



UHC, HEALTH SECURITY & SDGs

First Face-to-Face Meeting of the UHC2030 Working Group on Support to Countries with Fragile or Challenging Operating Environments

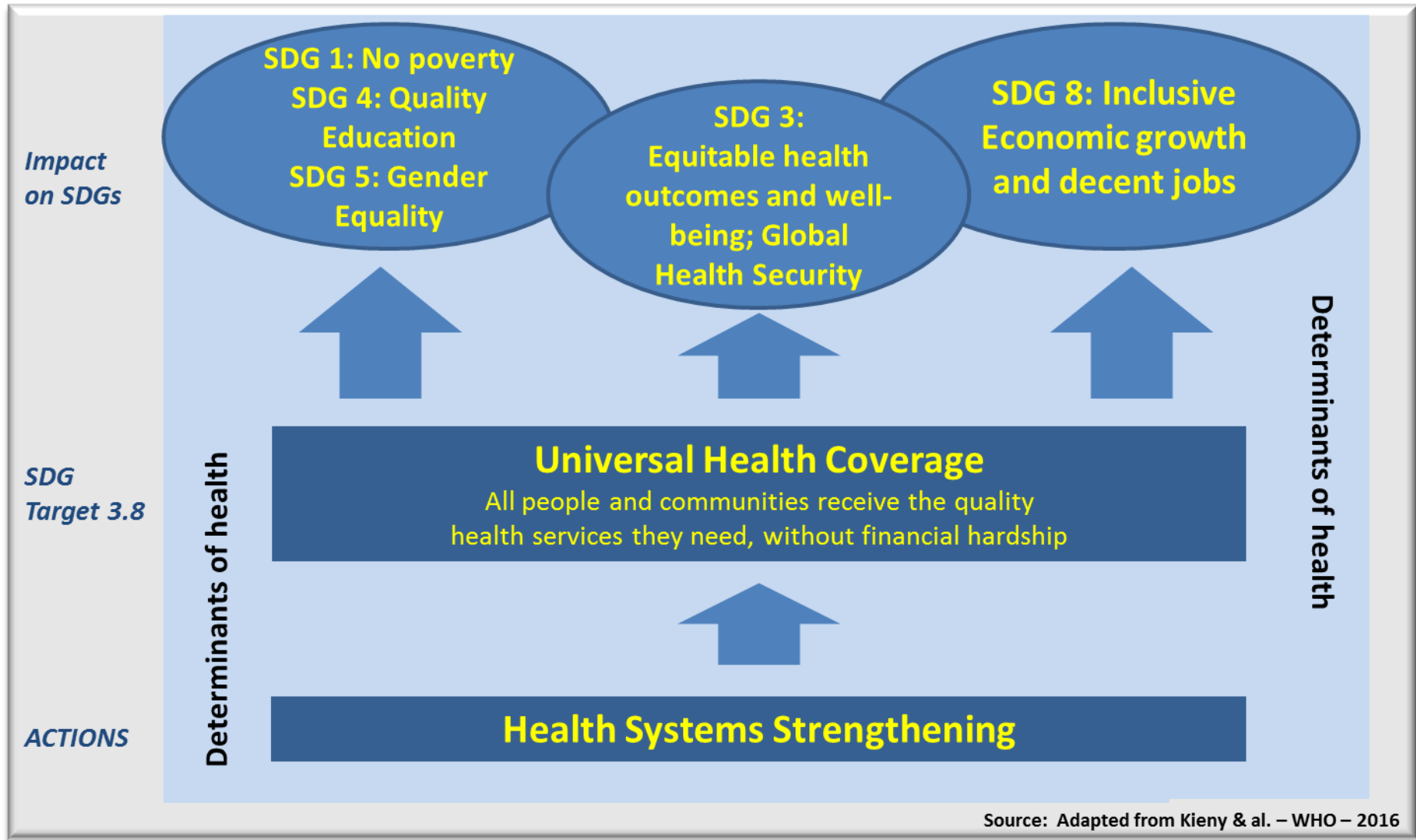
7 November 2017

Sustainable Development Goals are about leveraging domestic resources

- An estimated additional investment required in the health sector for 28 low-income countries to attain SDG health targets by 2030 amounts **US \$74 billion per year**
- Out of these, around **US\$59 billion are required for HSS efforts**, with infrastructure and health workforce the main cost drivers
- In 2013, **ODA for funding HSS reached US\$ 2.3 Billion or only 6% of total ODA for health**, whereas funding for disease-specific programs (e.g. fighting HIV/AIDS or malaria) amounted to US\$34 billion
- **Even in fragile states, about 75% of total health spending come from domestic sources** (95% in middle income countries)
