Deliberate Next Steps Toward a New Globalism for Universal Health Coverage (UHC)

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Much effort has been expended on promoting universal health coverage (UHC). We focus on four areas that, on current trajectories, are unlikely to achieve sufficient progress to meet Sustainable Development Goal (SDG) 3.8. These are also issues for which G20 can provide significant traction. The principle of “leaving no one behind” is central to UHC. Migrants and migrant health workers are too often overlooked, as is genuine support for primary health care at the community level. Prioritizing reliable domestic financing requires enlightened leadership and deliberate dialogue between finance and health ministries. Harnessing, and regulating, innovation for a future where multi-omics, immuno-biology, artificial intelligence, social communications and health care converge against threats from climate change, humanitarian crises and emerging and antimicrobial resistant infections requires judicious planning. Finally, mutual learning and harmonized aid amongst countries remain unfilled priorities of good governance.

Challenge

1. Leaving no one behind

Substantial inequalities in access to care continue to persist within as well as between countries. Vulnerable populations face a higher burden of morbidity and premature mortality due to easily preventable and treatable causes. Their limited access to affordable and quality essential services, as well as underinvestment in primary health care systems, is a major impediment to achieving UHC. Such inequities also threaten human security (2). Access to health care is an important concern for all vulnerable groups, such as the poor, older people, women, children, minorities and migrants. Some of these have been the focus of ongoing national and global efforts for redress. However, global migration, especially related to migrant workers poses unique and so far neglected challenges to UHC progress. There is a significant increase in the global movement of people due to economic, political, conflict, and environmental reasons. Protecting the health of migrants is challenging for both high and low income countries. Information systems on migrants are weak. Migrant workers often work in difficult and dangerous environments and have limited entitlement to health care in the host country or when they return home. Further, the migration of health care workers often depletes the ability of resource poor countries to provide health services to all citizens.

2. Prioritizing reliable domestic financing and cost-effective best buys

Social, economic and institutional transformations require innovative financing to sustain the provision of adequate health care domestically in all countries. Additionally, health development assistance should be re-designed to support countries to transition toward reliable self-sufficiency. Implementing either or both remains a vexed challenge.

3. Harnessing innovation and access to technology and medicine judiciously

Technological innovations in health care (pharmaceuticals, diagnostics, devices etc.) and in information and communication technologies have the potential to substantially accelerate progress towards UHC. Markets, on their own, are unlikely to produce innovations that increase access at scale and on a sustainable basis. There is also a risk of undesirable outcomes, such as the emergence of antimicrobial resistance, rapid increases in health care costs and the exclusion of some people from access to medical care.

4. Promoting good governance

Common methods that would make cross-country data on UHC monitoring directly comparable are unevenly deployed, mostly due to variable technical competence and non-standardized approaches in data collection. While countries take different paths towards UHC there are common lessons. However, they have not been effectively shared. Individual G20 members already provide technical and financial support to global partners and other countries, albeit in an uncoordinated, inefficient and non-transparent manner.

Proposal

1. Leaving no one behind

1-1. Strong primary health care for health equity

Strong primary health care (PHC) systems are effective in reducing inequities of access, through the core principles of first-contact, continuous, comprehensive, and coordinated care (2–4). Following the Alma Ata Declaration that was recently reaffirmed in Astana, PHC, with its reliance on community health workers, basic curative health interventions, and focus on preventive and promotive care and empowerment of individuals and communities, is a proven means of advancing UHC.

Strengthening PHC systems to reduce inequities requires action on many fronts but two issues are particularly important for governments. First, domestic financing and development aid should emphasize investments in essential services that can be provided locally at the community level and by basic health workers. Making essential medicines universally affordable and available is critical. The emergence of HIV/AIDS and resurgence of tuberculosis and malaria have focused global funding towards the control of these emergencies. While major progress has been achieved, this was often accomplished by building parallel financing and delivery systems (5). G20 and development partners should bring about a renewed focus on PHC systems by making comprehensive care central to activities, with particular attention to marginalized groups. This includes bringing a PHC systems strengthening focus to global disease control programs. In particular, G20 should promote better measurement of PHC systems performance and support and expand ongoing efforts such as the Primary Health Care Performance Initiative (PHCPI) – https://improvingphc.org/.

