

Healthy systems for universal health coverage - a joint vision for healthy lives



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UHC2030 is the global movement to build strong health systems for universal health coverage.

UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. We advocate increased political commitment to UHC and facilitate accountability and knowledge sharing.



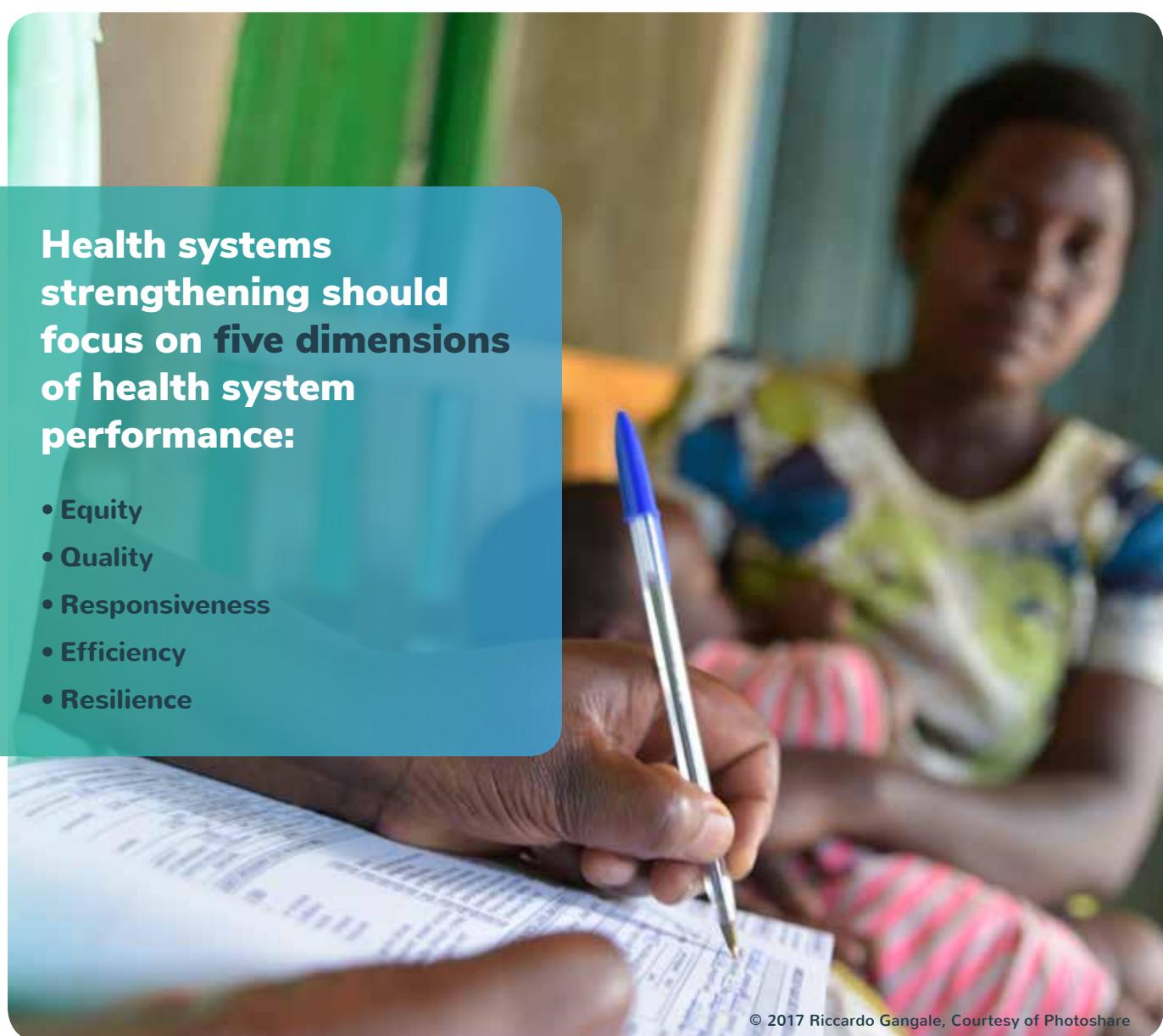
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Executive summary

This paper proposes a joint vision for health systems strengthening (HSS) to achieve universal health coverage (UHC). It is intended to be a key reference document for the International Health Partnership for UHC 2030 (UHC2030), as well as a broader resource for the global community to inform collaboration on the HSS and UHC agenda.

The vision outlines health system performance dimensions and policy entry points to promote UHC through HSS, including critical action for the way forward and principles to guide action.



Improved health system performance requires national, regional, and global action in three interrelated health systems policy areas:

Service delivery

- Expanding frontline services, particularly primary health care
- Scaling up investment in skilled health workers
- Improving access to medicines and health technologies
- Innovating to meet the health needs of vulnerable and marginalised groups
- Expanding engagement with non-state providers
- Improving patient safety and quality of health services
- Implementing International Health Regulations and service delivery models that promote resilience
- Fostering multisectoral action to address the social determinants of health.

Health financing

- Mobilising resources through progressive taxation and prioritising health, within a sustainable macroeconomic framework
- Expanding pooling arrangements to improve financial protection for all
- Strategic purchasing to increase efficiency of health spending, with a focus on public goods and public health.

Governance

- Fostering citizens' platforms and people's voice mechanisms
- Promoting freedom of information and expanded use of quality data
- Adopting legal frameworks supporting access to quality health services
- Developing policy dialogue platforms and multi-sectoral action
- Promoting regional and global mechanisms for collective action and partnership
- Strengthening research and development, including technology transfer mechanisms.



There is no one-size-fit all approach to health systems strengthening.

