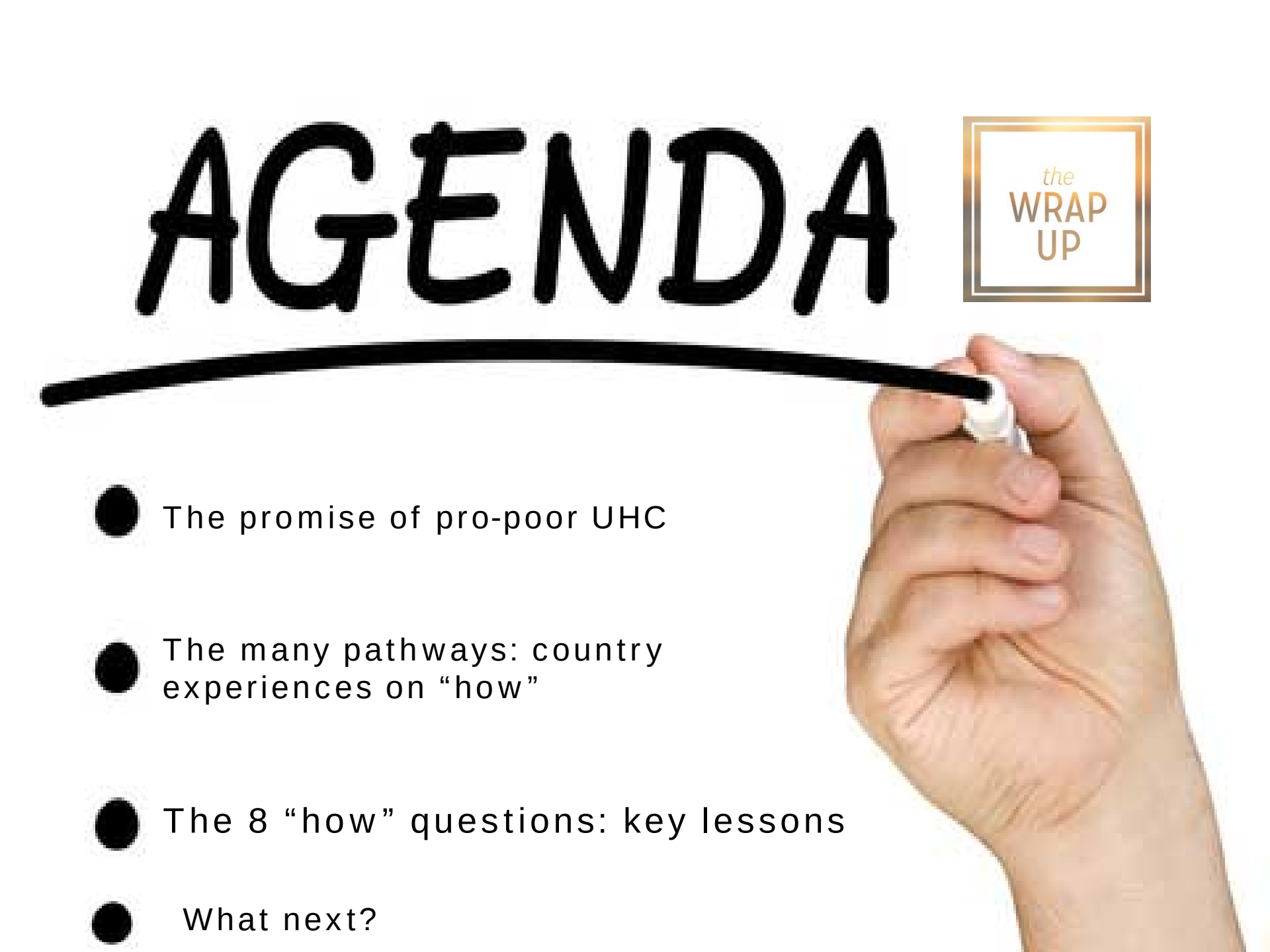
the
WRAP
UP

AGENDA



- The promise of pro-poor UHC
- The many pathways: country experiences on “how”
- The 8 “how” questions: key lessons
- What next?

