



Health Systems Financing: The Path to Universal Health Coverage

Plan of Action



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Contents

Abbreviations	
Background	5
What are the needs? Towards a Global Plan of Action	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
Meeting the needs? A WHO Plan of Action	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 ⁺	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**.¹

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 2010². 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

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

² 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".³ 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.

³ 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:

- A. **Review where they are** in terms of UC and how their health financing systems currently function;
- B. **Develop or revise their policies and strategies** for the health financing system as appropriate, ideally as a multi-stakeholder process involving all key players - all ministries involved in the provision or financing of health services (including the Ministry of Finance), sub-national governments, civil society, private sector etc.
- C. **Implement policies and strategies;**
- D. **Monitor and evaluate progress and revise policies and strategies as necessary.**

The development of health financing policies and strategies is an important component of the overall health planning process. Health financing reviews will require the participation of some actors that are not typically involved in the dialogue around the development of national health plans - for example, ministries of finance, labour and social security. However, the health financing strategies that emerge

from these reviews must be informed by, and inform, the thinking of how the overall health system will develop and what can be achieved over the time frame of a national health plan.

Support by external partners at the country level

The following is a list of critical actions that will need to be taken by the international community in support of low- and middle-income countries as a group, recognizing that specific countries might need support in only some of them.

In doing this, the principles of the Paris Declaration on Aid Effectiveness of 2005 and the subsequent Accra Agenda for Action are important, with external partners aligning their inputs to the expressed needs of countries. It will also be important to build as much as possible on existing institutions, partnerships and platforms rather than creating new ones.

Country level support activities

Increase external support to country-led development of health financing strategies, and subsequent implementation, monitoring, evaluation and revision. The components (again, not all countries will seek support in all of them) are:

- a. **Support for assessing the current situation in relation to health financing and UC:** financial and technical support to country teams analysing the current state of UC, how the health financing system currently operates, and technical options for change that would enable progress towards UC.
- b. **Facilitate inclusive policy dialogues for financing strategy development** - what changes are desirable and which ones are politically and technically feasible? The many different development partners frequently have different "clients" at country level, so collaboration between external partners can help to facilitate dialogue and exchange between all relevant domestic and external actors. Existing platforms would be used wherever they operate well - e.g. active donor groups often exist at country level (sometimes separately for health financing issues) and could be used as the facilitation mechanism; regional partnerships such as Harmonization for Health in Africa (HHA) could facilitate these exchanges in some countries; while global partnerships such as Providing for Health (P4H) would be able to facilitate these country dialogues in other settings. The active involvement of civil society would need to be considered carefully in each setting because the existing partnerships often involve only bilateral/multilateral agencies.
- c. **Facilitate dialogue and interaction with the national health planning process where this is occurring.** While this is linked to point (b) above, it is listed separately partly because the people providing support for national health plan development are often quite different to those providing support to the development of health financing strategies. Explicit attention needs to be paid to how to encourage synergies between the two processes.
- d. **Scale-up policy advice to countries during the evaluation of options, and then technical support, and support to mobilize external funds where necessary,** during the roll out of their plans and strategies and to support continuous monitoring and feedback stages. Again, existing partnerships would be used where they work well and have the expertise in health financing for UC.
- e. **Facilitate innovation and learning-by-doing at country level:** It is important that countries are able to innovate, monitor and evaluate as they move forward so that they can modify their own strategies rapidly when that is necessary. This would also allow other countries to benefit from their experiences. Innovation with learning-by-doing is required in almost all of the specific health financing reforms that might be instituted - linked to raising more money, reducing financial barriers and increasing financial risk protection, and improving efficiency and equity. External

partners would need to provide sufficient finance to roll out the innovations, but also to fund recipient-country nationals/institutions to undertake independent reviews of achievements. They would also need to provide technical inputs on design and implementation of this type of research in some settings.

- f. **Provide support to countries seeking to improve transparency and accountability** for the way health funds are raised and used.⁴ This would require among other things strengthening the country's ability to:
- Track financial resources allocated to, and spent on health, including government, non-government, and external resources;
 - Identify how they are used and who benefits from them;
 - Identify areas in which more "value for money" could be obtained by improving efficiency and equity.