Second, population aging and the growing burden of non-communicable diseases (NCD) pose new challenges to country health systems. The global population aged 60 years or over was estimated at 962 million in 2017 and is expected to double by 2050 (6). Two-thirds of the world’s older persons currently live in low- and middle-income regions (6). The preoccupation with infectious diseases and reproductive conditions has shaped the organization of PHC systems in many countries. Older people, however, are more likely to suffer from NCDs that require sustained care. The development assistance policy of G20 members should encourage investments in re-orienting PHC systems to integrate packages of cost-effective promotive, preventive and curative NCD interventions, such as those identified in the Disease Control Priorities, which can be delivered through population-based, community, health center and hospital platforms (5).

1-2. Health of migrants and health care worker migration

There were 258 million migrants in 2017, representing 3.4% of the world’s population (8) (Figure 1 (a)). People leave their homes to relocate within or across national borders due to economic, political, and conflict-related
as well as private industry, to review opportunities and challenges associated with the rapid development of digital health services and the deployment of disruptive technologies. This group could identify areas for collaboration and subsequent transformation of an entire sector. In some cases it has led to the rapid growth of large and very powerful corporations. This is a possibility in the health sector, which could greatly influence future development.

Individuals, their families and usual providers of health care and creating new kinds of distance services within countries and across borders. Recent experience has shown that incremental changes can lead to a tipping point. Digital health technologies are potentially disruptive: leading to the creation of new kinds of partnership between organizations in the health, knowledge and telecommunications sectors; altering the relationships between sectors. Government action is needed to ensure that digital health and other information-based technologies contribute to UHC, rather than to meeting the needs of a privileged minority, to expanding markets for suppliers of drugs or diagnostic devices, or to generate data for commercial use. Governments can make important contributions by creating an environment that encourages research and development, supporting measures to ensure equitable access to technologies and medicines and creating cooperation plans for addressing the challenge of infectious diseases and making progress towards UHC.

3. Harnessing innovation and access to technology judiciously

Technological innovations hold enormous promise as contributions to rapid progress towards UHC, especially in low and middle-income countries. This will involve new forms of collaboration between public and private sectors. Governments can make important contributions by creating an environment that encourages research and development, supporting measures to ensure equitable access to technologies and medicines and creating regulations to protect the public against unneeded harms. UHC2030 (www.uhc2030.org) has established a private sector constituency to support public-private partnerships for meeting health care needs at scale. G20 should encourage and support this.

One important area of innovation is in information and communications technologies, which have the potential to enable countries to leapfrog previous ways of increasing access to health information and care and accelerating progress towards UHC [37–28]. Bilateral development agencies and international charitable foundations have invested in a number of successful pilots and some large companies are investing heavily in the development of digital health services, but the impact on access to health services has been limited [29–31]. The factors listed below suggest that this is likely to change [22–26]. Low-income communities require financial support to purchase and distribute these drugs, as is already the case with the treatment of tuberculosis, malaria and HIV/AIDS. Measures to reduce the cost of drugs should be complemented by actions to ensure appropriate use, such as the introduction of treatment guidelines, agreements by pharmaceutical companies to end incentives that encourage a high volume of sales and public information campaigns (Figure 2).

Also, the development of affordable and good quality point-of-care diagnostics can encourage rational use. G20 should support the incorporation of these measures into national action plans as well as development cooperation plans for addressing the challenge of infectious diseases and making progress towards UHC.

The increasing importance of digital health is creating new regulatory challenges [28, 32]. How can new health platforms be incentivized to prioritize the needs of the public, rather than commercial interests? To what extent should online medical advice be regulated and should algorithms be produced and made available as public goods? Who should own the data from users of digital health services and who should modify treatment algorithms on the basis of these data? How can issues of personal privacy be taken into account? What are the implications of the development of these platforms for the regulation of health care professionals?

Digital health technologies are potentially disruptive: leading to the creation of new kinds of partnership between organizations in the health, knowledge and telecommunications sectors; altering the relationships between individuals, their families and usual providers of health care and creating new kinds of distance services within countries and across borders. Recent experience has shown that incremental changes can lead to a tipping point and subsequent transformation of an entire sector. In some cases it has led to the rapid growth of large and very powerful corporations. This is a possibility in the health sector, which could greatly influence future development.

It is important that governments put a regulatory framework in place before that point is reached. We recommend that G20 establish a working group involving all relevant ministries to work with their supranational interlocutors, as well as private industry, to review opportunities and challenges associated with the rapid development of digital health services and the deployment of disruptive technologies. This group could identify areas for collaboration...
4. Supporting common Monitoring mechanisms, mutual learning platforms, and coordinated international cooperation for UHC

G20 should support, among others, the Group of Friends of UHC and Global Health in strengthening global and regional governance mechanisms for UHC, working with UN member states at the upcoming UN High-level Meeting on UHC in September 2019.

