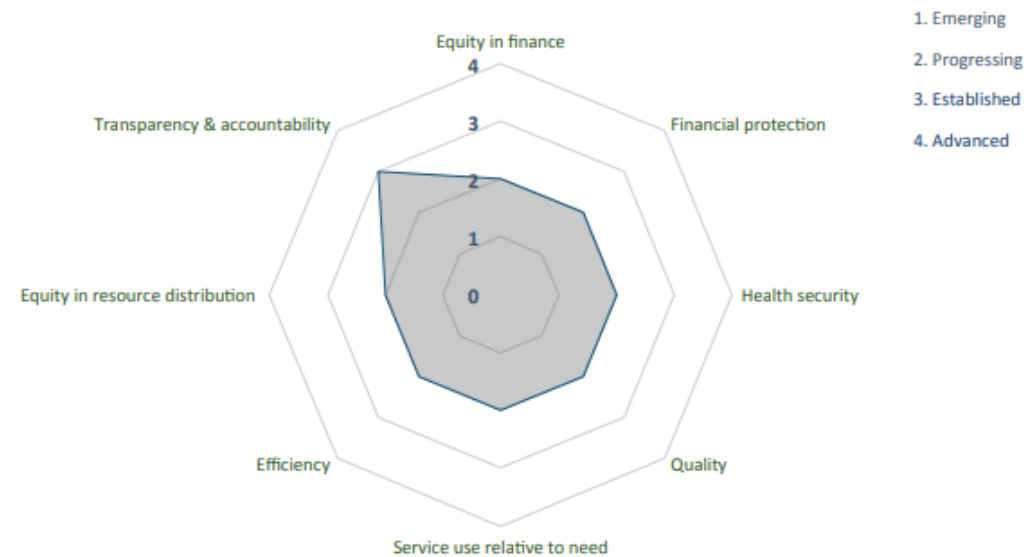
Assessment Area	Policy Goal	Description
Health financing policy, process & governance	GV1	Health financing policies are guided by UHC goals, take a system-wide perspective, and prioritize and sequence strategies for both individual and population-based services
	GV2	There is transparent, financial and non-financial accountability, in relation to public spending on health
	GV3	International evidence and system-wide data and evaluations are actively used to inform implementation and policy adjustments
Revenue raising	RR1	Health expenditure is based predominantly on public/compulsory funding sources
	RR2	The level of public (and external) funding is predictable over a period of years
	RR3	The flow of public (and external) funds is stable and budget execution is high
	RR4	Fiscal measures are in place that create incentives for healthier behaviour by individuals and firms
Pooling revenues	PR1	Pooling structure and mechanisms across the health system enhance the potential to redistribute available prepaid funds
	PR2	Health system and financing functions are integrated or coordinated across schemes and programmes
Purchasing & provider payment	PS1	Resource allocation to providers reflects population health needs, provider performance, or a combination
	PS2	Purchasing arrangements are tailored in support of service delivery objectives
	PS3	Purchasing arrangements incorporate mechanisms to ensure budgetary control
Benefits & conditions of access	BR1	Entitlements and obligations are clearly understood by the population
	BR2	A set of priority health service benefits within a unified framework is implemented for the entire population
	BR3	Prior to adoption, service benefit changes are subject to cost-effectiveness and budgetary impact assessments
	BR4	Defined benefits are aligned with available revenues, health services, and mechanisms to allocate funds to providers
	BR5	Benefit design includes explicit limits on user charges and protects access for vulnerable groups
Public financial management	PF1	Health budget formulation and structure support flexible spending and are aligned with sector priorities
	PF2	Providers can directly receive revenues, flexibly manage them, and report on spending and outputs
Public health functions & programmes <sup>3</sup>	GV1	Health financing policies are guided by UHC goals, take a system-wide perspective, and prioritize and sequence strategies
	PR1	Pooling structure and mechanisms across the health system enhance the potential to redistribute available prepaid funds
	PR2	Health system and financing functions are integrated or coordinated across schemes and programmes
	PS2	Purchasing arrangements are tailored in support of service delivery objectives
	PF1	Health budget formulation and structure supports flexible spending and is aligned with sector priorities

Fig. 7: Average rating by assessment area (spider diagram)



Source: Based on HFPM data collection template v2.0, Uganda 2022

Fig. 8: Average rating by goals and objectives (spider diagram)