Support by External Partners at the Global or Regional Levels

To support the country level activities, a variety of actions at regional or global level are required:

1. **Develop an information exchange or register** of countries seeking technical or financial support to develop or implement health financing strategies for UC. This might best be hosted in one of the existing information exchange platforms. The P4H partnership does this for its members, but broader sharing of this information could help to ensure that every country obtains the advice it requests rapidly.
2. **Prepare a country health financing policy dialogue "guide"** showing the types of information/data that would typically need to be available as background, and the types of questions that need to be considered in undertaking a situation analysis, stakeholder analysis, and an assessment of the possibilities for moving forward.
3. **Facilitate increased international sharing of experience.** Countries no longer seek to learn only from the experiences of their neighbours, but from the experiences of countries at different income levels and from different regions if they have done something innovative in health financing. There are already a number of activities in this area so initial work to understand what the gaps are and why countries still feel they are not obtaining the information they need in "real time" would be required.
4. **Global, regional and country advocacy for universal coverage:** It is necessary to continue to advocate for the importance of health financing and UC in the face of multiple competing demands (e.g. climate change) and likely reduced global funding. Each multilateral, bilateral, and civil society organization already does some work in this area but the Glion meeting agreed that it would be important to develop and implement a global advocacy plan with the agencies that are interested in doing so as a way of ensuring that leaders at national and global levels do not allow the issue to fall off the agenda.
5. **Capacity strengthening:** Many countries lack capacity to undertake an analysis of the current situation with respect to UC and the functioning of their health financing systems. Others lack capacity to develop and implement options for reform, or to monitor and evaluate progress. A particular problem is the lack of a common language and understanding between health professionals and those working in the Ministry of Finance, largely accountants and economists. A systematic review by country of their capacity strengthening needs at national and subnational

⁴ Along the lines recently recommended by the Commission on Information and Accountability for Women's and Children's Health http://www.who.int/topics/millennium_development_goals/accountability_commission/en/

levels in terms of people, organizations and networks would be a first step to developing a comprehensive plan for capacity building. This might also need to extend to the different institutions with key advisory roles in health financing and UC - for example, WHO acknowledges that the skills necessary to engage in technical and policy support in health financing in its country offices are sometimes weak.

6. **Information, tools, and methods.** Ensuring that countries can move rapidly and learn as they are going requires access to various types of tools, methods and information. The needs include how best to: track expenditures; measure the extent of financial risk protection and access to services and changes in them over time; assess the functioning of the different components of a health financing system in relationship to UC.

Meeting the needs? A WHO Plan of Action

Introduction

This action plan is developed taking into account the following considerations:

1. WHO is a technical, not a funding agency. It provides leadership in health matters; stimulates the generation, translation and dissemination of knowledge; sets norms and standards; articulates ethical and evidence-based policy options; provides technical support, catalyses change and builds sustainable institutional capacity; and monitors the health situation and assesses health trends.⁵ These “core functions” guide the work of WHO as a whole so they are applied here to WHO’s role in carrying forward the agenda on financing for UC.
2. Its main client at country level is the Ministry of Health (MOH) though it interacts with other ministries, sub-national levels of government, civil society, external development partners, and the private sector as needs arise.
3. Country requests (largely from the MOH) to WHO for policy or technical support and information on best practices in the area of health financing for UC have increased steadily frequently in recent years, and publication of the WHR 2010 increased the demand further - more than 50 countries have made formal or informal enquiries about support since the WHR 2010 was launched. This demand is expected to remain high for the foreseeable future.
4. WHO is committed to helping countries move closer to UC but not to any particular set of institutional arrangements for achieving it. There is no “one size fits all” solution because the existing health financing system in countries as well as fiscal and other contextual constraints mean that the path towards UC must be tailored to country needs and possibilities. WHO is guided by a strong attachment to the normative values associated with UC while seeking to be an impartial source of advice to countries on how to achieve it. Combined with the reality that WHO is not a funding agency supporting the implementation of health financing reforms in any country, this means that the Organization can promote harmonized technical assistance for a shared set of objectives without any conflict of interest linked to project development, funding and implementation.
5. WHO is not the only external partner for countries in the area of health financing and some of the other partners have as their main clients the Ministry of Finance, Ministry of Social Affairs and Ministry of Labour. Because designing and implementing health financing reform typically requires engagement with some of these other ministries in addition to the Ministry of Health, other external agencies such as the World Bank (WB) or regional development banks must be involved as well. Effective engagement on health financing reform thus requires strong collaboration among the various external agencies and the different parts of government.