The following principles have been identified to guide action in prioritising and implementing HSS:

- Leaving no one behind: a commitment to equity, non-discrimination and a human rights based approach
- Transparency and accountability for results
- Evidence-based national health strategies and leadership
- Making health systems everybody's business with engagement of citizens, communities, civil society and private sector
- International cooperation based on mutual learning across countries and development effectiveness principles.

1

Introduction

There is a global commitment to achieve Universal Health Coverage (UHC).

When all 193 Member States of the United Nations (UN) agreed on the Sustainable Development Goals (SDGs) in New York in 2015, they set out an ambitious agenda for a safer, fairer, and healthier world by 2030. The goals include a broad array of targets across different sectors. This paper focuses on a particular target as a beacon of hope for a healthier world: the target to achieve UHC. The inclusion of UHC in the SDGs presents an opportunity to promote a comprehensive and coherent approach to health, focusing on health systems strengthening (HSS).

UHC is based on the principle that all individuals and communities should have access to quality essential health services without suffering financial hardship.¹

This acknowledges health as a human right as well as the fact that UHC has a direct impact on both individual health and wellbeing and the overall health of the population. Access to and use of health services enables people to be more productive and active contributors to their families, communities, and society at large. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty (or further impoverished) when they have to pay for health services out of their own pockets particularly when they suffer serious illnesses². Finally, UHC is not only contributing to better health (SDG3)³, it also contributes to other SDGs, including economic growth and job creation (SDG8), gender equality (SDG5), education (SDG4), nutrition (SDG2) and poverty reduction (SDG1). See Figure 1. In short, UHC is a critical component of sustainable development and poverty reduction, a cornerstone of any effort to reduce social and gender inequities, and a hallmark of a government's commitment to improve the wellbeing of all its citizens and promote health security and social cohesion. A commitment to UHC includes addressing the social determinants of health, such as education, living conditions and the wider set of forces affecting people's health and their access to services. Hence, although the bulk of responsibility for achieving UHC lies with the health sector, multisectoral action is required.

Globally, there has been significant progress towards UHC, but challenges remain immense.

Most parts of the world have seen expansion in the access to health services and coverage of key interventions over the last two decades. There have also been notable improvements in financial protection. Yet, in many countries, large coverage gaps remain, in particular for the poor and marginalized segments of the population. Despite advances in reducing the burden of communicable disease, rates remain high in many parts of the world for malnutrition, unmet need for sexual and reproductive health services, and maternal mortality. At the same time, the burden of non-communicable diseases (NCDs), such as cancer, cardiovascular disease, diabetes, and mental health is growing. NCDs are now the cause of 63 percent of deaths globally, with 80 percent of these deaths occurring in low- and middle-income countries. Households' out-of-pocket spending on health remains high in many countries and pushes 100 million people into poverty every year.

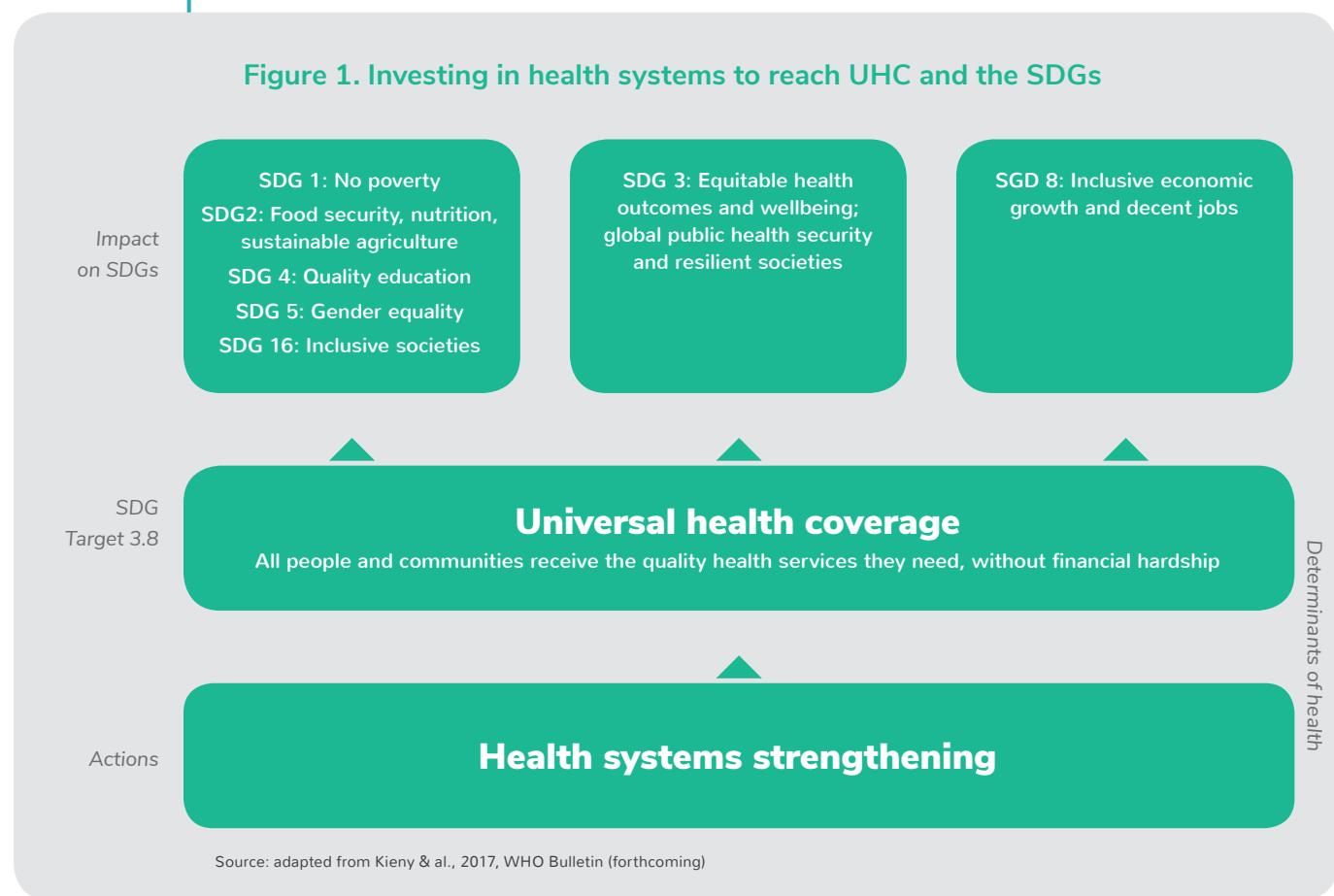
UHC is also a matter of global security.