- **However, in most fragile and low income countries OOP is unacceptably high (50% of THE):** domestic resources are not optimally distributed

Source: Based on WHO's work as part of the Lancet Commission Global Health 2035; WHO analyses prepared for the 3rd FfD Conference and HSS roadmap; Institute for Health Metrics and Evaluation (IHME) estimates for 2013 <http://vizhub.healthdata.org/fgh/>; WHO Global Health Expenditure Database (GHED) 2013 (<http://apps.who.int/nha/database>, accessed 15 February 2016)

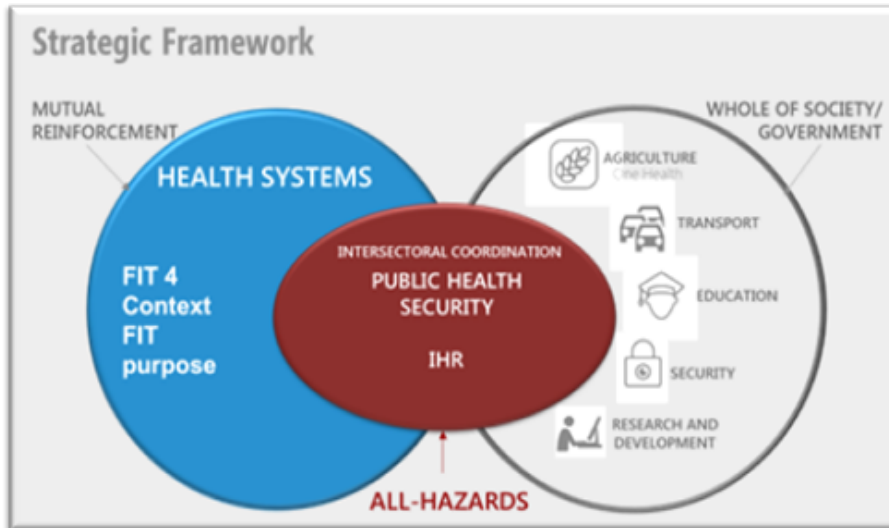
A WHO framework in line with the SDGs



“Universal health coverage and health emergencies are cousins - two sides of the same coin. Strengthening health systems is the best way to safeguard against health crises. Outbreaks are inevitable, but epidemics are not. Strong health systems are our best defence to prevent disease outbreaks from becoming epidemics.”

Dr Tedros Adhanom Ghebreyesus, “All roads lead to universal health coverage”, The Lancet, 17 July 2017

