

Bringing universal health coverage to millions through collective action

Inaugural WHO Partners Forum Case Study



Challenge

Today millions of people across the globe do not have equal and affordable access to quality health services.

However, significant process is being made in achieving universal health coverage (UHC) for all and contributing to the health-related Sustainable Development Goals (SDGs), thanks to a unique global partnership between developing country governments, flexible and forward-looking donors and WHO.

The Universal Health Coverage Partnership (UHC-P) takes a targeted and collaborative approach. It puts countries in the lead to address UHC challenges while strengthening WHO's role as a facilitator, broker, and advisor in supporting ministries of health in the development and implementation of health system strategies aimed at achieving UHC.

As a result, more than one billion people in 66 countries now benefit from preventive, curative, rehabilitative and palliative health services.

Solution

The main objective of the UHC-P is to provide technical assistance to ministries of health, aimed at strengthening health systems. The Partnership also provides seed funding to catalyse national strategies that help pave the way towards UHC.

Effective financing: Financing for the UHC-P totals approximately US\$ 60 million per year, from a group of dedicated donors: the European Commission (both DEVCO and ACP), the Department for International Development (DFID), France, Ireland, Japan and Luxembourg. This group, which has grown over the

years, agreed to pool its funding to allow countries to make decisions about the UHC-related priorities most important to them.

Pooled funding has been a primary driver of success. UHC-P's innovative use of funding allows flexibility for countries, both in the choice of activities, tailored to country needs, and for funds to be used in different ways, depending on the country's situation. This flexibility puts countries firmly in the "driver's seat". These donors recognise the importance of country-led approaches and that, with proper structures and reporting in place, pooled funding can be used effectively.

Support provided through the UHC-P is aligned with national policies, and harmonised and coordinated with other donor-supported health interventions. This has been critical in ensuring a consistent and comprehensive UHC approach in countries.

UHC-P's catalytic support, which is aimed at leveraging domestic resources, helps ensure better coordination, harmonisation and alignment of other external support.

Effective partnership: Partnership is the backbone of the UHC-P. Key components include regular stakeholder consultations, including with civil society organizations, capacity building workshops and information sharing. This leads to mutual accountability, trust and political buy-in by partner governments as well as support from citizens.

The UHC-P is results-oriented: although focused on technical assistance and catalytic support, the UHC-P's aim is to achieve concrete results in countries. It does so through regular monitoring of UHC roadmaps, research results, and, more recently, the introduction of monitoring of SDG- and UHC-related indicators.

The UHC-P supports WHO transformation. First, it represents a pillar of WHO's Thirteenth General Programme of Work (one billion more people benefitting from universal health coverage) and thus involves all three levels of the organization. Second, unlike some programmes, the majority of UHC-P resources – about 70% – are directed to country offices. In addition, it has contributed to the development of management capacity at headquarters and in regional offices in support of country activities. Finally, the UHC-P demonstrates how WHO and its partners can work together thematically in a collaboration that facilitates country leadership, flexible funding and accountability.

Impact

The UHC-P partnership has supported hundreds of interventions in countries over the past seven years. Health financing strategies have been implemented in the context of national health policies or plans, health sector reviews, and national health accounts. Catalytic funding has led to better governance and the purchase of medicines, as well as the strengthening of human resources, service delivery, health security and preparedness systems.

Other activities had a positive impact on the governance of the health sector through population consultations, health sector coordination mechanisms and recognition of UHC as a key driver of policies, financial protection and interventions in countries. This also encompasses women's empowerment at various levels of decision-making in countries.

In Tunisia, for example, UHC-P helped reform the health system by bringing together recommendations from about 4 000 people through a two-year participatory consultative process. The ensuing policy suggestions were submitted to the Prime Minister during the first ever national health conference in 2014 and are now aiding the development of a new national health policy.

Conclusion

Currently operating in 66 countries, the UHC-P has delivered solid, sustained achievements in strengthening health systems and making progress towards UHC and the health-related SDGs.