With unprecedented mobility of people, products, and food, the myriad of disease-causing microorganisms are also increasingly mobile. The worldwide resurgence of dengue fever, the global spread of multidrug-resistant tuberculosis (MDR-TB), and recent outbreaks of Ebola, Middle East Respiratory Syndrome, avian influenza, and the Zika virus have shown how epidemics can proliferate spread rapidly in the absence of strong responsive and resilient health systems, resulting in severe social and economic impacts. No nation is immune to the growing global threat that can be posed by an isolated outbreak of infectious disease in a seemingly remote part of the world. Strong health systems mean that countries are better able to prevent, detect, and respond effectively to pandemics or other public health emergencies, thus dramatically reducing the loss of life, community disruption, and economic costs of such events.

HSS is critical for achieving UHC.

Health systems are commonly understood as all the public and private organizations, institutions and resources mandated to improve, maintain, and restore health. HSS involves investments in inputs in an integrated and systemic way, but also reforming the architecture that determine how different parts of the health system operate and interact to meet priority health needs through people-centered integrated services. HSS is, therefore, the key means to achieve UHC.

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



Over the last two decades, countries have made substantial investments in HSS towards UHC.

Overall, investments in HSS have yielded impressive returns. Yet, progress towards UHC has been highly variable, both across and within countries and across different dimensions of UHC. Given the complexity and context-specific nature of health systems, this is not surprising. However, the disparities in progress point to the inherent challenge for countries to sequence and coordinate HSS efforts. Progressive pathways towards universality may require policies and strategies addressing trade-offs between coverage and equity to ensure that people who have not access to affordable quality services gain at least as much as those who are better off at every step of the way toward universal coverage.

During the Millennium Development Goals (MDGs) era, vertical health interventions, often externally financed, helped to reduce the burden of a number of infectious diseases, including HIV, tuberculosis, and malaria.

This progress, however, has been accompanied by concerns that vertical investments in health priorities have not been accompanied by sufficient attention to the development of systems-wide capacities for critical public goods and public health areas such as information, laboratory capacity, supply chains, and health workforce⁴. The Ebola virus disease outbreak in western Africa was an eye opener. It highlighted how an epidemic can proliferate rapidly and pose huge problems in the absence of a strong health system capable of a rapid and integrated response⁵. In addition, notwithstanding commitments to coordination and alignment with government priorities and systems under the Paris Declaration on Aid Effectiveness and Busan Partnership for Effective Development Cooperation, externally financed HSS support has frequently been poorly coordinated, leading to duplication of effort and, in some cases, competing visions of health system priorities.

Recently, there have been several initiatives to develop a consensus for HSS priorities and improving coordination of HSS efforts.

The WHO provides the overall guidance on health systems, including the focus on people-centered services, the health systems building blocks, and the focus on institutions building and transformation of the health system to respond to the challenges of the 21st century. An increasing number of initiatives support this vision. The Government of Germany launched a process calling for harmonization of health system strengthening in 2015⁶, and in 2016 the Government of Japan, as the Presidency of G7, announced the G7 Ise-Shima Vision for Global Health⁷, which politically endorsed the key principles of UHC 2030. Also in 2016, the Nairobi Declaration of the sixth Tokyo International Conference on African Development (TICAD VI)⁸, African countries and their development partners endorsed UHC in Africa: A framework for action to advance UHC in African Region⁹. Other initiatives include frameworks adopted at regional levels¹⁰. Building on these efforts, this paper proposes a shared vision for HSS to achieve UHC.

Health system performance and entry points for policy action

Effective HSS to promote UHC requires clarity and consensus on both desired performance goals and policy entry points.

HSS should focus on five dimensions of health system performance: (i) equity; (ii) quality; (iii) responsiveness; (iv) efficiency; and (v) resilience. This reflects the broad consensus on performance goals across established health system assessment frameworks.^{11 12 13} Unlike some earlier approaches, the proposed framework does not distinguish between intermediate and final goals. Moreover, in response to lessons from recent public health emergencies, it also includes health system resilience as a critical dimension of health system performance.

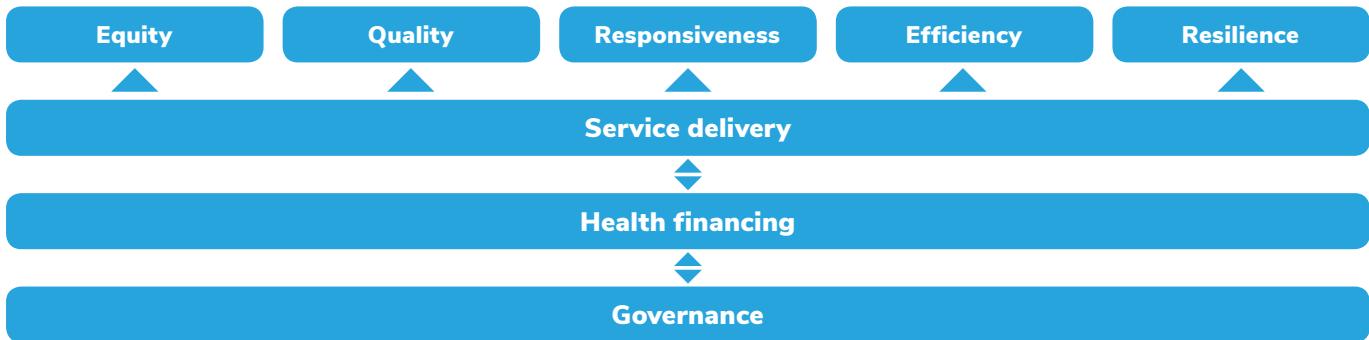
Improved health system performance requires national, regional, and global action in three interrelated health system policy areas: service delivery, financing and governance.