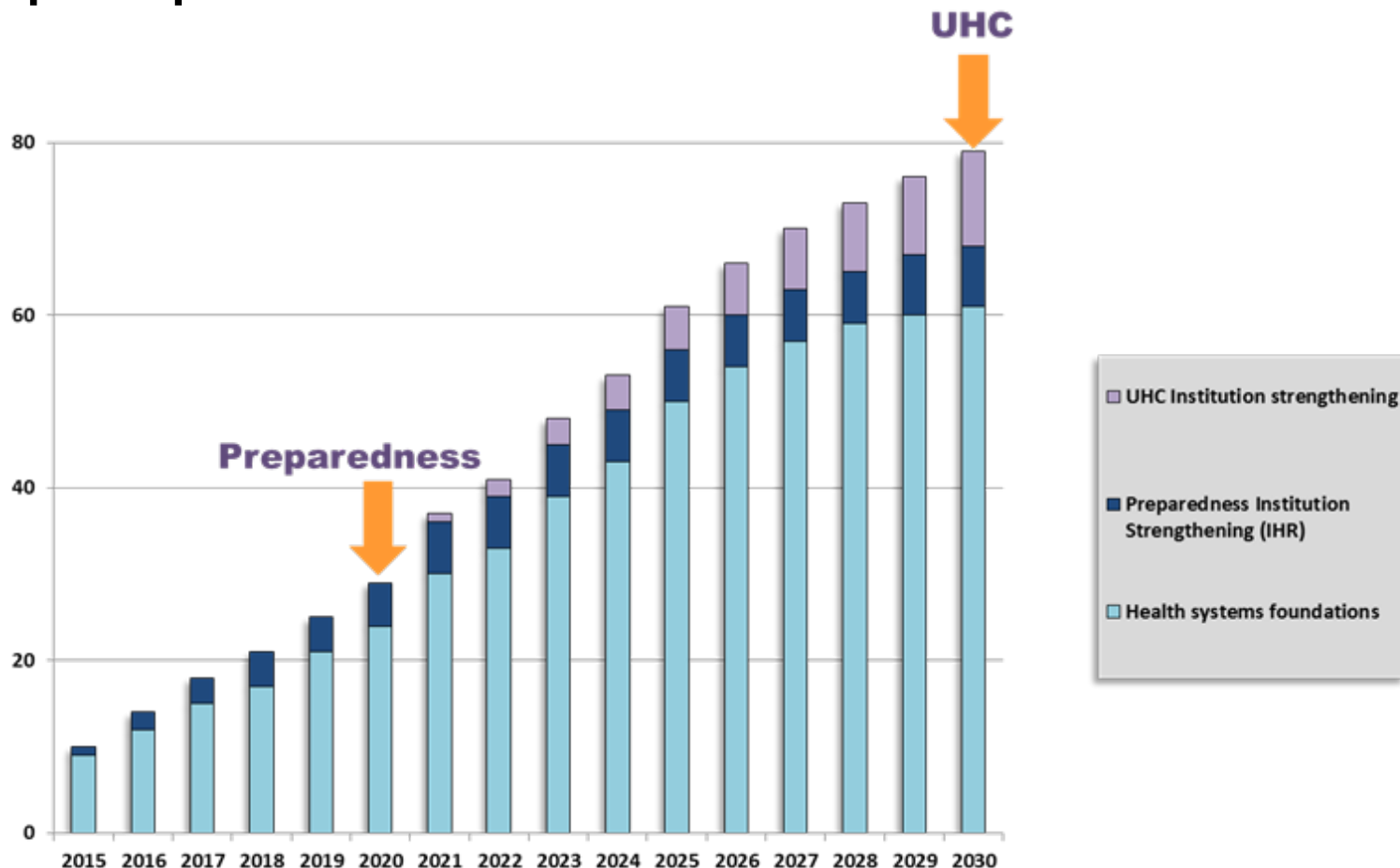
Emergency preparedness framework



Health Systems to reach the SDGs framework



An additional US\$21 billion average annual spending is needed to reach sufficient levels of Emergency Preparedness or Health Security in 43 L and MICS countries. This is the equivalent of an average additional annual **US\$ 14.3 per capita** for the 43 countries considered.



"Foundational gaps" examples?



Draft 13th WHO General Programme of Work (GPW)