⁵ WHO's core functions - www.who.int/about/role

6. WHO currently has over 45 experts in the area of health financing, broadly defined - covering technical areas such as tracking health expenditures and mapping the incidence of financial catastrophe, collating and assessing information on what works and what does not work, evaluation and development of national health financing strategies and providing technical support to countries on request. Working through the 6 regional and 158 country offices of the Organization, WHO can maintain close contacts with country decision-makers. Nevertheless, demand for support in health financing has exceeded the Organization's capacity to meet it in the last five years and this is not likely to change in the next few years given the financial issues facing the Organization.

As such, WHO must play a facilitating role in the area of health financing, providing leadership while also working closely with partner agencies. It needs to ensure that ministries of health are able to engage with the partners that would allow a comprehensive assessment of health financing options. This in turn means interacting with other partners who provide technical support on health financing at the country level, often focused on different parts of government (such as the ministries of Finance, Labour, or Social Security). But the experience of the last two decades is that ministries of health continually demand technical and policy advice from WHO in the area of health financing, in addition to the more normative roles that it has traditionally played.

The action plan below is built around this understanding. The action plan also covers all levels of the Organization.

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

Specific Objectives:

To help these countries:

1. Regularly assess where they stand in terms of UC and how the health financing system is functioning in order to revise or develop their health financing strategies, policies and plans.
2. Reduce financial barriers to accessing needed health services (prevention, promotion, treatment, rehabilitation) of good quality, particularly for the poor and vulnerable, thereby increasing coverage;
3. Increase the extent and depth 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 for the services they receive.

Policy Levers

The financing policy levels to achieve these objectives will vary by country, but involve some combination of raising additional funds for health, increasing prepayment and subsequent pooling of funds, and improving efficiency and equity in the way health resources are used.

Desired Outcomes:

By end 2013:

All countries that request it can find appropriate technical and policy support to develop their health financing strategies and policies based on an assessment of where they stand in terms of UC and how their health financing systems are functioning.

By end 2015:

This would be reflected in:

1. Increased coverage with needed health services, including priority areas such as maternal and child health, HIV and other communicable diseases, and NCDs (see action 1 relating to indicators);
2. Reduction in the proportion of total health expenditure contributed by direct out-of-pocket payments particularly where it currently exceeds 30%.
3. Reductions in the proportion of the population facing financial catastrophe and impoverishment as a result of out-of-pocket payments, reflecting increased financial risk protection.

WHO Actions

The outputs associated with each of the specific actions are outlined below, each contributing to the final outcomes described above.

Action 1: Support countries to regularly assess where they stand in terms of UC and how their health financing system functions:

WHO will:

- a. Propose indicators for tracking progress of financing systems moving towards UC by:
 - Hosting a meeting of technical experts to develop best practices;
 - Seeking review by country representatives and experts in other organizations;
 - Distributing the set of indicators widely.
- b. Provide technical support to countries to obtain and analyse the required data, including in the areas of tracking health expenditures (e.g. public expenditure reviews, national health accounts (NHA), tracking external funding and how it is used); assessing the extent of financial risk protection and service coverage; identifying who misses out on needed health services and why.
- c. Provide guidance and technical support as requested on how to review the functioning of a health financing system systems (i.e. collection, pooling, purchasing, and benefit entitlements), linking this to the quantitative data on various dimensions of coverage, equity, and efficiency and actuarial studies where needed. This would feed into the development of policy options described in activity 2.
- d. Continue to support countries nationally and at decentralized levels in evidence-based planning and resource allocation (i.e. to ensure that additional investments generate the 'most health for the money'). This includes assisting countries to analyse the costs and impacts of interventions that address the major health problems in their countries and supporting them to assess how

best programme-specific or disease-specific expenditures can strengthen the system as a whole and vice versa.

