GLOBAL BRIEF
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Editorial

Spearheaded by the Millennium Development Goals, significant progress has been made in the field of health over the past 15 years, particularly in reducing child mortality and controlling diseases like TB and malaria. This is, of course, a welcome development.

But focusing on specific diseases sometimes detracts from strengthening health systems overall, which is essential to progressively reach the goal of universal health coverage. For example, significant resources were made available to tackle the Ebola outbreak. However, now more resources are needed to train nurses in the countries that were affected, because hundreds of them did not survive the epidemic.

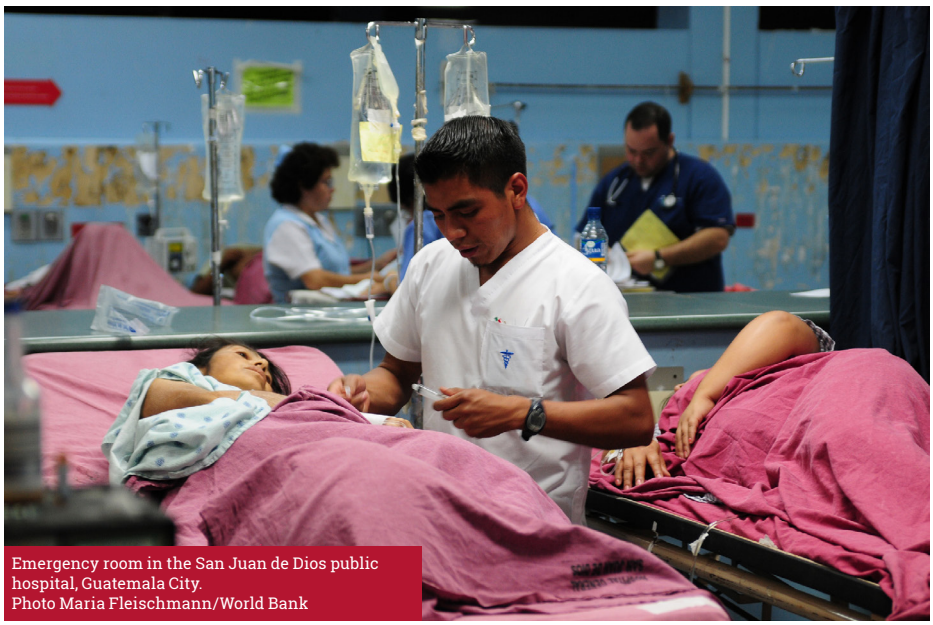
The third Sustainable Development Goal is dedicated to health. It can only be achieved when every person in every community can access good-quality health services without facing financial difficulties.

Achieving universal health coverage thus depends on a number of interconnected factors. Which is why it is more than just a goal, but an approach that involves thinking in a systemic way. The SDC seeks to advance universal health coverage and prioritises activities that are aimed at strengthening health systems. In this Global Brief, you can find out about the SDC's global engagement via the P4H (Providing for Health) network to increase cooperation among stakeholders in the field of health and to promote viable and fair financing.

We hope you enjoy reading this edition.

Dominique Favre
Deputy assistant director

A STEP TOWARDS HEALTH FOR ALL



Emergency room in the San Juan de Dios public hospital, Guatemala City.
Photo Maria Fleischmann/World Bank

Having basic health services is one thing; being able to access them is another. And having the money to pay for it without falling into poverty is yet another. These are the challenges that must be met in order to guarantee universal health coverage. SDC Global Programme Health helps to achieve this via concrete initiatives and political dialogue.

Monique Koumateke, 31, was expecting twins when she suddenly had to be taken to the local maternity unit because of complications. She was nearly at full term. As she didn't have any money to pay for the treatment, Monique was left for several hours at the entrance of the hospital – where she died. It was 12th March 2016 in Laquintinie hospital in Douala, Cameroon. There would never have been such a public outcry if it were not for Monique's niece who, after having begged medical staff to attempt an emergency C-section, used a razor blade herself to cut open her dead aunt's body and try to save the two babies. One was already dead, and the second died shortly after. Onlookers filmed the scene, which quickly went viral. This particularly horrifying event illustrates the level of inequality in medical care that affects the country's poorest people.