Source: Based on HFPM data collection template v2.0, Uganda 2022

# Health Financing Progress Matrix assessment Uganda 2023

Summary of findings and recommendations



THE REPUBLIC OF UGANDA

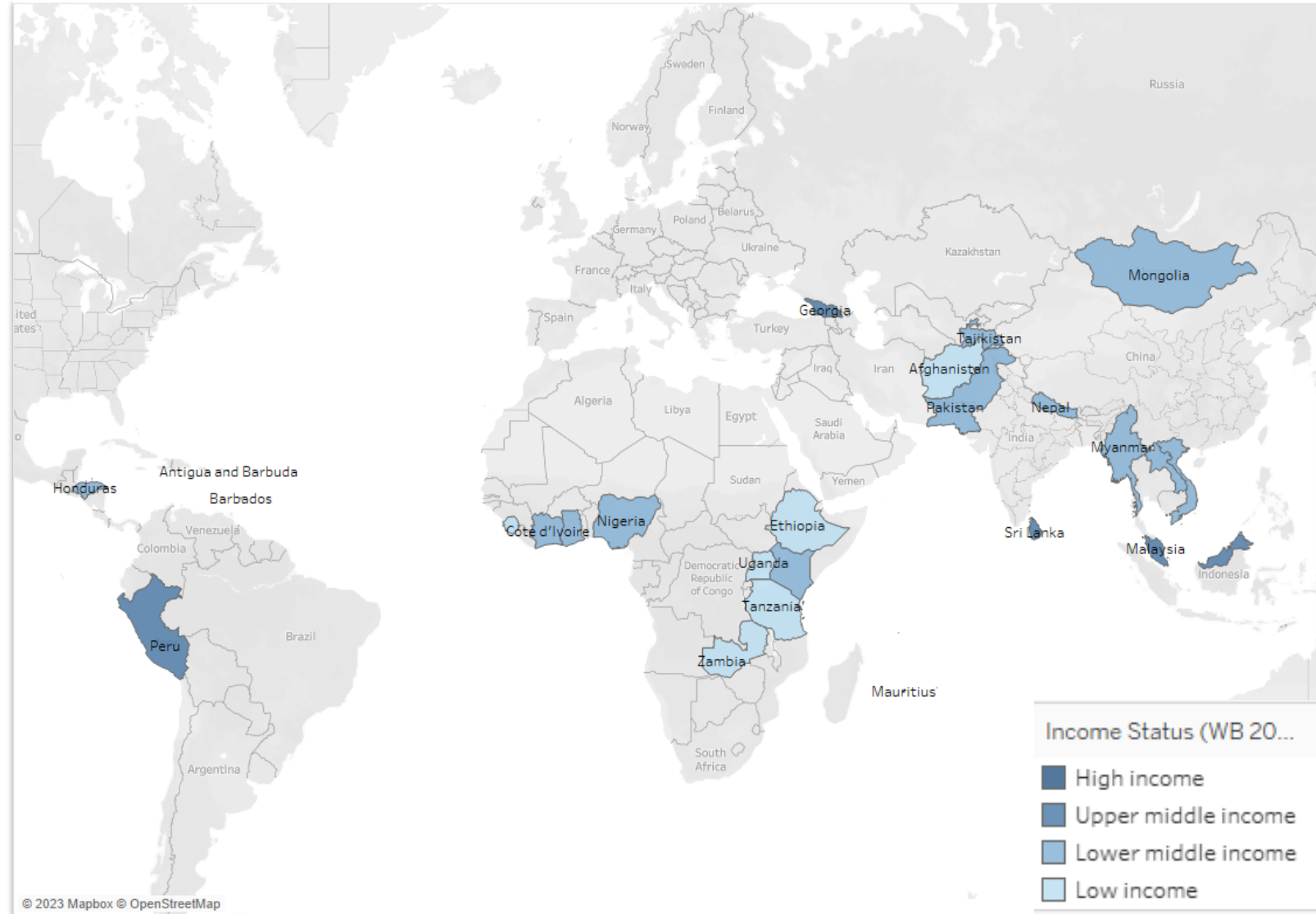


# HFPM applied in 46 countries, finalized for 25 countries

*Afghanistan*  
*Antigua and Barbuda*  
*Barbados*  
*Cote d'Ivoire*  
*Ethiopia*  
*Georgia*  
*Ghana*  
*Honduras*  
*Kenya*  
*Lao PDR*  
*Malaysia*  
*Mauritius*  
*Mongolia*