4-1. Common UHC Monitoring mechanisms

The 17 SDG targets 169 targets, and in turn for each target, one or more indicators are defined to monitor progress in the run up to 2030. The global indicator framework for the SDGs and their targets were adopted in July 2017 [54] and further refined in March 2018 [35].

Target 3.8 of SDG 3 directly concerns UHC for which two specific indicators monitor progress in coverage of essential health services and financial protection. The methodology and country data requirements of these indicators are already defined [56]. The annual UN High-level Political Forum on Sustainable Development has a central role in the follow-up and review of progress towards the SDGs, receiving voluntary national reviews from member states. Current priority is for a consistent operational protocol that should be shared between countries, especially those in resource-limited settings so that all member states could produce directly comparable statistics. A globally-shared mechanism of technical support, sufficiently contextualized to allow for between-country differences in data availability, including data disaggregation to capture equity perspectives, amongst other variables, should be established to provide assistance in monitoring and evaluation of progress towards UHC. In addition to formally tracking progress through the SDG indicators, on-the-ground experience sharing and monitoring would be important for operational improvement. G20, bilaterally or multilaterally through international organizations such as the WHO, should help other countries strengthen national capacities, introduce new facilitative technologies, improve health information systems, better analyze and use data for improving resource allocation and operational management, and enhance multistakeholder policy dialogue. Accordingly, G20 should provide direct and in-kind support to academic institutions in their own countries to further develop a global technical support network.

4-2. Mutual learning platforms for UHC both at global and regional levels

Actioning the UHC agenda at the country level is faced with difficult decisions. Policymakers must decide which services to expand, whom to include as beneficiaries or service providers, and how to shift from out-of-pocket payment towards prepaid, and in what order, with a commitment to fairness and consideration of social needs and political realities. These policies and their implementation should be developed based on evidence and social values with public participation, being accountable to the people [36].

Mutual learning between policymakers as well as health and finance program managers and sharing of country experiences will promote progress. As there are multiple paths towards UHC, empirical lessons and good practices of G20 members in particular should be documented with robust research evidence and widely and effectively shared with those who are responsible for implementing UHC in their respective countries.

We already have a number of such platforms, such as UHC2030’s UHC Knowledge Hub and the Joint Learning Network, which can be further strengthened to foster mutual learning at the global level in a coordinated manner. In addition, regional platforms, such as the Regional Observatories on Health Systems and Policies, Technical Advisory Groups on UHC or equivalents at WHO Regional Offices, or ASEAN+3 UHC Networks etc., should be enhanced to provide more timely and contextualized advice. G20 members should proactively contribute to these mutual learning platforms for UHC both at global and regional levels, also encouraging academic institutions, think tanks and civil society organizations to participate.

4-3. Coordination of international cooperation for sustainable UHC

While G20 members provide most of the available development assistance to low- and middle-income countries, increasingly greater emphasis is placed on mobilizing domestic resources within developing countries in achieving the SDGs. The UHC2030 statement on sustainability and transition from external funding sets out key principles of sustainability and transition and encourages all countries and health partners to invest in health in ways that will explicitly sustain equitable coverage of essential health services, beyond the duration of external financing. STG. G20 members should work together to help facilitate this financing transition in developing countries, while harmonizing their contributions in providing technical assistance at the country level, avoiding duplications and empty gaps.

Recent G20 meetings have agreed on a coordinated global preparedness and response to health risks and on making connections and encouraging partnerships between international stakeholders and national governments, including those from non-G20 countries, for the mutual benefit of all and in order to align activities and avoid duplication of efforts [38]. Similarly, development partners, including G20 members, should consider harmonizing aid for progress towards UHC within the existing health sector aid coordination mechanism at the country level (Figure 4). While acknowledging that there may well be a role for direct bilateral aid, G20 members should consider information sharing on and harmonizing development assistance for the UHC. The annual G20 Health Working Group meeting could serve as an initial platform for such coordination [59].

References


Existing Initiatives & Analysis

Existing Policies and Monitoring (1)

G20 Japan: UHC Financing in Developing Countries

Universal Health Coverage (UHC) builds an essential basis for sustainable and inclusive growth. Progress towards UHC, which ensures that all people can access the quality health services they need without experiencing financial hardship, enhances health outcomes, thus helping develop human capital. It promotes job creation, increases financial protection and reduces poverty, promotes economic inclusion, and strengthens health security and thus macro-stability.

However, significant challenges remain. G20 Shared Understanding on the Importance of UHC Financing in Developing Countries...