Four hundred million. The number of people on this planet that do not have access to essential healthcare services. Almost as many as the entire population of South America. Worse still, 17% of the population in 37 countries that were surveyed have fallen into extreme poverty (below the 2-dollars-a-day poverty line) because of medical bills. This is what is meant by the 'devastating costs' of health. The above figures are from a joint report published by the World Health Organization (WHO) and the World Bank in 2015.

The report also notes that requiring patients to make direct payments is one of the main obstacles to ensuring access to healthcare for all. The poorest sections of the population do not seek treatment because they lack the means to pay. It is impossible to determine just how many people are affected, but the downward spiral this results in is clear – extreme poverty undermines people's health which in turn threatens their livelihoods. There are people who are marginalised in terms of health in rich countries, but the situation is more serious in low and middle income countries.

Universal health coverage

In 2005, WHO member states committed to "develop their health financing systems so that all people have access to services and do not suffer financial hardship paying for them". This is what is meant by universal health coverage. The concept was extended to include other questions – what is the range and quality of the services on offer? Who are they accessible to? What is the level of financial protection for the different segments of the population using these services?

Access to basic services concerns the treatment of illnesses, but it also includes health promotion and preventive measures such as nutrition, physical activity, family planning, antenatal care, vaccinating children and access to water. The WHO only considers universal health coverage to have been achieved if every single one of these services is available and if 80% of a country's population has been reached. According to the WHO, this entails a solid, efficient and well-managed healthcare infrastructure that provides affordable quality care, access to medicine and medical technologies, and enough well-trained and motivated medical staff. Financing remains the cornerstone.

In 2010, the WHO published a report advocating for a solidarity-based and subsidised financing system to facilitate access to essential services. If international aid continues to play a crucial role in the poorest countries, then these countries must also mobilise financial resources internally – in particular by tightening fiscal policy and allocating their modest resources more efficiently.

The SDC prioritises three pillars to achieve these goals: mobilising additional resources, creating a social protection mechanism to include the poorest people, and improving service quality in a targeted manner. The challenge is to provide good-quality affordable services to a growing and ageing population. Certain low and middle income countries such as Mexico, Rwanda, Gabon and Thailand, have shown that it is possible to make significant progress in providing health for all.