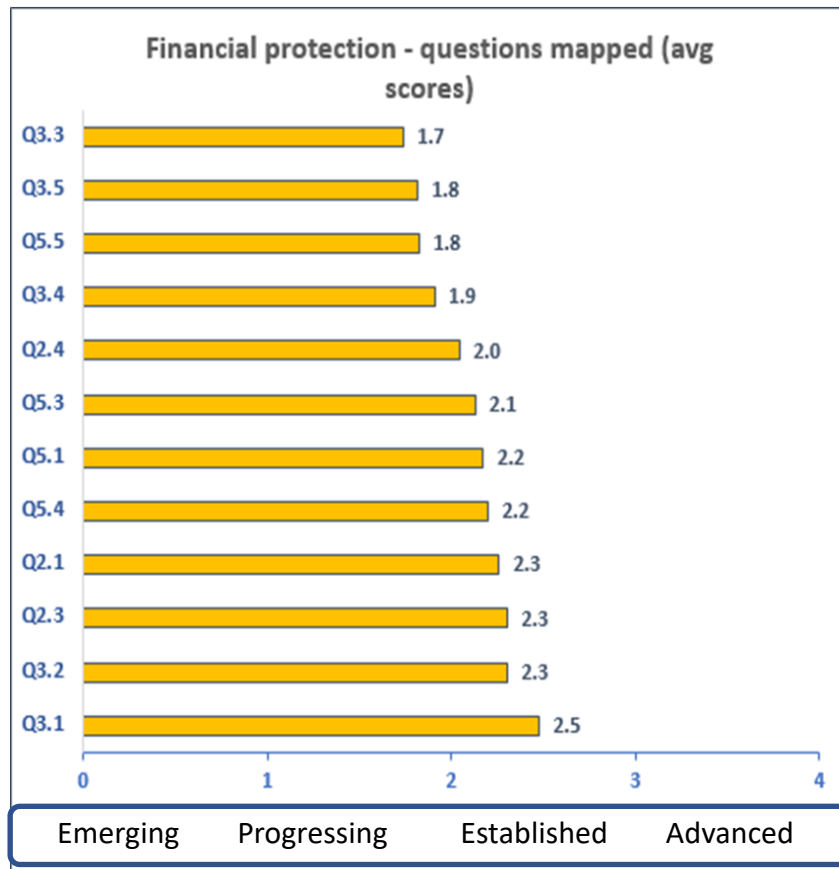
*Myanmar*  
*Nepal*  
*Nigeria*  
*Pakistan*  
*Peru*  
*Sierra Leone*  
*Sri Lanka*  
*Tajikistan*  
*Tanzania*  
*Uganda*  
*Vietnam*  
*Zambia*

12 questions x  
25 countries =  
300 responses



# HFPM: multiple uses

- An entry point for capacity building
- An identification for technical support's needs
- A basis for enhanced collaboration across multilateral agencies
- Overtime, a useful basis to benchmark positive policies and compare health financing policies' performance?



Question	Function	Details
Q3.3	Pooling	What measures are in place to address problems arising from multiple fragmented pools?
Q5.5	Benefits	Are defined benefits aligned with available revenues, available health services, and purchasing mechanisms?
Q3.4	Pooling	Are multiple revenue sources and funding streams organized in a complementary manner, in support of a common set of benefits?
Q2.4	Revenues	To what extent are the different revenue sources raised in a progressive way?
Q5.3	Benefits	To what extent are population entitlements and conditions of access defined explicitly and in easy-to-understand terms?
Q5.1	Benefits	Is there a set of explicitly defined benefits for the entire population?
Q2.1	Revenues	Does your country's strategy for domestic resource mobilization reflect international experience and evidence?
Q2.3	Revenues	How stable is the flow of public funds to health providers?
Q3.2	Pooling	To what extent is the capacity of the health system to re-distribute prepaid funds limited?
Q3.1	Pooling	Does your country's strategy for pooling revenues reflect international experience and evidence?