- e. Seek funding for countries to allow their own academic and technical institutions to lead this work.

Outputs

1.1: A set of UC indicators proposed by mid-2012 and agreed by end-2012;

1.2: WHO provision of technical support annually to at least 10 countries that wish to assess where they are in terms of UC with a view to assessing how their health financing systems could be adapted. This would sometimes, though not necessarily always, be undertaken in partnership (e.g. with P4H, HHA and other bilateral and multilateral agencies as appropriate);

1.3: WHO facilitation of support from other partners so that all countries seeking technical or financial support to undertake a situation analysis find support from either WHO or partners.

1.4: WHO will contribute to developing capacity in at least 10 countries per year starting 2012 to 2015 so that they can track expenditures including household out-of-pocket expenditures, and undertake the analysis of costs and health impacts of key interventions - particularly relating to defining a set of core interventions for public provision or purchase. Tracking expenditures will be linked to other activities wherever possible, such the follow up to the Commission on Information and Accountability for Women's and Children's Health.

Action 2: Help countries develop or modify health financing strategies for UC, with subsequent implementation, monitoring, evaluation and revision as necessary.

WHO would provide technical and policy support to countries wishing to develop or modify their health financing strategies based on their assessment of the current situation, playing its normative role to promote clarity on the policy objectives associated with UC and building consensus on these among key stakeholders in any specific country context.

In doing this, WHO will:

- a. Give priority to countries where national health plans are being developed or reviewed or where health sector reviews will be taking place, to ensure strong synergies between the development of health financing and overall health plans/strategies/reviews.
- b. Emphasize those dimensions of country support for which WHO has a particular comparative advantage or mandate to lead. This means being a credible and trusted advisor to the Ministry of Health and other key players at country level on major policy issues such as health financing reform

and the links to national health plans, strategies and reviews. It also means using WHO's convening power not only to encourage engagement of all relevant stakeholders, but also to help the policy dialogue keep a focus on the final objective of UC.

- c. Facilitate inclusive dialogue with all the key domestic and external partners.
- d. Work in partnership (using existing platforms wherever possible), while respecting the particular mandates and comparative advantage of each partner following the IHP+ principles. At the global level WHO is an active member in P4H while in AFRO, WHO is also a partner of HHA. At country level, the relevant bilateral or multilateral partners will need to be engaged, irrespective of their agencies' presence in global or regional partnerships (e.g. DFID).
- e. If WHO or partners in its formal networks (e.g. P4H, HHA) are unable to meet country demands, WHO will seek to facilitate this with other partners, or seek financing to engage external consultants. To facilitate this work, WHO will **develop an information base** recording information on countries that request technical and policy support from the Organization. It will be updated regularly with the actions that have been taken. WHO would approach the other P4H partners (WB, ILO, AfDB, Germany, France, Spain and Switzerland) and other agencies to see if this way of working could develop into an electronic **information exchange** which would help to ensure that all countries requesting support find it. WHO would also take a proactive role in finding partners for countries if it cannot meet the demand itself or through existing partnerships such as P4H.

Outputs

2.1: By the end of 2015, 45 countries will have developed or re-assessed their health financing strategies for UC with WHO facilitated technical and policy support (with P4H and other partners as appropriate), including the production and use of country-specific "principles for health financing reform" documents as needed.

2.2: WHO (with partners where appropriate) will provide on-going technical and policy support to these countries as they roll out and monitor their health financing strategies.

2.3: Information base showing which countries have requested policy or technical support from WHO, and what has been provided or facilitated - available by end of 2012 and updated regularly;

2.4: All countries that request technical or policy support to develop health financing plans or strategies for UC in the next five years will obtain it through at least one partner.

Action 3: Prepare a "guide" to country health financing policy/strategy dialogue and analysis showing the types of information/data that would typically need to be available as background, and the types of questions that need to be considered in undertaking a situation analysis, stakeholder analysis, and an assessment of the possibilities for moving forward. To underpin such a guide, a core concept paper will be produced that embeds UC as defined in WHR 2010 within the overall health systems framework showing the critical links to other parts of the system, particularly service delivery.