Health system frameworks identify key sub-systems (sometimes referred to as “building blocks”¹⁴) that are subject to policy decisions and are important determinants of health system performance. Recognizing that different sub-systems interact, this paper proposes three broad functions: governance, financing and service delivery. See Figure 2. These functions interact and jointly impact performance dimensions - often more than one. For instance, progress in access and quality of services may be dependent on improvements in service delivery, including the management of human resources and availability of quality medicines, as well as in financing and governance. Recognizing these interdependencies makes the task of designing or reforming systems a complex one, but is critical for a systemic approach to HSS.

Prioritization of HSS actions for UHC will vary depending on country contexts and needs, but must be underpinned by a commitment to a human rights-based approach.

A human rights-based approach is premised on the core obligation of the state to take steps towards ensuring access to health services is universal, putting a particular emphasis on the poorest, vulnerable and marginalized groups and on the principle of non-discrimination. It implies that the promotion of UHC must be underpinned by a commitment to address inequalities and exclusion. In this way, a human rights-based approach provides not only a framework for accountability, but also for development of inclusive health policies and programs, and for mobilizing civil society to achieve the right to health¹⁵.

Figure 2. Health systems strengthening towards universal health coverage



Health system performance dimensions

Equity. Equitable access to needed services and protection against financial hardship are the key dimensions of UHC and health system performance. The focus on equity in access and financing implies that progress towards UHC cannot be assessed based only on national averages; rather, disaggregated data are important to understand the extent to which there are systematic disparities in access, effective coverage and the financial burden associated with health services (for example, by sex, age, geographical area, education, income, ethnicity, disability, migrant status). A robust but sensitive monitoring system is essential for assessing whether equity is being achieved. The UHC monitoring framework, developed by WHO and the World Bank, covers promotion, prevention, treatment, rehabilitation and palliative services. The monitoring framework also assesses protection against financial hardship caused by high household expenditures on health, using the incidence of catastrophic payments and of impoverishing expenditures¹⁶.

Quality. Quality of health care is “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”^{17 18}. Shortfalls in quality - in terms of safety, effectiveness, patient-centeredness and timeliness - result in avoidable risks for patients and under-performance of health systems relative to what can be achieved with available resources.

Responsiveness. The concept of responsiveness refers to the extent to which a health system meets people’s expectations and preferences concerning non-health matters, including the importance of respecting people’s dignity, socio-cultural beliefs and preferences, autonomy and the confidentiality of information, besides responding to the needs and demand of patients. Although measurement and systematic benchmarking within and across countries present unresolved challenges, responsiveness is widely acknowledged as a key dimension of health system performance.

Efficiency. At the broadest level, health system efficiency is concerned with the extent to which available inputs (for example, expenditures and other health system resources) generate the highest possible level of health outcomes. Inefficiencies in a health system may be related to waste or poor operational performance in the production of health services or outcomes (technical inefficiency) or a sub-optimal choice of inputs, such as a mix of labor skills (allocative inefficiency). Either way, the result is that the health system is under-performing relative to what could potentially be achieved.

Resilience. Recent public health emergencies have highlighted the importance of health system resilience. Although resilience lacks a formally accepted definition, it is referred to here as “the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it.”¹⁹

2.1

Service delivery

Health system action area 1: service delivery

Service delivery is the primary interface between the health system and people.

UHC means every individual and community receive the full spectrum of care they need, from health promotion to prevention, treatment, rehabilitation, and palliative care. It will be critical to increase access to all levels of health care, including essential specialized health services. Service delivery hence includes a wide range of health care service providers, but also public health institutions and other actors that are responsible for essential public health functions, provision of health products for reducing health outcome inequities. The WHO Framework on integrated people-centered health services²⁰ presents a vision of a future in which all people, even the most marginalized and deprived people, have access to quality health services that are provided in a way that are coordinated around their needs, respects their preferences and are safe, effective, timely, affordable, and of acceptable quality. With the rising demands brought by demographic and epidemiological transitions, the opportunities and challenges presented by ever-evolving technologies, and rising user expectations of what their health service should provide, all health systems need to continuously adapt to cope effectively and in a sustainable and inclusive manner.

In most settings, efficiency and equity in the delivery of health services requires an increased emphasis on frontline services, particularly primary health care (PHC)²¹.

Strong frontline services are critical for progress on all five dimensions of health system performance. Specifically, community-based platforms, including multidisciplinary teamwork and practice communities on multisectoral action for health, offer cost effective means to cope with many of the social and health challenges of all population groups, including the elderly. Such mechanisms can play an important role in enhancing resilience in the face of crisis, increasing coverage of essential healthcare interventions, and ensuring appropriate use of health technologies. Building strong frontline services usually requires a mix of organizational arrangements that put people at the center of attention, combining a professional-centric approach to service provision with community engagement and participation. To be effective PHC in particular, has to be integrated into the overall national health system and linked to referral levels of health services including hospitals.

Major investment is needed to scale up the deployment of skilled health workers.