# Zoom-in on health financing policy work

## Health financing policy design & implementation

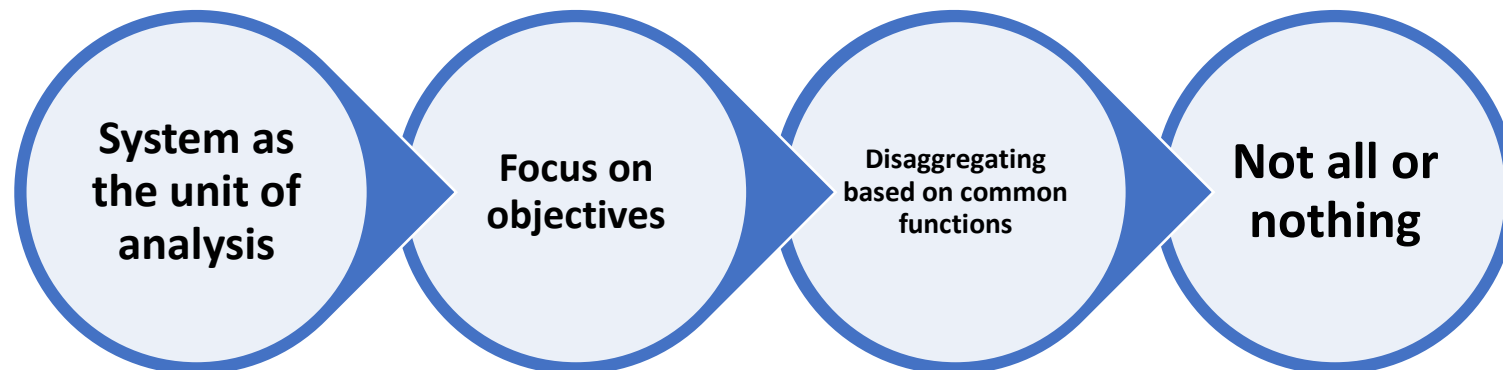
- Design and implementation of health financing policies
  - PFM & health budget repository
  - Purchasing health services strategically
    - Governance of health purchasing system (and of major health purchasers)
    - Mixed provider payment systems (and provider payment design)
    - Provider selection & contracting
    - Information management for Strategic Purchasing
  - Efficiency of health sectors
    - Cross-programmatic efficiency

# What is cross-programmatic efficiency analysis?

**Definition of cross-programmatic inefficiency:** duplications or misalignments across core health system functions (financing, governance, inputs, and service delivery) that constrain the level of effective coverage potentially achievable by the health system

**Method:** Applied health system analysis to analyze health programmes/system based on functions

**Embedded concepts:** Maximizing outputs/outcomes with available resources





Estonia

Nigeria

Ghana

Core d'Ivoire

Sudan\*

Pakistan

Bhutan

Lao PDR

Uganda

Kenya

South Africa

Tanzania

Comoros

Sri Lanka

# UGANDA

## Cross Programmatic Efficiency Analysis

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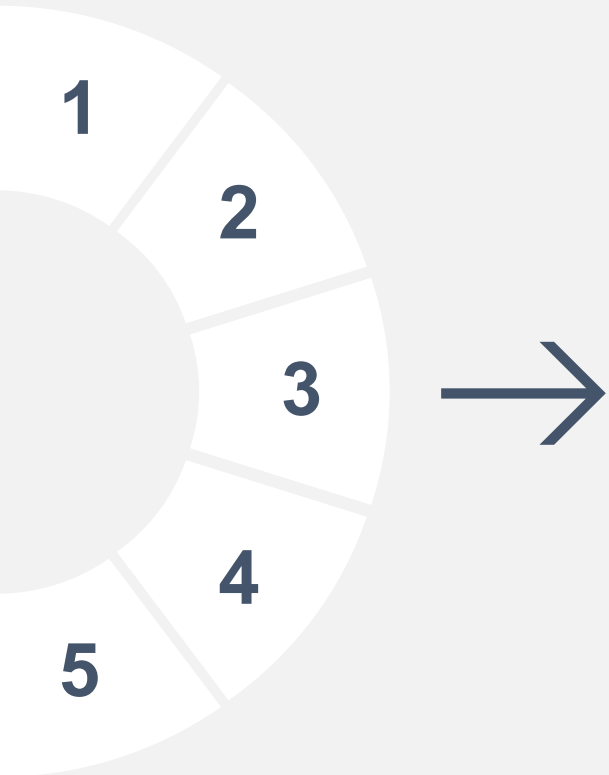
- 1 In Uganda, there is increasing need to shift the responsibility of funding health programs to public resources as a result of declining external funds.