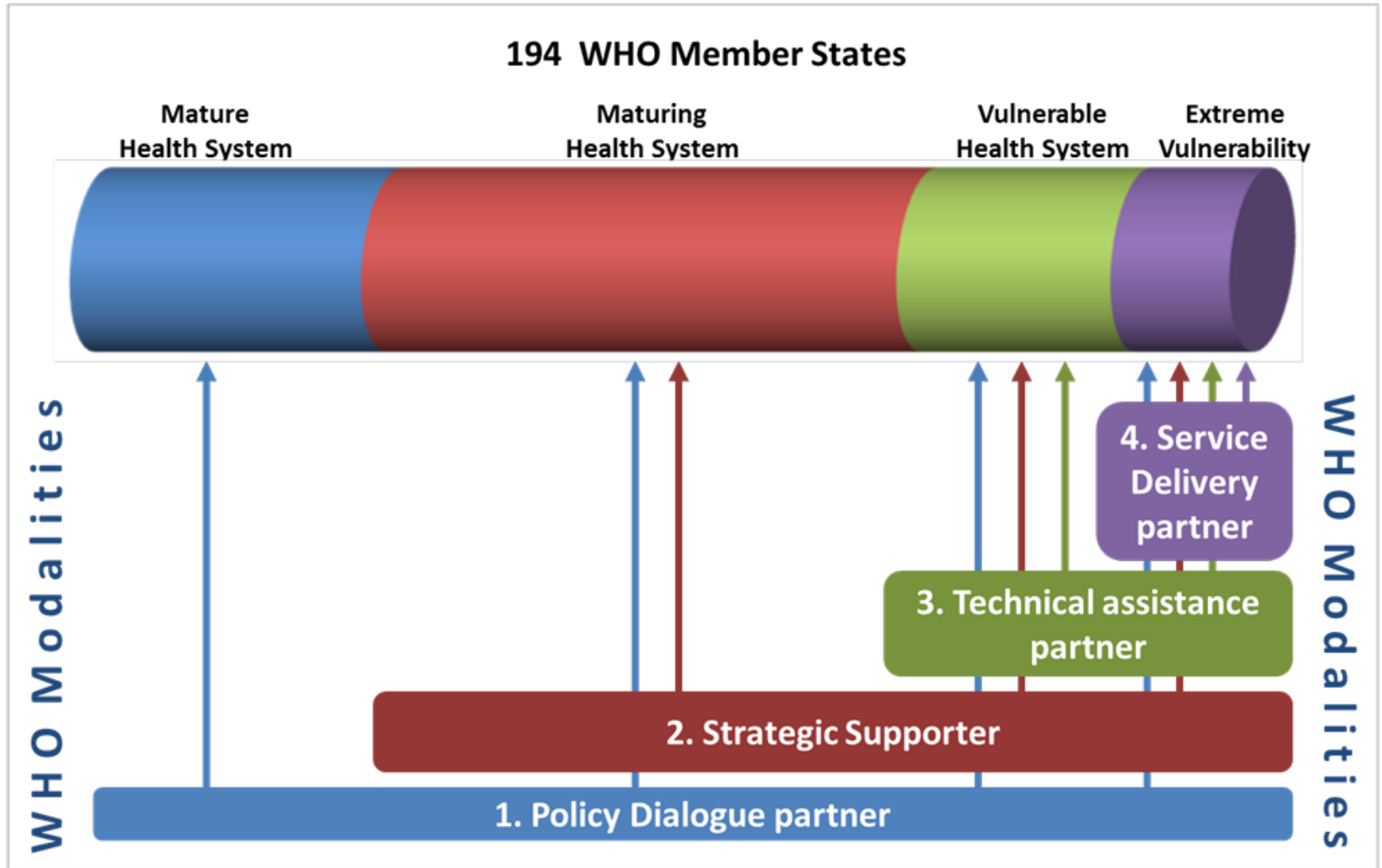
- Triple Billion Targets: UHC, Health Security, SDGs
- Impact in countries is at the heart of the WHO triple billion target