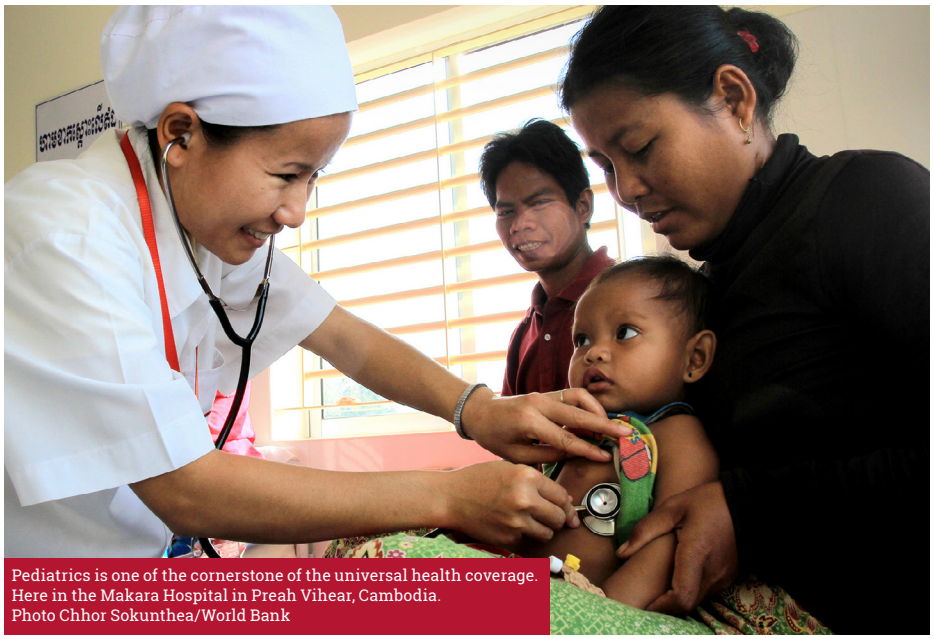
A more systematic approach

In 2012, the United Nations General Assembly recognised the importance of universal health coverage, which was accordingly included in the negotiations on the Sustainable Development Goals (SDGs) adopted at the end of 2015. Some countries wanted to make it a goal in its own right. Others, including Switzerland, believed that focusing on this could risk obscuring other important issues in addition to health – such as education, housing or income. Indeed, these factors have a direct impact on health and access to adequate services. In the end, universal health coverage was included as a key target under SDG 3, which is dedicated to health.

Donors and stakeholders active in the field of health often focus on a specific illness or disease group and typically fund medical products, infrastructure and training for staff in that particular disease. By failing to look at health systems as a whole, they risk duplicating efforts and acting inefficiently. In contrast, like the SDGs universal health coverage promotes the interconnectedness of these themes. It is a systemic change that encourages networking and multisectoral cooperation, as can be seen with the P4H global initiative for health funding (see page 3).

This approach is not only about increasing care services and the number of people receiving financial protection in the country; it also entails an in-depth political dialogue at the international level, which the SDC Global Programme Health participates in actively. This dialogue is intended to promote the gradual implementation of all aspects relating to universal health coverage. Countries in the South for example tend to focus on making access to affordable medicine a priority, rather than on the quality of health services.

Although at international level this dialogue is mainly being conducted within the WHO, it is also taking place in the World Bank, the International Labour Office, and organisations in the countries themselves, as well as in strategic relations with groups of countries. A global policy and coordination forum is also being set up with the aim of bringing all health actors together in their efforts to extend universal health coverage by strengthening health systems, aligning activities with national plans, and promoting and supporting good governance in the field of health, particularly in the poorest countries. ■



Pediatrics is one of the cornerstone of the universal health coverage. Here in the Makara Hospital in Preah Vihear, Cambodia.
Photo Chhor Sokunthea/World Bank

Creating a health network

Health policy is the responsibility of individual governments. But as the concept of universal health coverage is becoming more visible and important, requests for assistance from low and middle income countries have multiplied – as have the actors (technical and funding partners) meeting these needs. This has resulted in a multitude of sometimes contradictory opinions from donors and advisers working in health, social protection, finance and governance.

To combat these shortcomings, the P4H (Providing for Health) network was created in 2007 as a global network for universal health coverage and social health protection. It comprises the WHO, the International Labour Organization, the World Bank, the African and Asian Development Banks, and a certain number of countries including Switzerland, which is the network's main donor. P4H acts as a platform for exchange, showcasing innovations, dialogue and training, and helps coordinate technical assistance.

To date, around 30 developing countries have used the network's services such as financing strategies in Benin and Uganda, social protection in Cambodia, extending universal health coverage to the informal sector in Indonesia, and launching a national universal health coverage strategy in Chad. As in Mozambique, heath financing is a priority of the SDC bilateral programme in Chad. The SDC also acts as focal point for the network in these two countries.

Support from P4H is a multi-year process that works on a needs basis, which also helps monitor progress. For example, Bangladesh advanced the idea of a national strategy after having attended a forum on health financing in South Asia in June 2010 that was organised among others by the World Bank and P4H. In a series of meetings and workshops the following year, it was revealed that up to 60% of the Bangladeshi population were paying for healthcare costs out of their own pocket. Building on these initial steps, a conference on social protection was organised, which resulted in a pilot health insurance project in November 2011. This was followed by the development of a financial strategy and a law on health protection. ■

Three questions for ...

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Universal Health Coverage (UHC) is considered as implemented in a country when 80% of the population is covered. Is there not a risk that the other 20% will be forgotten?