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- 2 As such, it has become very critical to identify mechanisms to increase efficiencies within the current resource allocation.

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- 3 Uganda completed the CPEA analysis end of 2022, and it focused on HIV/AIDS, TB, Malaria, RMNCAH, and Immunization.

# USE CASES OF CPEA IN BROADER SYSTEM DIALOGUE

§



- 1** Informed the mid-term review of the Health Financing Strategy by providing policy options to reduce redundancies and improve efficiency
- 2** Informed the Health Financing Progress Matrix Update for Uganda
- 3** Embedded in the process of developing a health financing transition and harmonization plan – the process is still ongoing
- 4** Inform the mid-term review of the TB and Leprosy national strategy – specifically the section on health financing and social protection
- 5** National Health Financing Policy Dialogue – the CPEA will inform the proposed policy shifts or changes of how programs are configured within the overall health system

# Egypt

Continuous support to the implementation of the NHI law

## Egypt Laying the foundations: making UHC a reality

On Easter Monday in 1859, the foundation was laid for the new city of Port Said, on Egypt's northern coast. It was the beginning one of Egypt's most ambitious projects of modern times - the construction of the Suez Canal. One hundred sixty years later, Port Said is laying the foundation for another ambitious project: universal health coverage for all Egyptians.



HEALTH FINANCING CASE STUDY NO. 13

### IMPLEMENTING THE UNIVERSAL HEALTH INSURANCE LAW OF EGYPT: WHAT ARE THE KEY ISSUES ON STRATEGIC PURCHASING AND ITS GOVERNANCE ARRANGEMENTS?

**STRATEGIC PURCHASING**

**Governance**

**Information management**

**Payment methods**

**Benefits**

© WORLD HEALTH ORGANIZATION 2017

Inke Mathauer  
Ahmed Yehia Khalifa  
Awad Mataria

World Health Organization

- 2018-2019: In-depth assessment of key issues to progress towards purchasing arrangements, including in the governance arrangements
- 2020 onward: subsequent needs-based technical work to support the design and implementation of capitation payment by the NHI scheme

# A focus on Health Security

**Sean COCKERHAM, WHE/MHS**

# WHO Resource Mapping (REMAP) supports country health security

## Resource Mapping Tool and Process serves to



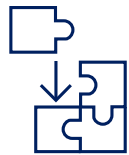
Track and coordinate domestic and international resources (**bilateral, multilateral, global partners**) available for national preparedness



Provide countries and stakeholders with a clear picture of overall resource availability (across Ministries)



Provide donors with a clear picture of where resources are going and alignment with other donors and stakeholders













































Identify critical gaps and needs and advocate to the parliaments for budget allocation and financing priority

## WHO REMAP Tool supports countries by

- Linking national priorities with available & potential resources
- Mapping health security activities and investments and identifying gaps
- Highlighting key areas for collaboration with partners

# Resource Mapping (REMAP) for IHR and Health Security

Through convening power of WHO REMAP brings together partners and the government to identify and understand bottleneck in health security preparedness. More than \$2 Billion in Health Security Investments Mapped Since 2018

Country	Amount Mapped	Ministries and agencies involved	Partner Mapped
 Nigeria	\$ 384.3 M	9	 66
 Guinea	\$ 57.4 M	4	 24
 The Gambia	\$ 28 M	10	 17
 Sierra Leone	\$ 82.5 M	10	 46
 Liberia	\$ 78.4 M	9	 23
 Côte d'Ivoire	\$ 78.4 M	12	 19
 Togo	\$ 49.4 M	12	 36
 Namibia	\$ 13.4 M	11	 29
 Gabon	\$ 16.1 M	**	 15
 Democratic Republic of Congo	\$ 241.7 M	15	 14
 Madagascar	\$ 340.3 M	8	 44
 Tanzania	\$ 63.4 M	9	 31
 Uganda	\$ 50.4 M	8	 44
 Ethiopia	\$ 76.3 M	7	 32
 Central African Republic	\$ 89.9 M	15	 21
 South Sudan	\$ 193.1 M	12	 30
 Sudan	\$ 13.6 M	**	 19
 Chad	\$ 91.3 M	*	 34
 Tunisia	\$ 17.4 M	5	 17
 Niger	\$ 30.2 M	*	 15
 Indonesia	\$ 155.3 M	12	 6