Outputs

3: By mid-2012, the concept paper "embedding financing for Universal Coverage within the health systems framework" and guidance documents to support health financing policy dialogue and analysis are available after review by external experts.

Action 4: Facilitate innovation and learning-by-doing at country level:

While it is important that countries are able to innovate, monitor and evaluate as they move forward so that they can modify their own strategies rapidly when that is necessary. WHO is not able to fund the research and monitoring required to assess the impact of the health financing changes made a country level so it will:

- Work with countries to identify the best options for this type of learning by doing, given their health financing and national health plans, help them develop appropriate research and evaluation strategies, and promote related evidence-to-policy links.
- Actively explore with other partners how best to develop ways of financially and technically supporting countries to learn-by-doing and feed the results back into policy reviews and development.

As part of this, WHO plans three initiatives that cut across many of the other actions described here - one on domestic financial sustainability; one on "more health for the money" and one on equity. They are described in the final sections of this document.

Outputs

4.1: Design of tailored evaluation/analysis framework to accompanying implementation of financing reforms in each country supported in which implementation plans are being developed.

4.2: Analyses undertaken in supported countries assessing institutional capacity ("platform") for interpreting national and international evidence to support decision-making.

Action 5: Facilitate international sharing of experience.

Recognizing that:

- In addition to WHO, a number of multilateral and bilateral agencies already produce information products on best practices and country experiences in health financing;
- A number of mechanisms exist for countries to learn from each other, including study tours, international conferences and activities such as the Joint Learning Network of the Results for Development Institute;

WHO plans to:

- Identify the key gaps in information on best practices or country experiences from the perspective of country decision-makers, the reasons for these gaps (e.g. the information is available but has not been disseminated; the information is not available; dissemination/learning mechanisms are not appropriate for the people who need the information) and the most appropriate way of getting information to decision-makers in a form they can use.
- Focus on one or two of the areas each year for a concerted effort to review and disseminate good practices or lessons learned from country experience, through a multiple-media approach - web sites, circulation of hard copies of the documents, virtual conferences using new technologies, and/or face-to-face fora which allow countries to share their own experiences and compare them with "best practice", thereby promoting South-South and triangular cooperation to strengthen capacity.

Outputs

5.1: By mid-2013, a report on the key gaps in information on the role of health financing in UC from a country decision-maker perspective (derived from a consultative process), the reasons for these gaps and the most appropriate form(s) of dissemination for decision-makers (or types of decision-makers).

5.2: Two information products for policy makers produced each year to summarize the available evidence on a particular topic which has been identified as a gap, with appropriate dissemination to ensure the results reach decision makers in a form they can use.

Action 6: Communications strategy:

WHO will contribute to developing a communications strategy for financing and UC by:

- Convening a meeting of the partners that expressed an interest in participating at the Glion meeting with representatives from countries. This will develop a comprehensive plan of action that covers advocacy at country, regional and global levels, including timelines and budgets. It will be shared with other partners as requested.
- Follow up with the UN SG office to discuss ways of giving UC visibility in the UN General Assembly, including the possibility of briefing mission offices in New York, side events at the UNGASS on NCDs,

or support to UN sessions on UC if requested by countries, but with the wider aim of putting UC explicitly into the post-MDG international development agenda.⁶

- Develop a gateway UC web site, which can have links to the sites of other organizations working on UC if they wish. The WHO site would also link with sites hosted by its regional offices (e.g. the various Observatories), as well as to the different departments working on UC. Hopefully, it would become a one stop shop for people wishing to understand what is happening in the area of UC.
- Explore the feasibility and desirability of “new media engagement” on health financing for UC, using this to increase visibility and share.

Outputs

6.1: By mid-2012, a draft advocacy and communications plan is prepared and circulated which covers needs at country and global levels.

6.2: By end-2012, strategy is finalized and agreement reached with key partners on how to take it forward at country and global levels, including in the UN.