Health workers are the cornerstone of a resilient health system, and the demand for health workers is set to increase as the global economy expands and the world's population grows and ages. Beyond its effects on UHC and public health, health employment fosters inclusive growth and social cohesion, as demonstrated by the High Level Commission on Health Employment and Economic Growth²². In order to make progress towards UHC, it is critical to address the global shortage of health skills and scale up quality education and lifelong learning, so that adequate numbers of health workers who have skills that match health needs and are motivated are available in the right quantity at the right places. Given the extent to which social and cultural factors influence patient perceptions of health, disease and treatment, it is important that these aspects are emphasized in the training curricula of health workers. This scale up will require involving and regulating the private sector.

This will also require mobilizing a community-based workforce through some level of affirmative action (for example, by selecting students from underserved areas) and changing training curricula and registration requirements.

Access to medicines and health technologies needs improvement.

Achieving the access to medicines and health technologies specified in the SDGs requires major attention to this subsystem within health systems. The most important requirement is a subsystem that guarantees product quality, through an efficient regulatory process, supported by appropriate legislation and governance structures within the public sector. Effective policy systems have to be in place to ensure appropriate selection of medicines and health products for coverage under UHC, for both community care and hospitals. Effective financing mechanisms have to be in place to allow efficient procurement or reimbursement systems to minimize out-of-pocket payments by patients. Supply chains have to be robust, both to ensure delivery of products to the patient and to resist diversion or entry of substandard and falsified products. Institutional capacity for managing this subsystem also needs to enable appropriate but managed interaction with the private sector who supply the products, while avoiding corruption. However, the capacity of many low- and middle-income countries to manage this subsystem remains limited. Systematic assessment and effective regulation of health technologies is a critical component of every country's health system and ensures that high-quality, safe and effective health technologies reach the people who need them. Work to ensure appropriate prescribing and use of medicines will improve the quality of care and health outcomes.

Innovations are needed to meet the health needs of vulnerable and marginalized groups, including in contexts of fragility and conflict.

Many health systems fail to effectively reach the poor and vulnerable. It is particularly challenging to deliver health services for the two billion people that live in countries where development outcomes are affected by fragility, conflict and violence²³. Meeting the needs of these groups, particularly women, adolescents and children will require creativity, experimentation and innovation to develop service delivery models that: reach everybody; are responsive to gender, age and disability; culturally appropriate; and underpinned by a commitment to nondiscrimination. This will have to include greater engagement and creative partnerships, consistent with national regulations, with non-state actors, both non-profit and for-profit. Coordinated reforms across the whole system and beyond the health sector are needed to address barriers to access both on the supply and demand side²⁴. This includes reorienting health systems to ensure that services are provided in the most appropriate setting with the right balance between health promotion, prevention, in- and out-patient care; strengthening the coordination of services within and beyond the health sector; and engaging and empowering people and communities to take an active role in their health and social accountability of the health system.^{25 26 27}

Achieving universal health coverage needs engagement with non-state providers.

The non-state actors in health services provision are diverse - including for-profit organizations, not-for-profit, and faith-based providers - and ranging from service providers and privately owned pharmacies to large corporations. Additionally, civil society and vulnerable people rights-centered civil society organizations (CSOs) can play an important role in health governance and service delivery particularly with regards to addressing the need of disadvantaged and vulnerable populations.

There are multiple examples of innovative partnerships aiming to maximize the synergies between the public and private sector, ranging from health franchising to contracting of services to social marketing of health commodities. However, scaling up and sustaining such approaches has proved to be challenging. In particular, the governance capacity of governments to provide and enforce fair, transparent and effective regulatory frameworks and accreditation systems is critical²⁸. As this is developed, maximizing the reach, affordability and quality of health services for all should remain a priority.

Across all levels of health systems, the issues of health service quality and patient safety require attention.

Widespread dissatisfaction with health services, the prevalence of poor quality medicines and other health technologies and increasing costs bring to fore the challenges of improving the quality and effectiveness of health services. Approaches such as clinical audits, continuous quality improvement processes, accreditation and performance-based financing have shown that quality can be improved, even in highly constrained settings. Achieving and sustaining such gains requires additional measures including greater standardization of and adherence to promotion, prevention and treatment protocols and practices, systematic monitoring of quality of services, strengthening professional associations and regulatory bodies, increasing the voice of users to ensure their right to participate and influence, and more inclusive governance and accountability systems for health facilities. Hence, improvement in health services quality requires coordinated action across service delivery, financing and governance.

Health needs cannot be dealt with by the health sector alone.

Providing health services in the context of a rapidly aging population is one example of how reforming health services delivery alone is necessary but not sufficient to deal with the health needs. Innovative engagement and partnerships with other sectors, such as education or other social services including cash transfers, and across different levels of governance, are also required in order to address key social and environmental determinants that are the main factors responsible for health inequity outcomes. Even in low-income settings there is increasing recognition of missed opportunities to make connections and achieve synergies with other sectors at the service delivery level. Greater cooperation with the water and sanitation sector, for example, has led to a multiplier effect in some resource-constrained settings as scarce public health officials work closer together with water and sanitation technicians and community mobilizers.

Service delivery models need to evolve to support preparedness and achieve resilience.

The ability to prevent, detect and respond to health emergencies is a critical component of UHC. Service delivery models that are truly fit for purpose will need to be equipped to implement the International Health Regulations and to develop a clear sense of the types of threats they may face and to prepare for them. Providing high quality and responsive services, without disruption even in emergencies such as natural disasters and pandemics, and migration flows is also fundamental for building the trust with communities that is essential to any effective response. Learning from other sectors that have made resilience more central to their planning should be a high priority. The environmental and urban planning sectors, for example, have innovated in building trust and promoting meaningful community engagement; similarly, many private manufacturers have redesigned supply chains and work processes in anticipation of future shocks. Recent advances in building resilient systems are now more readily available.