# Health Security Preparedness Resource Mapping Example: Chad

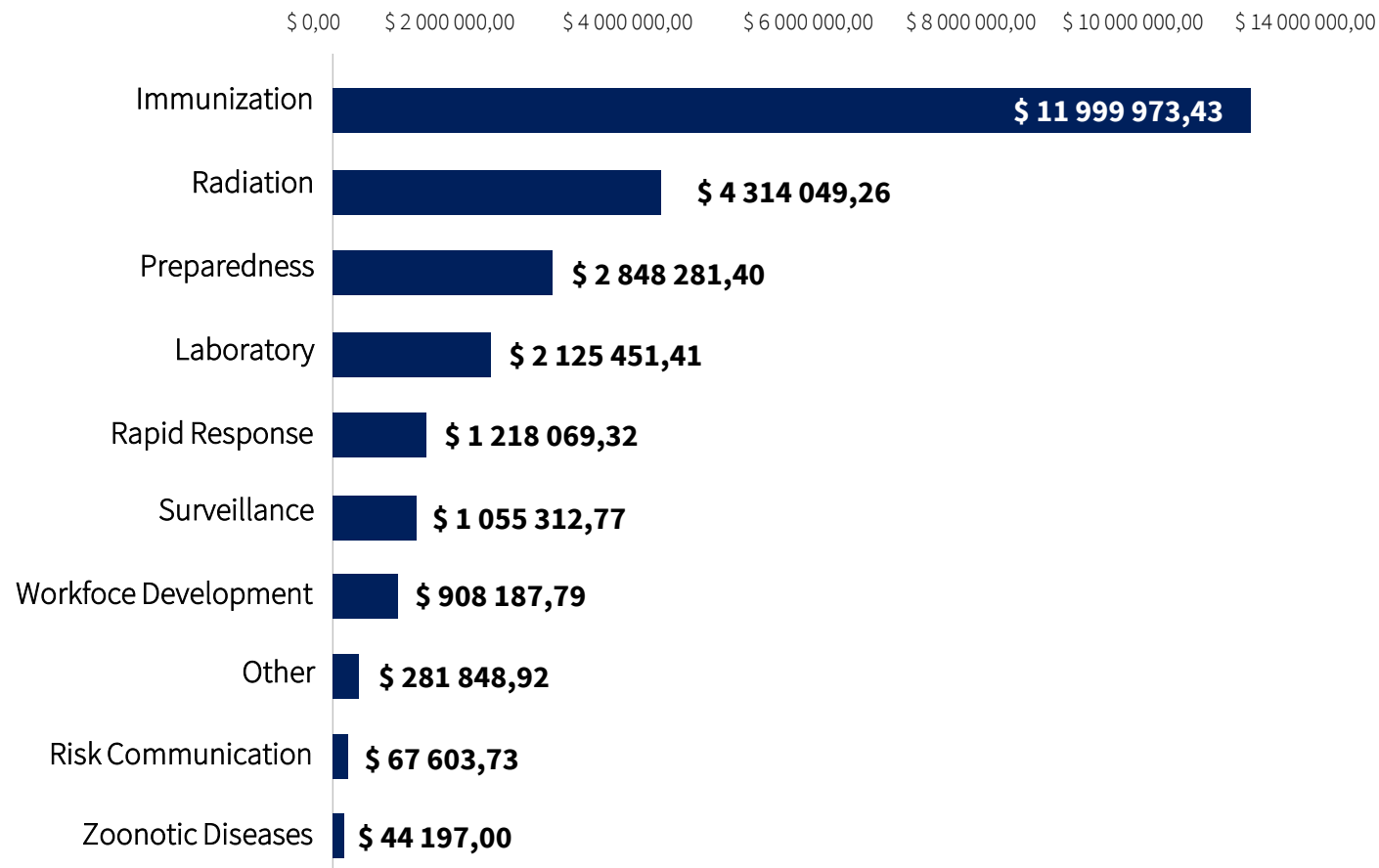
## WHO Resource Mapping

Chad conducted resource mapping to identify resources with the potential to contribute to the implementation of the National Action Plan for Health Security (NAPHS). The mapping in November 2021 identified more than **\$25 million** in overall donor health security investments in the country (beyond the NAPHS) that have the potential of being leveraged to support NAPHS activities with partner agreement.