6.3: By mid-2012, a UC web site is live with gateways to other organizations as requested.

6.4: As part of the strategy, WHO explores the feasibility and desirability of engaging in ‘new media’ activities such as blogs and tweets, to increase visibility and share information relating to health financing and UC.

Action 7: Capacity strengthening in health financing for UC.

Recognizing that WHO's main client at country level is the Ministry of Health (MOH), WHO will:

- Develop and test an approach/guide to assessing national capacity for planning, implementing and evaluating pro-UC policies.
- Work with other partners to collaborate on developing this approach, and then jointly undertake a systematic review by country of their capacity strengthening needs in terms of people, organizations and networks (WHO's first priority would be the MOH);
- Engage with other partners to develop a plan of action for capacity strengthening;
- Seek collaboration with the WB and/or regional development banks to seek information from MOF and planning departments on what types of arguments and actions MOH can use to strengthen requests for more money for health, where relevant.
- In collaboration with partners (e.g. based on the example of collaboration between the World Bank Institute and WHO/EURO for the Flagship Program), design, develop and implement training activities to strengthen national capacities in health financing policy analysis and strategy development.

⁶ The World Health Assembly in May 2011 requested WHO's Director General to transmit to the Secretary General of the UN its feelings that UC was an issue of global importance warranting action in the UN itself.

- Seek funding to enable seminars/training including staff from MOF, MOH and perhaps other ministries involved in health system financing to foster mutual understanding - economics and financing for key MOH staff and health for key MOF and perhaps Ministry of Planning staff.
- Develop methods of mentoring and capacity development for WHO staff where needed, particularly in country offices.

Outputs

7.1: By end 2012, a guidance document to support capacity assessment for health financing policy will be drafted and pilot tested in at least 5 countries;

7.2: Beginning 2013, the capacity assessment guide will be applied to health financing strategy development processes in all countries being supported;

7.3: By mid-2013, a draft global capacity development plan of action for meeting these needs will be developed with partners;

7.4: By mid-2013, preliminary analysis from 20 countries of views from the MOF and planning departments on what type of information or action would strengthen requests for more money for health.

7.5: During 2012, plans finalized for the design and delivery of training programs on health financing policy for universal coverage, followed by at least 2 regional/sub-regional/national training courses each year.

Action 8: Information, tools and methods particularly to support countries seeking to improve transparency and accountability for the way health funds are raised and used to achieve results.⁷ This work must involve active collaboration with partners, and WHO will contribute in the following areas:

- Update, expand and improve its data base on health expenditures for its member states (www.who.int/nha);
- Expand support to countries wishing to regularly track health expenditures in general, and on particular diseases or conditions, for example on women's and children's health in response to the recommendations of the Commission on Information and Accountability on Women's and Children's Health.
- Collaborate with partners to translate the System of Health Accounts Version 2 (SHA2) into a format that low- and middle-income countries can readily use, along the line of the "Producer's Guide" that was produced jointly with the WB and USAID after SHA1 and which has become so important in low- and middle-income countries;
- Contribute to the finalization, testing and roll-out of OneHealth (the joint UN cost, resource gap, and impact model).

⁷ Along the lines recently recommended by the Commission on Information and Accountability for Women's and Children's Health http://www.who.int/topics/millennium_development_goals/accountability_commission/en/

- Provide training to country and WHO staff on how to implement the revised System of Health Accounts (SHA 2011) and how to use OneHealth, thus strengthening WHO's capacity to provide technical support.
- Intermittently update the information available on the extent of financial catastrophe and impoverishment linked to direct out-of-pocket payments by country, regionally and globally.
- Intermittently update the information available on coverage with key health services by country, regionally and globally with guidance of how to link this to financial constraints.

Outputs

8.1: By the end of March each year, revised and updated figures on health expenditure are available for all WHO Member States after country consultations; one page reports per country with key expenditure and health data prepared and disseminated.

8.2: By end of 2012, better data on: government health expenditures, sources of financing, and expenditures on pharmaceuticals, human resources for health and on diseases are available.

8.3: Annually, WHO will provide technical support to 15 countries to develop sustainable mechanisms for tracking health resources in way that is most useful for domestic policy-making, and support 15 countries to track resources related to women's and children's health.