2.2

Health financing

Health system action area 2: health financing

Health financing arrangements determine the ability of health systems to respond to health needs, spread financial risks and operate efficiently and equitably.

They span choices and decisions in three inter-linked financing functions - mobilizing resources, pooling them and using them to strategically purchase services through direct provision or contracting - and have implications for all five dimensions of health system performance.

Mobilizing domestic resources is key for progress toward UHC.

As countries expand access, populations grow or age, wealth rises, medical technology advances and demand for increasingly complex and sophisticated health services grows. The Addis Ababa Action Agenda (AAAA) recognized that the primary mechanism for meeting resource needs for achieving the SDGs will be domestic. Specifically, the AAAA emphasized the responsibility of each country for its own economic and social development and called on them to draw on all sources to finance the SDG agenda²⁹. Countries agreed to an array of measures to increase government revenues mostly through efficient and progressive taxation. Drawing on all sources means also harnessing the investment capacity of the private sector, together with ensuring the regulation of private providers, but also better alignment of investments in other sectors - education, water and sanitation, transport, and others - to improve critical health outcomes. Aligning policies and targets across sectors is likely to reduce the costs of progress toward the SDGs.

Health financing arrangements must balance the high returns on health investments with a sustainable macro-economic framework.

Increases in spending on health should consider long-term fiscal space and not threaten a government's long-term solvency, or be to the detriment of investments in other sectors that are critical for comprehensive progress towards the SDGs. Improvements in survival, nutrition and health have very high returns on investments³⁰, as well as the increasing importance of the health sector as a source of decent employment and the value of a truly universal and prepared health system in mitigating downside risks related to health crises.

Expanding pooling arrangements is essential to improve financial protection for all.

Pooling, the accumulation and management of advance payments across households, provides protection from catastrophic consequences of ill health, whether it is forgone care, indebtedness or impoverishment. Pooling arrangements differ across countries. Often different arrangements co-exist in countries for the collection of funds (for example, general tax revenues, earmarked taxes or mandatory health insurance contributions) and who manages them (for example, ministries of health or finance, local governments, a single public agency or multiple health insurance funds). Yet, in many countries, direct household out-of-pocket-payments continue to constitute the largest share of health financing. Countries must progressively expand pooling arrangements to reorient private spending into pooled financing arrangements, for example, extending mandatory social health insurance to informal workers. Generally countries should avoid the fragmentation of financing systems into separate schemes with different levels of funding and benefits for different

population groups. Leaving no one behind also requires targeting resources to the removal of financial barriers facing the poor and most vulnerable to access priority services, including subsidizing insurance contributions and providing vouchers or cash transfers.

Spending funds well is critical for mobilizing additional resources and improving health system performance.

Many health systems are characterized by significant inefficiencies, a recent report estimates that 20 percent of health spending in OECD countries is wasted³¹. Improving the use of funds and system efficiency is therefore essential to make the case for investing in health and accelerating progress toward UHC. Improving efficiency requires linking expenditures to information and moving from passive to active purchasing of health care. Mechanisms and approaches include managing public funds transparently for better accountability, from budget preparation to financial monitoring, allocating resources toward inputs and services that generate better results at lower cost, developing and implementing policies and regulations that ensure the efficient use of resources, use incentives in provider payment mechanisms and strengthening provider autonomy and facility management. Progress hinges on giving greater priority to capacity and institution building and an improved understanding and management of the political economy of such reforms.

Strengthening all health financing functions is necessary to enhance the resilience of health systems.

Disease outbreaks, like Ebola, have demonstrated the need for countries to invest more systematically in preparedness of community-based health services as well as core public goods and health functions to meet international standards of preparedness. In addition, it is critical to put in place financing arrangements for effectively mobilizing and using resources for an effective emergency response and recovery, typically across an even wider range of actors and sectors and without threatening the viability of routine health services.

Development assistance for health (DAH) remains important and must more effectively complement domestic financing.

As part of the AAAA, countries committed to reverse the decline in aid to the poorest and fragile countries, many of which will require sustained DAH to address capacity constraints and continue progress toward UHC. However, DAH must add to domestic resources rather than crowding them out and support efforts to increase the effectiveness and efficiency of domestic resources utilization. In addition, faster progress is needed on harmonization and alignment of external financing to country-determined priorities. Better coordination of DAH also mandates external financing to support the transition toward self-sufficiency. Innovations are also needed to finance progress towards UHC among vulnerable and disadvantaged populations, including those in fragile and conflict-affected environments as well as refugees and migrants. Importantly, donors must gradually shift away from channeling funds through separate and short-term financing and implementation arrangements towards the development and use of national institutions responsible for sustainable financing of the health sector. The scale of this challenge is non-trivial: in 2013, investments in disease-specific programs constituted more than 90 percent of DAH. It is imperative to find new ways that these investments contribute to and catalyze the development of core financing functions in countries. To allow for a strategic overview of activities at country level, donor efforts to publish their aid spending in health are critical, using mechanisms such as the International Aid Transparency Standard (IATI) and the statistical standards of OECD-DAC systems.

2.3

Governance

Health system action area 3: governance

Governance is a critical foundation of all health systems.

Linked to the evolution of democratic and human right values in national debates, and supported by more rapid, real-time communication offered by the media in the age of the internet, governance has evolved in the 21st century towards a whole-of-government and a whole-of-society approach: improving health and well-being is no longer the role of the public health sector only, and no longer only under the purview of the ministry of health³². In other words, all sectors are part of the UHC road to success and all stakeholders, beneficiaries, providers and the state must be involved in its design, implementation and follow-up. UHC is first and foremost a social contract. Governance is concerned with the processes and institutions for collective decision-making. Governance arrangements determine key institutional attributes such as transparency, accountability, participation, integrity and capacity, and therefore have far-reaching consequences for system performance³³. These arrangements include population voice in policy choices, oversight institutions, quality of information supported by freedom of information provisions, standards and codes of conduct, regulatory strategies, stakeholder fora and consultative processes, financial management systems, and ethical and anti-corruption measures. Developing national capacity to design, operate, monitor and continuously adjust the health system is essential for UHC to be achieved and sustained. Therefore, organizational and institutional capacity in health systems management and policy dialogue needs to be strengthened. Creation of health promotion friendly societies is also essential in this context and may require raising people's health literacy.