Draft thirteenth general programme of work: 2019–2023

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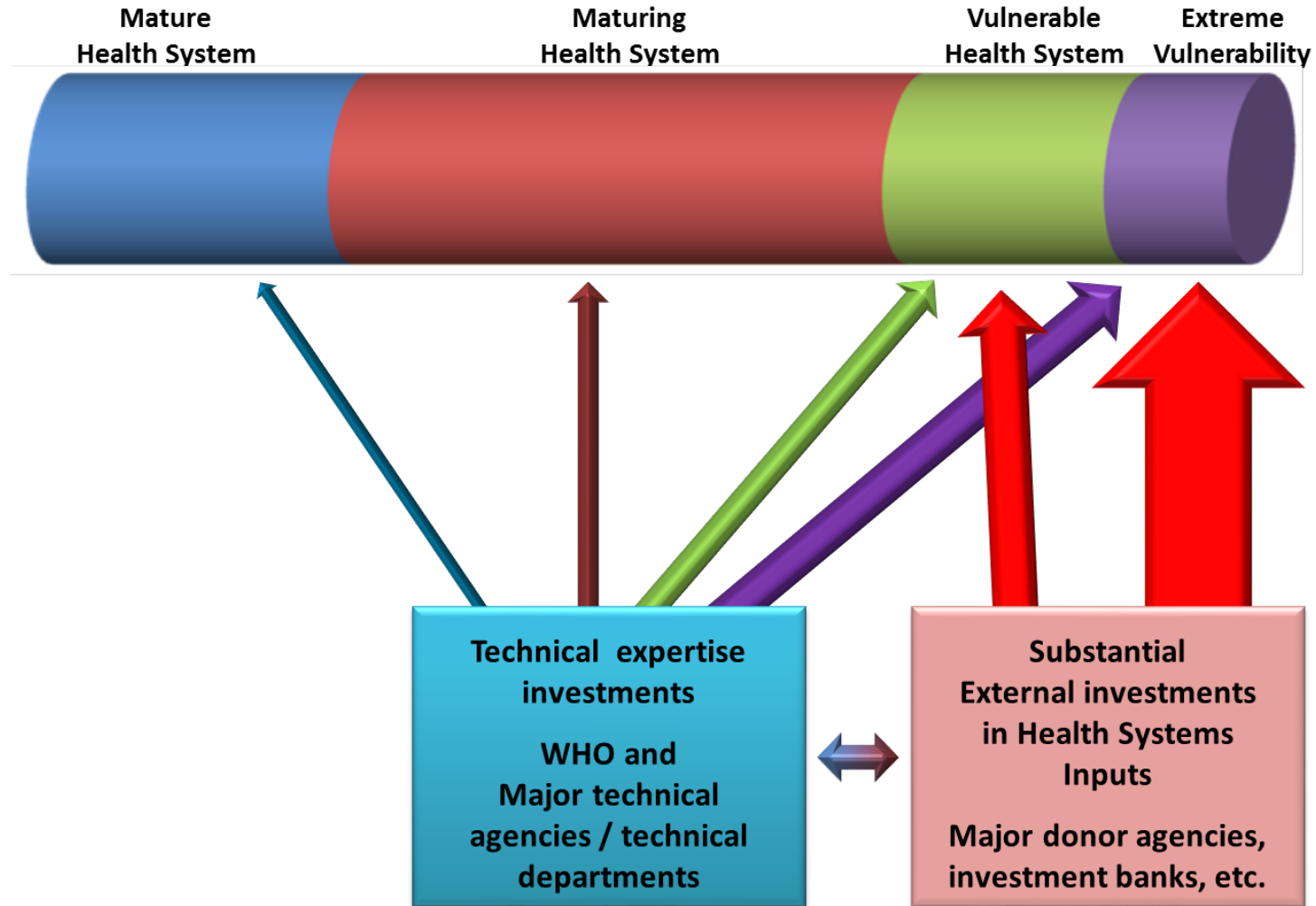


Four WHO modalities



Roles and Responsibilities?

194 WHO Member States



Six Gaps Investments?