8.4: By end 2012, a first draft of a "producers guide" for SHA 2011 developed, subject to agreement with key partners.

8.5: By the end of 2012, all relevant WHO staff will have been familiarized with SHA 2011 and OneHealth.

8.6: By the end of 2012, WHO will have provided capacity building to experts from 20 countries in SHA 2011 and OneHealth.

8.7: By end 2012, updated global estimates of the number of people suffering financial catastrophe and impoverishment due to out-of-pocket payments available. Updates produced every 2 years.

8.8: By end 2012, guidance on how to link coverage of interventions with financial constraints developed.

Action 9: Domestic Financial Sustainability. Cross-cutting Initiative 1.

More money for health is a fundamental need for all low-income countries and many of the middle-income countries. It is not WHO's comparative advantage to advise ministries of finance - on questions of fiscal space and how much more can be spent on health; or on ways of improving the efficiency of government revenue collection, for example. Accordingly, WHO proposes to actively pursue

collaboration with the World Bank (and other agencies such as regional development banks with a direct interest in fiscal policy) to:

- a. Collect, analyse and disseminate in a comprehensive way examples that countries have used, particularly low- and middle-income countries, to generate more money for health domestically (or more revenue in general, part of which is used for health). A number of examples were used in the WHR 2010 drawing on the available literature and examples provided through country offices of WHO, but this exercise will comprehensively seek information from all countries on their experiences, what has worked and what has not worked.
- b. Based on (a), develop a set of options for countries to consider, and develop a template that can be used to calculate how much they could raise over time through these "innovative mechanisms", thereby showing the possible trajectory of health spending over time (under different assumptions on the availability of donor/external resources).
- c. Feed this work into the country dialogues and financing reviews of action 1 above.
- d. Encourage countries to implement options they find appropriate to their settings and seek funding to enable them to formally evaluate progress for their own learning and policy modification, but also for sharing with others (actions 4 and 5 above).
- e. Work with academia to identify how much more could be spent on health if macroeconomic constraints such as inflation or the level of foreign exchange reserves were less rigid. The logic is that for at least 10 years there has been controversy about whether macroeconomic targets are too restrictive, without any hard analysis of how much more would be spent with an easing of one or more of these targets. Subsequently, WHO would explore with the WB and/or regional development banks if there was interest in having a meeting to discuss the practical implications of the results.

Outputs

9.1: A comprehensive review of experience available by mid-2013, disseminated in the form of policy briefs, discussion papers, news items etc.

9.2: By the end of 2012, 10 countries have evaluated their experiences raising more money for health domestically.

9.3: By end 2012, two alternative views of the impact of easing macroeconomic targets on health spending prepared for presentation at a meeting in early 2013 and in the academic press.

Action 10: Value for Money. Cross-cutting Initiative 2.

"More health for the money" was a theme of the WHR 2010, where 10 common causes of inefficiency were identified. The WHR, however, did not outline the practicalities of how to increase efficiency and what obstacles and costs are typically encountered.

Accordingly, this cross-cutting initiative will include:

- a. Guidance on how to identify problems and develop options for improving efficiency in each of the 10 technical areas identified in the WHR 2010 will be prepared and disseminated to policy makers and the global community, in collaboration with the appropriate technical unit in WHO or elsewhere (e.g. with the Department of Essential Medicines and Pharmaceutical Policies).
- b. A review of country experiences in trying to improve efficiency, where the obstacles and costs are clearly recorded along with the gains, will be developed and fed back into the policy dialogues and strategy development processes of action 1 above.
- c. A review of health financing "levers" and their impact on efficiency will be undertaken, showing, for example, the impact of various forms of organizing pooling, or paying providers, on efficiency. This would take the form of a document showing the pathways to efficiency gain through health financing reforms that can be adapted by country decision-makers.
- d. Encourage countries to implement options they find appropriate to their settings (action 5 above), and seek funding to allow them to formally evaluate progress for their own learning and policy modification, but also for sharing with others.

Outputs

10.1: By end of 2013, 10 guides on how to improve efficiency prepared and disseminated.