Mechanisms for people's voice are central to accountability.

Citizens are both principals and beneficiaries of services. Citizens are taxpayers and the primary funders of public services³⁴. Greater responsiveness of services to people's health needs can be achieved by platforms that raise awareness and foster societal dialogue³⁵. A variety of mechanisms of voice and community empowerment in health service delivery convey the collective preferences of citizens including National Health Assemblies, community ownership, community management, and community and citizens monitoring and report cards. Citizens' platforms are essential for the formulation and review of strong national health policies, strategies and plans that enable progress towards UHC. Likewise, in multiple countries, participatory budgeting is being used as a means to engage citizens in priority setting and decisions on resource allocation.

Good data provides a basis for better health.

Reliable evidence of actual health needs and demand for and supply of health services helps guiding policy choices. Capacity strengthening measures that build skills for conducting data reviews and adhering to standards of data protection, data use and data sharing are a suitable entry point for improving data quality in a health system. Countries and other stakeholders must strengthen national health information systems, including civil registration and vital statistics (CRVS) system. It is also important to ensure that all citizens have free access to data and information on UHC, as part of societal dialogue and participatory processes. Countries are encouraged to formally adopt a core set of indicators to monitor UHC progress and incorporate them in national monitoring and evaluation systems³⁶, building on the SDG monitoring process.

More policy-relevant research for UHC is needed.

While tracking of indicators is important, indicators can only describe change, not explain it. The World Health Report 2013 has highlighted the importance of research for UHC emphasizing that “all nations must be producers and consumers of research.”³⁷ This requires identifying local health research priorities and developing national health research policies and strategies. It is also essential to build and institutionalize national capacities for applied policy research and evaluation, and to use findings in decision-making. Health systems research for UHC still accounts for a small fraction of health research funding globally. UHC requires context-sensitive research speaking to real-world implementation barriers and health systems challenges, including those in relation to leaving no one behind. This process needs to be nationally driven and owned, including through increasing national investment. The push towards UHC should be informed by implementation research prioritized and demanded by policymakers and health systems stakeholders.

Strengthening platforms to design and implement more effective multisectoral actions is urgently required.³⁸

Whether it is working across sectors to build capacity in emergency preparedness, response, recovery or addressing the social determinants of health, effective mechanisms to ‘join up’ different parts of government and engage civil society are required³⁹. This can include the development of national whole-of-government multisectoral plans, establishing mechanisms for community mobilization and coordination across ministries and other stakeholders, and effectively engaging with the private sectors to address health risks and promote health. An efficient multi-sectoral mechanism is also crucial at the stage of monitoring and evaluating enforcement of policies. In the field of health promotion, global leaders have committed to take resolute action. This includes strengthening legislation, regulation and taxation of unhealthy commodities, as well as implementing fiscal policies as a powerful tool to enable new investments in health and wellbeing and to increase fiscal space. This, in turn, will facilitate the economic framework to achieve UHC⁴⁰.

Progress toward UHC requires also regional and global collective mechanisms to ensure adequate attention to common goods.

To date, international cooperation has focused on medical research and development, setting norms and standards, the development of tools, data production and sharing, and communicable disease control. Similarly, there is a strong case for collective action on research, tool development, norms and standards, and mutual learning and sharing of experiences on health system strengthening across countries regardless of development status. Faster progress on international cooperation to support other critical inputs towards strong and affordable health systems such as effective and balanced intellectual property arrangements, trade agreements, health worker migration, development of training programs, and global public goods is also required. Given the nature of such global public goods, the challenge is to initiate, organize and finance collective action. Collective action is also critical to enhancing commitment to good practice, which includes supporting implementation of relevant regulations, to ensure quality of inclusive service delivery. Examples of relevant regulations, codes of practice and guidelines include the International Health Regulations, the Framework Convention of Tobacco Control, WHO Global Code of Practice on the International Recruitment of Health Personnel, the System of Health Accounts developed by the OECD with WHO and Eurostat⁴¹, WHO R&D Blueprint for Action to Prevent Epidemics, and the Coalition for Epidemic Preparedness Innovations.

Encouraging research and development (R&D) for priority health needs and stronger technology transfer mechanisms is important for enabling progress towards UHC at country level.

Ensuring that R&D delivers relevant products requires an effective interaction between public and private sectors: governments cannot expect that leaving investment to the private sector only will lead to products that serve public health needs without a market. Mechanisms such as technology transfer need to be used where most effective, and require strong regulatory systems as well as appropriate investment in a skilled workforce.

The governance agenda is also concerned with mechanisms for international coordination and collaboration.⁴²

WHO has the mandate to direct and coordinate international work on health, including through partnerships where joint action is needed. Global partnerships are an important part of the health architecture. The MDGs motivated the establishment of major global initiatives and institutions to support efforts to improve health and communicable disease control, most prominently the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Polio Eradication Initiative and Gavi, The Vaccine Alliance. The past two decades also saw an unprecedented emergence of global public-private partnerships (GPPs) undertaking research and development related to diseases of the poor. These not-for-profit public private collaborations support research and development in order to improve access to medicines, vaccines and diagnostics. Moreover, they have driven financial innovations to bolster demand for medicines in lower-income countries and the willingness of the private sector to engage in research and development. Yet, global initiatives to support communicable disease control and GPPs tend to face challenges similar to traditional DAH with questions about value and sustainability of the support, highlighting the importance of coordination and ensuring complementarity of efforts. More recent programs such as the Global Financing Facility for Every Woman and Every Child (GFF)⁴³ and the UHC Partnership⁴⁴ recognize the need to better articulate DAH with domestic financing. UHC2030 plays a central role in facilitating the coordination and complementarity of efforts, building on the principles of alignment and harmonization with national health strategies and use of country systems.