## Key Health Security Stakeholders Mapped in Chad Include:

- UNHCR
- World Bank
- **EU**
- CEDEVIRAH//FAO
- AfDB
- UNDP
- WHO
- AFD
- CEMAC
- UNICEF
- CEEAC
- AIEA
- DAI
- USAID

## Initial Mapping of Health Security Investments in Chad



# Country request for expert support through WHO REMAP

■ Prevent ■ Detect ■ Respond ■ Other IHR



## Legal Expert

Examine the conformity of the texts with the IHR and propose a draft revision of non-compliant texts

## Emergency Operations Expert

Develop, validate and disseminate EOC standard operating procedures and case management guidelines

## Risk Communication

Develop and implement a national risk communication plan taking into account the risk mapping already carried out and existing sectoral plans



## AMR Expert

To establish a multisectoral AMR surveillance committee as a central coordinative body and sub-committees at states to lead the surveillance of resistant pathogens

## Biosafety and Biosecurity Expert

Develop and update biosafety laws and regulations

## Points of Entry Expert

Map specific roads to seasonal traffic at ground crossing and prepare mobile team & mobile health facilities (nomads)



# 66 Multisectoral Preparedness Partners have joined GSPN to date

Includes national public health institutions, academia, international organizations...)

G-7 has highlighted GSPN and the Strategic Partnership for Health Security (SPH) Portal as key collaborators for coordinating IHR capacity-building support for at least 100 LMICs



Challenges and Opportunities in Managing Complex, Adaptive Systems



## Success Stories

# EU INTPA Health Security Example Success Stories

- In **Chad** WHO has worked to strengthen country laboratory and surveillance capacity through the development and dissemination of technical guidance, materials and tools. In particular, technical and financial assistance has been provided to Chad to strengthen the laboratory system.
- In **Mauritania**, EU INTPA funds were specifically used for reinforcing national laboratory capacities, including in genomic surveillance. The country trained three biologists at the National reference laboratory (INRSP), and increased surveillance regarding co-infections, with emphasis on respiratory and haemorrhagic pathogens.
- **Benin** has successfully developed the National Action plan for Health Security (NAPHS). This plan provided guidance and technical means for health security including the creation of treatment Centres (CTE) as part of efforts to respond to the COVID-19 Pandemic. EU INTPA funds have greatly contributed to the improvement of the Health systems, case management and building capacities of health workers.

- EU INTPA's support for health emergency preparedness is accelerating efforts **to strengthen health emergency preparedness at national and sub-national levels**, particularly in the African, Caribbean and Pacific Group of States
- Through EU support **WHO Resource mapping (REMAP) is allowing countries to map health security resources (financial and technical) and identify gaps and needs** with validated REMAP data used for national investment plans and Parliamentary advocacy
- **WHO encourages EU INTPA to participate and join in WHO Resource Mapping** exercises (the next exercise is in Lesotho, followed by REMAP training for 27 West and Central African countries in November, with training of East African countries in early 2024.) WHO will share the schedule for resource mapping or **parliamentarian budget advocacy**.
- Human resource gaps identified through REMAP are to be filled with **targeted technical assistance** provided through the Global Sustainable Preparedness Support Network (GSPN)
- **EU INTPA representatives are invited to attend** global meeting on **Cairo November 23-25 for the operationalization and regionalization of GSPN country support**
- WHO looks forward to continued EU INTPA support in **building country health security capacities and interoperability of cross sectoral preparedness systems**



# Key Messages

# Concluding remarks

- The collaboration between WHO and EU is key and needs to be continued/strengthened, including at country level
- The avenue for WHO support in countries is clearly paved by UHC, HSS and PHC approach
- This will be formalized through the Global Programme of Work 14 which is to be finalized before the end of this year to be submitted to the governing bodies in January and May 2024 (World Health assembly)
- We need to do more metrics to follow progress in countries and at global level

*« As highlighted by the ROM review led by the EUR, it is key to demonstrate how HSS interventions are contributing to health improvements, we need to generate more quantitative evidence and complement by qualitative approaches that capture the complex nature of health systems and the critical influence of contextual factors and stakeholder dynamics on population health outcomes ».*

- We need to work hand in hand to promote more on resource mobilization in countries (MoF) and allocate them more efficiently and in a more equitable way (governance & financing)

Thank you!



**#UHCPartnership**

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*Joint working team* for PHC & UHC