ACCOUNTABILITY AND UNIVERSAL HEALTH COVERAGE

Bi-regional consultation on good governance for improved access to medicines

9-11 November 2015

Manila, Philippines
Universal Health Coverage: Moving Towards Better Health

Action Framework
(WPR/RC66.R2)

WHO Regional Office for the Western Pacific
The challenge and the aim

- Countries committed to goals of Universal Health Coverage in their national policies/strategies/plans – access, equity, affordability, quality, effectiveness, etc. But how to make it happen? How to take a whole of system approach?

- Health systems are context-specific and path dependent. Each country has its own journey.

- Framework for action aims to point to critical action domains and priority action measures that can be mixed and matched in order for health systems to perform well and achieve good health outcomes.
Health system attributes and action domains of UHC

- **SUSTAINABILITY AND RESILIENCE**
  - Public health preparedness
  - Community capacity
  - Health system adaptability and sustainability

- **QUALITY**
  - Regulations
  - Effective, responsive services
  - Individual, family, and community engagement

- **EFFICIENCY**
  - System design
  - Incentive for appropriate provision and use of services
  - Managerial efficiency and effectiveness

- **EQUITY**
  - Financial protection
  - Service coverage
  - Non-discrimination

- **ACCOUNTABILITY**
  - Government leadership
  - Partnerships
  - Transparency, monitoring and evaluation
# Health system attributes and action domains for UHC

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4. Accountability

Action Domains:

4.1 Government leadership and rule of law for health
   a. Set the vision for health sector development and ensure sufficient resources for health
   b. Strengthen the rule of law and regulatory institutions
   c. Build leadership and management capacities

4.2 Partnerships for public policy
   a. Secure intersectoral collaboration across government
   b. Work with non-state partners on shared interests for health
   c. Empower communities to participate in decisions and actions that affect them

4.3 Transparent monitoring and evaluation
   a. Develop efficient health information systems and streamline information flows
   b. Foster open access to information
   c. Strengthen institutional capacity for health policy and systems research and translation of evidence into policy
1. Quality

Action Domains:

1.1 Regulations and regulatory environment
   a. Enforce workforce regulation
   b. Strengthen national regulatory authorities for medicines and technologies
   c. Adopt service standards for health facilities and infrastructure
   d. Legislate to protect patient rights

1.2 Effective, responsive individual and population-based services
   a. Build and maintain a competent workforce of multi-disciplinary teams
   b. Implement evidence-informed protocols and interventions at individual and population levels
   c. Use individual and population-level health information for health improvement

1.3 Individual, family and community engagement
   a. Improve health literacy and capacity for health decision-making
   b. Adopt a systematic approach to monitor patient experience for service improvement
   c. Empower patients and families through self-efficacy and peer-support groups
2. Efficiency

Action Domains:

2.1 System design to meet population needs
   a. Define the core service packages and delineate the roles of health institutions at different levels of health system
   b. Make more resources available for public health, primary-level services and disadvantaged population groups
   c. Guide non-state service providers for public health

2.2 Incentives for appropriate provision and use of services
   a. Use provider payment mechanisms and other incentives to set appropriate incentives
   b. Leverage price and benefit package design to encourage provision of desired services by providers and avoid unnecessary use of services
   c. Improve management and rational use of medicines and health technologies

2.3 Managerial effectiveness and efficiency
   a. Encourage all providers to be efficient through managed autonomy
   b. Improve overall management capacity and skills to meet requirements in the changing environment
   c. Strengthen information systems and effective use of information and communications technologies (ICT)
3. Equity

Action Domains:

3.1 Financial protection
   a. Reduce financial and non-financial barriers to access
   b. Strengthen appropriate connections between health financing and other social protection schemes

3.2 Service coverage and access
   a. Foster equitable access to services
   b. Catalyse appropriate demand for services

3.3 Non-discrimination
   a. Foster respectful care
   b. Provide legal protection
   c. Create opportunities for vulnerable groups to have a voice
5. Sustainability and Resilience

Action Domains:

5.1 Public health preparedness
   a. Detect and respond to a disease or condition with the potential to become a major public health concern or emergency
   b. Develop cross-sectoral partnerships and plans for disaster risk management
   c. Devise and test business continuity plans

5.2 Community capacity
   a. Enhance community capacity for disease management and health promotion
   b. Promote community participation and readiness for disaster risk management

5.3 Health system adaptability and sustainability
   a. Develop foresight capabilities
   b. Leverage resources for health through cross-programme and inter-institutional linkages
   c. Institutionalize participatory governance
Monitoring progress on UHC

- Monitoring framework for UHC
  - Regional framework for monitoring UHC aligned with SDGs and Global Reference List of 100 Core Health Indicators
  - UHC action domains reflected through the five essential health system attributes
  - Monitoring UHC at local, national, regional, and global levels and from different perspectives
  - Based on national priorities, population needs, and contextual factors
UHC Monitoring Framework

INPUTS and PROCESSES

HEALTH SECTOR
- Governance
- Health financing
- Health workforce
- Service delivery
- Medicines and technologies
- Health information and surveillance systems

OTHER SECTORS
- Governance and policies
- Financing
- Infrastructure and technologies

HOUSEHOLD AND SOCIETAL IMPACT
- Poverty impact
- Social inclusion
- Health security

POPULATION HEALTH
- Well-being
- Life expectancy
- Mortality
- Morbidity
- Disability

HEALTH SYSTEM
- Quality
- Efficiency
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OUTPUTS

HEALTH FINANCING
- Out-of-pocket spending
- Government investment in health

HEALTH SERVICE DELIVERY
- Availability and readiness
- Effectiveness and
- Accessibility
- Safety
- People-centeredness

HEALTH-RELATED INTERVENTIONS AND SOCIAL DETERMINANTS
- Education
- Housing
- Employment
- Food and nutrition
- Infrastructural and environmental interventions

HEALTH-RELATED EXPENDITURE
- Catastrophic expenditure

LIFESTYLE FACTORS AND PRACTICES
- Health literacy
- Substance use
- Nutrition
- Physical activity
- Safe practices

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OUTCOMES
The way forward – Member States

- Use action framework to develop country-specific road maps as part of the national policy and planning process tailored to their contexts

- Exercise government leadership in multisectoral approaches and commit sufficient funding to implement national policies and plans to advance UHC

- Establish mechanisms to monitor progress of UHC and evaluate impact of policies to advance UHC
The way forward - WHO

- Provide technical support to Member States to develop and implement country-specific UHC road maps and monitor progress
- Facilitate high-level multisectoral policy dialogue to move the UHC policy agenda forward
- Provide a regional platform for sharing experiences, joint learning, and reviewing progress towards UHC
- Report periodically to the Regional Committee on the progress of UHC