| “Six Gaps” | References | Inputs |
|--|---|--|
| Financial Management Systems | IHP+ Report 2012 ; AFDB report 2012 ; GFATM/GAVI/WB assessments | <ul style="list-style-type: none"> • Accountants • IT systems • Accounting systems |
| Pre-service Education & sustained health workforce | HRH Global Strategy ; HEEG Commission; GHWA reports ; Cancedda & al. 2015 | <ul style="list-style-type: none"> • Training Schools • Trainers • IT systems |
| Supply chain/ Regulatory Systems | WHO assessments ; Ebola assessments (2014-2015) ; UN Commission on life-saving commodities for women & children – reports 2014 | <ul style="list-style-type: none"> • Regulatory system • Warehouses, Vehicles • Stocks, Cold chains, • Diagnostic facilities • Laboratories |
| Health Information Systems & surveillance | HMN/HSI reports & assessments ; Health Data Collaborative website 2016 | <ul style="list-style-type: none"> • Statisticians • Epidemiologists • IT infrastructure & systems |
| Local governance systems | High-level meeting on HS in Ebola-affected countries – 2014 ; Recovering from the Ebola crisis report UN-WB-WU-Afdb – 2015 ; Meessen & al – 2014 ; WKC 2013 | <ul style="list-style-type: none"> • Vehicles • Managers - inspectors • Interoperable IT Systems |
| Integrated services, Basic Infrastructure & Equipment | Service Delivery Indicators in Education and Health – World Bank website ; Global Health Observatory – Infrastructures – WHO website ; DHS ; WHO Integ Person Centred Framework; Kieny & al. 2014 | <ul style="list-style-type: none"> • Buildings & equipment • Electricity & Water • Connectivity |

NEW COMPACT FOR FRAGILE STATES

- ONE human resources for health program
- ONE supply chain program
- ONE infrastructure program
- ONE financial management system
- ONE surveillance system
- ONE community management system

Technical expertise products? (1/3)

| MODALITY 1 - POLICY DIALOGUE | MODALITY 2 - STRATEGIC SUPPORT | MODALITY 3 - TECHNICAL ASSISTANCE | MODALITY 4 - SERVICE DELIVERY |
|--|---|---|--|
| GOVERNANCE | GOVERNANCE | GOVERNANCE | GOVERNANCE |
| Country health sector diagnostic | Assessment of legal & institutional framework | Assessment of district management and services | Health diagnostics in crisis context |
| Policy dialogue on public accountability - "citizen's voice" | Design needed institutional reforms | Formulation of health strategic plans | Ensure basic governance functions at all levels |
| Independent evaluations of health reforms | Institutional arrangements to inform policy with evidence | Integrate/align disease strategies into National Health Strategies | Development and implementation of emergency, recovery and transition plans |
| Generation of evidence for priority setting | Conduct annual transparent reviews | Coordination mechanisms for harmonisation & alignment (e.g. JANS) | Emergency and Development actors coordination mechanisms and dialogue |
| Alignment of National Health Strategies with public finance management | Develop organizational capacity for reforms including legislative framework | Consensus on mandates of local authorities, and legal and regulatory systems | |
| Peer-to-peer assistance on specific technical reform issues | Monitoring and evaluation of performance at national and local level | Engagement of communities – voice & accountability programmes | |
| Capacity building on Laws & Regulations | Capacity building programmes on governance and performance assessment | Capacity building programmes on governance at sub-national level | |
| FINANCING | FINANCING | FINANCING | FINANCING |
| Health financing diagnostic analysis | Strengthening resource tracking methods and capacities | Country PFM to identify bottlenecks and opportunities | Health financing diagnostics |
| Country and cross-country stakeholder dialogue on health financing policy | Diagnosing potential areas for technical efficiency gains | Assessment of financial management system | Support to financial management (long term assistance deployment) |
| Fiscal space scenarios for health policy choices and trade offs | Design and implementation planning for national health financing strategy | Integrate/align disease budgets into health financing strategies embedded in NHPSPs | Resources mapping and projections |
| Facilitate exchange of evidence and approaches to health finance policy | Institutional support to national (and regional) public health and/or economics | Cross-programmatic analysis of system barriers to scaling up effective coverage | Development and implementation of post emergencies financing strategies |
| Increasing institutional capacity to do health technology assessments in countries | Health financing short-course training and training of trainers programme | Costing strategies with integrated health system strategies | Ensure basic health financing functions at all levels |