The goal of UHC requires that all people obtain the good quality health services they need at an affordable price through a process of progressive realization. Given that new technologies to maintain or improve health are becoming available every day, no country can achieve this fully, but some countries are much closer to this goal than others. Consequently, the target of 80% coverage is a convenient short-term way to measure progress across countries with very different starting points, and countries that have reached the 80% target should not stop there but ought to continue towards achieving 100% coverage.

Even the poorest countries are supposed to finance up to 75% of their UHC. Is this realistic?

Low-income countries on average currently fund approximately 75% of their health expenditures from domestic sources. But even with 25% coming from development assistance for health (DAH), in most low- and lower-middle income countries spending is insufficient to allow anything approaching universal coverage. I fundamentally disagree with the increasingly prevalent view that these countries have sufficient domestic resources to ensure universal coverage with a core set of services at an affordable price. They most certainly do not, and even given fast economic growth will not be able to by 2030. They can certainly raise more resources domestically, but more DAH is required, not less, if the world is serious about UHC.

One of the aims of the bi- and multilateral network "Providing for Health" is to increase coherence among the many actors in the health sector, including donors. What are the main obstacles?

To my mind, the main issue is that there are fundamental differences in views about what are the best ways of developing health financing systems for UHC. Some differences of opinion are inevitable and can be useful to countries that have the capacity to choose what is best for them. The challenge for the Providing for Health initiative is to ensure that the best available evidence is provided to partner agencies and to recipient countries to inform their policy decisions, and that country capacities are developed so they can choose between divergent opinions. ■

Administering health insurance with open source software

Universal health coverage implies financial protection against risks based on the principle of solidarity – such as insurance. Managing such a system effectively requires a computer platform, especially when the number of beneficiaries (i.e. operations) is increasing at an exponential rate. Low and middle income countries, however, do not always have the financial or technical capacities to create such a platform. That is why the Basel-based Swiss Tropical and Public Health Institute (Swiss TPH) developed a software that has been tested in Tanzania as part of a bilateral programme funded by the SDC.

The system, which was set up in 2011 and 2012, helps to electronically manage insurance memberships, renewals, claims and billing in a centralised way. It can be used for different insurance types and products, and in any context. In addition, the system allows insurance and healthcare providers to identify beneficiaries by a personal identification code linked to their photo. It can also operate offline and synchronises data with the central server once an internet connection has been restored.

The model currently covers three regions in Tanzania and is expected to be applied across the country. In the first pilot region, the software helped professionalise how health insurance is organised, which made it possible for around 420,000 members to gain access to 827 health centres.

In 2013 Cameroon adopted the software, with Nepal following suit the next year. Other parties than the SDC have helped to adapt the system to the specific needs of each country. The Swiss TPH provided technical assistance in both cases. The project is supported by the P4H network (see p. 3).

The software is currently available via the SDC, which owns the proprietary licence. SDC Global Programme Health intends to develop an open source version which can be customised and operated together with other health IT systems. Open source software reduce costs because there is no need to pay for a commercial licence.

A general public licence, which is a widely used open source software licence, also has the advantage of authorising users to download and distribute it. It can also be adapted, as long as the modifications remain accessible via the same licence. This also ensures that the software continues to be improved and developed by an active community of users and programmers. However, the team in charge of the master version is responsible for any changes to the structural base of the software. ■

Priorities of the SDC

The SDC:

- helps governments expand universal health coverage through bilateral programmes by building on its long-standing experience in health financing and social health protection.
- promotes the principle to "leave no-one behind", meaning that population groups with specific needs should also benefit from good-quality services and products without facing financial difficulties. This includes pregnant women, children, people with disabilities, migrants and the elderly.
- works to strengthen health systems overall and in the long term, by improving cooperation between all stakeholders, which is essential. The SDC helps by participating in the P4H (Providing for Health) network which comprises several countries and international organisations.
- uses political dialogue to help implement all aspects of universal health coverage, i.e. access to healthcare and its financing and service quality.

Patients in the waiting room of the Redemption Hospital in Monrovia, Liberia.
Photo Dominic Chavez/World Bank

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