



# Health Systems Financing: The Path to Universal Health Coverage

Plan of Action



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## Contents

<b>Abbreviations</b>	
<b>Background</b>	5
<b>What are the needs? Towards a Global Plan of Action</b>	7
General Objective	7
Actions for countries	7
Support by external partners at country level	8
Support by External Partners at the Global or Regional Levels	9
<b>Meeting the needs? A WHO Plan of Action</b>	11
WHO Actions	13
Action 1	13
Action 2	14
Action 3	16
Action 4	16
Action 5	17
Action 6	17
Action 7	18
Action 8	19
Action 9	20
Action 10	21
Action 11	22

## Abbreviations

AFRO	African Regional Office of WHO
AfDB	African Development Bank
AMRO	WHO Regional Office for the Americas
DFID	Department for International Development
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
HHA	Harmonization for Health in Africa
IHP <sup>+</sup>	International Health Partnership and related initiatives
ILO	International Labour Organization
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
NCD	Non-communicable Disease
NHA	National Health Accounts
P4H	Providing for Health Initiative
SEARO	WHO Regional Office for South East Asia
SHA	System of Health Accounts
UC	Universal Coverage
UN	United Nations
UNGASS	United Nations General Assembly Special Session
UNSG	United Nations Secretary General
USAID	United States Agency for International Development
WB	World Bank
WHR	World Health Report
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific

## Background

Over the last few years it has become increasingly accepted that the goal of achieving **universal access** to needed, good quality health services (prevention, promotion, treatment and rehabilitation) will not be achieved without well-functioning domestic health systems, including health financing systems. Health financing systems are not only critical for ensuring that financial barriers do not prevent people from using the services they need but are also a way to ensure that people do not suffer severe financial problems as a result of using them. The goal of ensuring that all people have access to the services they need without the risk of financial ruin has been called **universal coverage (UC)** - sometimes **universal health coverage (UHC)** or **social health protection**.<sup>1</sup>

WHO's World Health Report of 2010 (WHR 2010) built on a considerable body of earlier work by many agencies, organizations and individuals by outlining the steps that countries could take to modify their health financing systems with the goal of moving closer to UC. It showed that health financing is not just about raising money. While that is important, there are two additional, inter-related functions: spreading the financial risks of illness through prepayment and pooling (which also reduces financial barriers to access); and obtaining more value for money by reducing inefficiency and inequity in resource use.

While all countries, rich and poor, constantly seek to improve their health financing systems, the problems are much more daunting in poorer countries. Accordingly, the WHR 2010 also outlined areas in which the global community could assist lower income countries to develop their financing systems so as to move closer to UC.

Reports are useful in that they can focus attention on a problem and stimulate action to address it. The World Health Assembly, for example, in May 2011 called on WHO to develop a plan of action to support countries seeking to modify their health financing systems in the search for UC building on the WHR 2010<sup>2</sup>. A plan of action is urgently needed - since the publication of the WHR 2010, over 60 countries have already approached WHO requesting this kind of policy support.

WHO is not the only agency that espouses UC, nor the only agency supporting countries to modify their health financing and health systems in search of UC. The World Bank (WB) and the regional development banks also work with countries on their health financing systems, for example, often as part of broader development agendas. Many bilateral aid agencies and civil society organizations have made health systems financing a feature of their technical and financial support in recent years. The Providing for Health Initiative (P4H) was established in line with IHP+ principles partly to try to improve coordination among its participating agencies (Germany, France, Switzerland, Spain, ILO, WB, AfDB and WHO) that provide technical support to countries in this area. Other multilateral agencies such as ILO have strong focuses on increasing social protection and reducing inequalities with related work on

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<sup>1</sup> As defined in the World Health Assembly Resolution 58.33 of 2005 and the subsequent World Health Report of 2010

<sup>2</sup> The Resolution 64.9, also recognized that strengthening health financing systems may need to be accompanied by strengthening other parts of the health system as well following the principles of Primary Health Care.

health financing and at least one foundation has made UC an important focus of its work. And the list does not stop here.

Accordingly, in March 2011 in Glion, Switzerland, WHO convened a meeting of health financing experts - from partner agencies, government, civil society and academia - to consider what countries need, what is currently being done to meet these needs, what more is needed, and where WHO could provide "value added".<sup>3</sup> This document draws on their inputs. The next section summarizes the consensus on: what countries themselves could do to move develop their domestic health financing systems to move closer to UC; and the activities at global and regional levels that would best support the country actions. This could be considered to be the first part of a "global plan of action on financing for UC" although it stops short of outlining which of the partners will undertake the work, with time lines and budgets.

In the subsequent section, WHO outlines what it would contribute to this agenda in the form of its own action plan with targets and time lines. Budgets are not included but are in the process of being developed and discussed internally.

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<sup>3</sup> These experts met at Glion, Switzerland, on 3-4 March 2011 to comment on a draft document outlining what was required, then commented subsequently on revisions.

# What are the needs?

## Towards a Global Plan of Action

### General Objective

To support countries to modify their health financing systems so they can move more rapidly towards UC and sustain the gains they have made.

### Specific Objectives

To help these countries:

1. Reduce financial barriers to accessing needed health services (prevention, promotion, treatment, rehabilitation) of good quality, particularly for the poor and vulnerable, thereby increasing coverage;
2. Increase coverage with, and the extent of, financial risk protection as reflected in a reduction in the number of people facing financial hardship or impoverishment because of the need to pay directly for the services they receive.

### Actions for countries

Countries are at different stages in the development of their health financing systems and their progress towards UC. They vary in terms of the range and distribution of health services and in the availability of health workers so their needs for reflection and reform differ. Moreover, they are at different levels of economic and social development, so will have different requirements for external support. However, countries would, in general, have to go through the following processes to modify their financing systems to move more rapidly towards UC although the detailed work required in each will differ:

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