10.2: By the end of 2012, 10 country case studies produced illustrating the design and effects of different strategies for improving efficiency

10.3: By mid-2013, a review of the impact of key financing levers for efficiency available and disseminated to policy-makers.

10.4: By end 2013, questions of how to improve efficiency included in all national health financing, and health strategies developed with WHO technical and policy support.

10.5: By end 2013, 10 countries have evaluated the impact of their strategies designed to improve efficiency.

Action 11: More Health for the Money through Greater Equity. Cross-cutting initiative 3.

The WHR 2010 points out that there are inequities in most countries linked to how funds are raised, financial access to crucial health services and the extent of financial risk protection to the people who use them. This is ultimately reflected in inequalities in health outcomes. There are systematic patterns across different population groups in these inequities in just about all countries, by income, education, gender, or employment and ethnic groups, for example with the poor almost always more deprived

than the rich. A fundamental goal of health financing reforms focusing on UC is to ensure that they narrow, not increase, existing inequities.⁸

This is a big agenda and overlaps with many of the earlier actions described in this report. Here we focus on developing a reliable means to monitor and evaluate progress towards UC from an equity perspective cutting across the various components of a health financing system, as well as on the approaches that different countries have used to improve equity (and their effects). This is critical in being able to determine if the health financing strategy is improving equity over time. Accordingly, this cross cutting initiative will include:

- a. A review of the ethical dimensions of expanding coverage along the three dimensions of UC - the proportion of the population, services and costs covered from pooled funds. This will require deliberation by health ethicists as well as interaction with populations in countries undertaking policy dialogues to understand their preferences in expanding along these dimensions. It is likely that different countries may well have different weighting systems for expanding along these dimensions so the result would be a practical guide that countries could use to assess equity from their own perspectives.
- b. A review of methods to analyse equity in overall financial contributions separating out those associated with direct out-of-pocket payments from those linked to prepayment. This would lead to development of a method for countries to use to assess equity in overall financial contributions to the health system.
- c. Based on (a) and (b), recommendations on how health financing and health information systems can be adapted so as to track equity relating to revenue generation and the outcome of UC.
- d. Case studies illustrating how countries have tried to improve equity – in financial contributions, in the distribution of health spending, and in the use of services – through reforms in the ways that funds are raised, pooled, and spent.
- e. Based on (c) and (d), an assessment of country experiences in seeking to improve equity along the road to UC so as to identify what types of financing policies and strategies are most appropriate in various contexts.

⁸ Along the lines of the recommendations to address "avoidable health inequalities" by the Commission on Social Determinants of Health, on universal health care and fair financing, pp 203-204. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

Outputs

11.1: By end 2012, a review of approaches to monitor UC from an equity perspective prepared and disseminated.

11.2: By end 2012, methods to assess the equity of financial contributions to the system developed and reviewed with key partners.

11.3: By end 2013, 10 country case studies completed on the equity effects of their health financing reforms.

11.4: By end 2013, recommendations on how health financing and health information systems can be modified to monitor equity in financing developed.

11.5: By end 2013, countries undertaking health financing reforms routinely report on equity.

11.6: By end 2013, a review of country experiences in trying to improve equity in financial access to crucial health services and in financial risk protection produced and disseminated.

In an increasingly interconnected world, we know that we achieve more when we work with others. Recent collaborations include: World Bank, International Labour Organization (ILO), Asian Development Bank, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), Organisation for Economic Co-operation and Development (OECD), The Department for International Development (DFID), European Union, United States Agency for International Development (USAID), the Australian Agency for International Development (AUSAID), Norwegian Agency for Development Cooperation (NORAD), Global Fund to Fight Aids, Tuberculosis and Malaria, Global Alliance for Vaccines and Immunisation (GAVI).

And we are proud to be part of the Providing for Health Initiative (P4H) with the governments of France, Germany, Spain and Switzerland, the African Development Bank, the International Labour Organization and the World Bank under the broad umbrella of IHP+.

Work with us so that we can support countries to reach our shared objective: country health financing systems that ensure universal and sustainable coverage.

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