3

Health systems strengthening for UHC: key principles for action

There is no one-size-fit-all approach to HSS – the mix of policies and approaches will need to reflect country contexts and participatory processes.

As outlined in Section 2, there is a range of entry points for policy action at country, regional and global levels to strengthen health systems for achieving UHC. UHC cuts across all of the SDG health targets and contributes to other SDG targets, providing an overall framework for implementing the new health agenda. At the same time, there are several generally applicable principles that can guide action in prioritizing and implementing HSS. Based on the health system performance dimensions and policy entry points to promote UHC identified in the prior chapters, this section highlights five principles, which also serve as the founding principles of UHC2030⁴⁵.

1. Leaving no one behind: a commitment to equity, non-discrimination and a human rights-based approach

The 2030 Agenda for sustainable development established the attainment of UHC as part and parcel of the overarching goal of equity, ensuring that no one is left behind. This means that health system strengthening for UHC must account for the heterogeneity of the population, for instance in relation to differences in sex, age, geographical areas, education, income, disability, migration status and other factors relevant for the national and subnational context. Gender considerations are also central to UHC as gender permeates the whole health system. Gender roles play out at the service-user level in service delivery, within the workforce, as well as in health system governance and financing. Ensuring quality health services and financial risk protection for all persons will entail identifying and overcoming supply and demand side barriers that may disproportionately impact some subpopulations. A human rights-based and non-discriminatory approach to HSS is necessary to ensure equitable access to health services^{46,47}. People-centered service delivery is a guiding concept to ensure that health systems put people first, and this can be coupled with multisectoral action to address key social determinants of health inequities.

2. Transparency and accountability for results

Transparency and accountability are key attributes of governance and determine the performance of a health system if they lead to adjustments in policies, strategies and resource allocation. Transparency in decision-making, monitoring and review, as well as participation by populations, is pivotal for accountability. Transparency requires access and availability for citizens to budget information. Open and participative decision-making on health policies and priorities can promote accountability. Therefore strong parliaments and institutions with adequate capacities are needed to hold governments to account. A focus on health outcomes and results is key for measuring progress on national and international levels as well as for monitoring health system

performance. Valid information on health results and outcomes contributes to improved accountability and learning on what works in a specific country-context, which may require operational research, next to routine data collection.

3. Evidence-based national health strategies and leadership as the foundations for HSS

Country-specific contexts require country-specific solutions. National leadership is the basis for identifying custom-fit approaches and solutions. It translates into robust national health policies that are a common backbone for action and form the basis for accountability. Using comprehensive quality data and evidence lies at the heart of identifying actual health needs and appropriate policy choices to ensure transparency and accountability at all levels of the health system and will help to monitor progress towards achieving SDGs, including UHC⁴⁸. Data and evidence can contribute to ensure that the five dimensions of health systems performance are implemented, programs are strengthened and no one is left behind. National strategies and service delivery models should reflect relevant international principles, agreements, and commitments, including UN covenants, resolutions, and declarations (for example, the International Health Regulations). HSS support to countries needs to be tailored to country contexts and national priorities.

4. Making health systems everybody's business - with engagement of citizens, communities, civil society, and private sector

In order to generate a multi-stakeholder response to health needs that increases the ownership of those whom health systems aim to benefit, an integrated multi-stakeholder policy dialogue with national stakeholders, communities and civil society, including in particular organizations representing disease-affected or marginalized and vulnerable groups, as well as the private sector is necessary⁴⁹. Civil society participation has to be anchored systematically in HSS action to enable people-centered health services. Mechanisms for civil society engagements, such as accessible platforms for citizens' voice, as well as responsiveness and accountability to citizens' needs are relevant in this regard. In a functioning public-private health market, high quality products and services are produced in needed quantities and delivered to the different levels of the health system. The private sector is an important player in providing health products and services to the people. Its interventions must be placed under the stewardship of national and local governments. Market-shaping interventions can help prevent market breakdowns and address inefficiencies. The insights from multi-stakeholder dialogues and other forms of stakeholder engagement form a crucial source of information for the development, implementation and monitoring of national health strategies and plans.

5. International cooperation based on mutual learning across countries and development effectiveness principles

The ambitious 2030 Agenda for sustainable development called for strengthening international cooperation through an enhanced and revitalized global partnership to support implementation and drive progress. Multi-stakeholder partnerships are important to facilitate the sharing of knowledge, experiences and lessons on what works in HSS. In this context, it is also important that international cooperation is based on mutual learning across countries as a critical vehicle to contribute to better design and operational capacity development on the path to UHC. In countries

receiving aid, health policies, strategies and plans form the basis for mutual accountability, where development partners align with the priorities identified and where all partners agree to regularly review mutual commitments. Joint Annual Health Sector Reviews (JARs)⁵⁰ provide a valuable entry point for improving mutual accountability mechanisms. Regular joint planning activities among all UHC stakeholders led by national governments can ensure activities are complementary and avoid duplication. The effectiveness of development cooperation for health through improved coordination and use to the extent possible of country systems using IHP+ principles can improve health-related behaviors. Strengthening monitoring and compliance with alignment, coordination and harmonization can significantly increase the impact of HSS efforts. Existing monitoring mechanisms at both national and global levels can be built on and refined in this regard. Lessons learnt from country experience with the Joint Assessment of National Health Strategies (JANS)⁵¹ can be drawn on.

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