



Ensure political leadership beyond health

Peru

Health is the foundation for people, communities and economies to reach their full potential. UHC is primarily the responsibility of governments and requires political decisions that go beyond the health sector. In Peru, a district mayor initiated action to tackle childhood anaemia in indigenous communities with impressive results.

Three years ago, in the Iguaín Ayacucho region of Peru, **65% of children under 3 years had anaemia**. This put them at risk of severe long-term effects on their health, and impaired cognitive development and school performance.

Today that rate has been cut to just 12%.

When the (now former) Mayor of Iguaín, Mr Eusebio Quispe Rodríguez, first received data from the Ministry of Health about chronic infant malnutrition and anaemia in his district, **he immediately took action** and created a working group to address the issue. Municipal, regional and national authorities joined forces to introduce community surveillance centers to tackle this serious health issue.

“This work is not only about health,” says the current Mayor of Iguaín Mr. Fidel Canales, **“It contributes to the sustainable development of our region.”** This has been recognized across the country, as the model applied in Iguaín is being rolled out and replicated in other parts of Peru.

Credit to WHO

Source: <https://www.who.int/news-room/feature-stories/detail/tackling-childhood-anaemia-in-indigenous-communities-in-peru>



Leave no one behind

Tajikistan

Reaching the most marginalised and hard-to-reach populations with health services is essential for making progress towards UHC. Rehabilitation services for people suffering from a range of health conditions, impairments and disabilities are an important part of achieving UHC. By taking a primary health care approach, the government of Tajikistan is transforming access to services and reaching parts of the population often left behind.

Awareness of the need for rehabilitation dates back to the Alma Ata Declaration of 1978. Today, rehabilitation is more important than ever because of ageing populations and the huge increase in non-communicable diseases.

Tajikistan's Ministry of Health and Social Protection has led the way to establish the National Rehabilitation Programme for adults and children. Now, rehabilitative and assistive products are included in Tajikistan's state-guaranteed health service. The package ensures free services for certain segments of the population, especially the poorest and over 180,000 people have benefitted so far.

“The National Programme is a big step forward and we are confident that it will improve the health of people with disabilities, as well as support their education, employment and self esteem for full inclusion in society,” said Mr. Asadullo Zikrihudoev, Chairman of the National Association of Persons with Disabilities in Tajikistan.



Regulate and legislate

Viet Nam

UHC requires a sound legal and regulatory framework and institutional capacity to ensure the rights of people and meet their needs.

In Viet Nam, 45% of men use tobacco, one of the highest prevalence rates in the world. The government of Viet Nam has recently taken significant steps to reduce non-communicable diseases caused by tobacco.

It has strengthened its tobacco control efforts by ratifying the World Health Organization's Framework Convention on Tobacco Control. Since then, Viet Nam's regulation and legislation has made good progress with smoke-free air laws, counter advertising campaigns and the launch of a national quit line.

The Ministry of Health and district health leaders initially set the anti-tobacco agenda with strong support from community-level public health programmes and community and village health workers in local and rural communities.

“People in the community do not agree with smoking any more because they know that smoking is directly harmful for the health of smokers and indirectly for the health of surrounding people,” said a community health center worker.

Credit to VanDevanter N, Kumar P, Nguyen N, et al. Application of the Consolidated Framework for Implementation Research to assess factors that may influence implementation of tobacco use treatment guidelines in the Viet Nam public health care delivery system. *Implement Sci.* 2017;12(1):27. Published 2017 Feb 28. doi:10.1186/s13012-017-0558-z
Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5330005/>

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Uphold quality of care

Syria

Quality primary health care (PHC) is the backbone of UHC and creates trust in public institutions. In north-western Syrian Arab Republic, patients are receiving treatment and care for non-communicable diseases (NCDs) in PHC settings, despite living through an ongoing conflict.

The country is facing a complex humanitarian emergency. Its health system is severely weakened, with short supplies of medicines and medical staff and difficulties to ensure access and continuity in health services. An estimated **45% of all deaths are related to NCDs**.

WHO collaborated with partners including USAID and Primary Care International to integrate NCD care into PHC health facilities. Nine health facilities in the north west piloted the integrated approach including improving diagnosis and treatment of NCDs at PHC level. The project trained over 240 local health workers to diagnose and treat patients with NCDs, delivered remote mentoring and provided NCD emergency kits.

Now, people are able to access PHC services for NCD care, despite the huge challenges facing the health system. There is a marked increase in the number of patients being diagnosed with and treated for NCDs.

“I pay regular visits to the doctor and have less symptoms than before,” said Hana Haj Omar, a woman from Mardebseh in Idlib governorate.

Credit to WHO Joint Working Team for UHC – Stories from the field

Source: <https://www.who.int/emergencies/crises/syr/news-features/tackling-ncds-in-emergencies-through-primary-health-care/en/>



Invest more, invest better

Kenya

Governments need to increase domestic investment and allocate more public financing for health but also to improve efficiency and equity in the use of existing resources and reduce reliance on impoverishing out-of-pocket payments.

In Kenya, the government has initiated various government-led initiatives that incorporate malaria intervention to reach populations at risk, particularly women and children. This reflects the focus of integrating vertical parallel disease programmes into mainstream public health interventions.

Between 2014-2018, deliveries taking place in public hospitals have increased from 430,000 to 1.2 million through free maternity programmes. The expansion of the National Health Insurance Fund has enabled Kenyans to access medical cover at affordable costs. The Beyond Zero initiative has encouraged people who are 'hard-to-reach' to access health care through mobile clinics.

“KeNAAM wants to encourage public private partnerships in malaria investments in line with the global call ‘Invest in the future’”. Edward Mwangi, the Chief Executive of KeNAAM.



Move together

Alaska

All countries must take active steps to meaningfully engage non-governmental actors - particularly from unserved, underserved or poorly served populations - in shaping the universal health coverage agenda. This includes empowering communities by strengthening their capacity to get involved in decision-making and accountability processes

American Indians and Alaska Natives health organizations, tribes and activists took part in a global movement towards health with a human rights-based approach. Now in Alaska, the Indian Health Service works in conjunction with Alaska Native Tribes and Tribal Organizations to provide comprehensive health services to 174,990 Alaskan Eskimos, Aleuts, and Indians. The Alaska Tribal Health Compact is a comprehensive system of health care that serves all 228 federally recognized tribes in Alaska.

The Southcentral Foundation, a nonprofit tribal health organization, transformed the health care system from the bottom up based on feedback from their native communities. The Nuka System of Care is defined as a “relationship-based, customer-owned approach to transforming health care improving outcomes and reducing costs”. It offers a wide range of health services to nearly 65,000 Alaska Native and American Indian people living in Anchorage and the Matanuska-Susitna Borough, and nearby villages.

Southcentral Foundation’s vision is to create: “A Native Community that enjoys physical, mental, emotional and spiritual wellness.”

Credit to Southcentral Foundation’s Nuka System of Care (Nuka)

Source: http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Redesigning_Healthcare_Nuka_System_of_Care.pdf