Technical expertise products? (2/3)

| MODALITY 1 - POLICY DIALOGUE | MODALITY 2 - STRATEGIC SUPPORT | MODALITY 3 - TECHNICAL ASSISTANCE | MODALITY 4 - SERVICE DELIVERY |
|--|---|---|--|
| HEALTH WORKFORCE | HEALTH WORKFORCE | HEALTH WORKFORCE | HEALTH WORKFORCE |
| Policy dialogue on optimizing health workforce | Health workforce strategies coherent with national health sector strategies | Health workforce assessment, prioritization and costing of workforce production plans | Maintenance and sustainability of health education institutions and programmes |
| Labour market analysis | Support inter-ministerial dialogue on health workforce | Support countries in carrying out health workforce data collection (HRH IS) | Support to the deployment of health workforce at national and sub-national level |
| Higher education support | Development of curricula, pre-service and in-service education programmes | Pre-service education assessment & capacity building programmes | Ensure basic human resources for health management functions at all levels |
| Independent evaluation of workforce quality | Strengthen institutional capacity for HRH stewardship | Support organization and delivery of pre-service education | |
| INFORMATION | INFORMATION | INFORMATION | INFORMATION |
| Policy dialogue on availability and accessibility of high-quality data for | Support interoperability and integration of Health Information Systems | Assessment of National Health Information Systems | Ensure basic health information and surveillance systems |
| Specialized support to strengthen health data sources | Strengthen analytical capacity for national monitoring of health related SDGs | Design of unified data architecture for national health information system | Ensure basic health information management functions at all levels |
| Engagement with non-health actors on data sources and generation of vital statistics | | Health facilities surveys and quality of care measurement | |
| | | Facility and community data systems, DHIS - implementation and capacity building | |
| PHARMACEUTICALS & MEDICAL PRODUCTS | PHARMACEUTICALS & MEDICAL PRODUCTS | PHARMACEUTICALS & MEDICAL PRODUCTS | PHARMACEUTICALS & MEDICAL PRODUCTS |
| Policy dialogue on Good Governance of pharmaceutical systems | Capacity building programme on medicines policies and strategies | Assessment & coordination of support systems (logistics, procurement, supply) | Procurement and supply of basic essential pharmaceuticals and medical products |
| Policy dialogue on access to essential medicines and health products | Specific support on pharmaceutical market | Support routine data collection on medicines availability, affordability and use | Ensure basic pharmaceuticals management functions at all levels according to needs |
| Capacity building on pharmaceutical systems, pricing and reimbursement | | Development of PSM strategy, including capacity building programme | |
| | | Capacity building in medicines selection, procurement and supply chain management | |

Technical expertise products? (3/3)

| MODALITY 1 - POLICY DIALOGUE | MODALITY 2 - STRATEGIC SUPPORT | MODALITY 3 - TECHNICAL ASSISTANCE | MODALITY 4 - SERVICE DELIVERY |
|--|---|---|--|
| HEALTH SERVICES | HEALTH SERVICES | HEALTH SERVICES | HEALTH SERVICES |
| Health services integration review and transformation policy dialogue | Design and evaluate options to reform models of care | Health facility assessment | Procurement & supply of basic infrastructure and equipment |
| eHealth and mHealth policy review | Support to hospital and public health institute strengthening programmes | Build capacities for PHC delivery of essential package of health services | Ensure basic health services delivery and management functions at all levels |
| Capacity building programmes on specific technical areas in service delivery | Support to AMR national action plans | Support to organization and delivery of health services at all levels | |
| Policy dialogue on national quality and safety policy and strategy | | | |
| PREPAREDNESS & IHR | PREPAREDNESS & IHR | PREPAREDNESS & IHR | PREPAREDNESS & IHR |
| Certification of IHR core capacities | Capacity building for implementation of IHR core capacities, with WHO certification | Formulate, cost and support a roadmap to implement IHR core capacities | Ensure basic surveillance, preparedness and IHR functions at all levels |

How to? .. under UHC2030?

- UHC2030 partners: large role to play
 - Need for the right combination and sequencing of investments and technical expertise
 - Need to support countries in leveraging domestic and external resources to address critical foundational gaps
 - Need to agree on roles and responsibilities, and make sure foundational investments (the six critical gaps) are duly addressed.
 - Need to agree on ways of working, roles and responsibilities and financial contribution for investments and technical expertise.
- ➔ “New UHC2030 Compact” for Health Security and UHC?**