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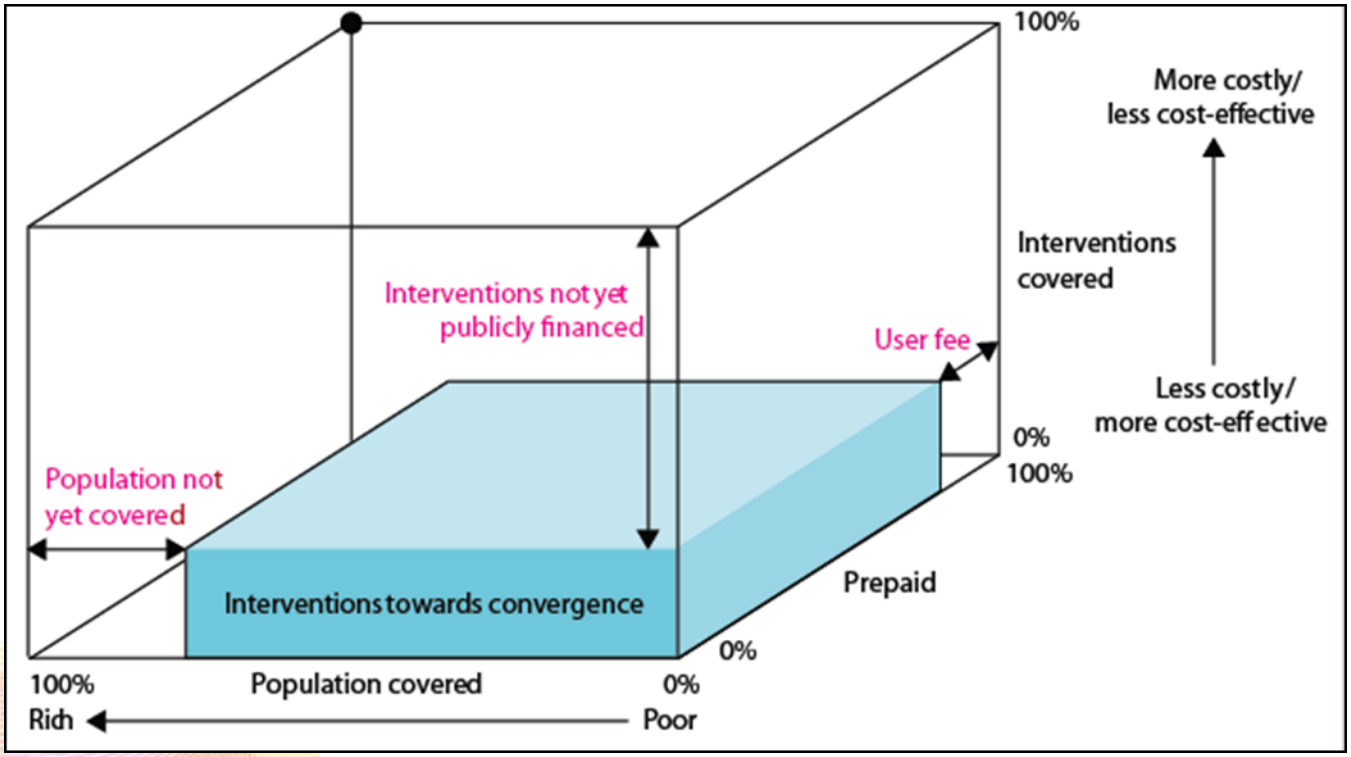
The Promise of Pro-Poor UHC

"Offers the promise of financing health gains and providing health security while minimizing the financial risk to households of excessive health expenditures" (*Global Health* 2035)

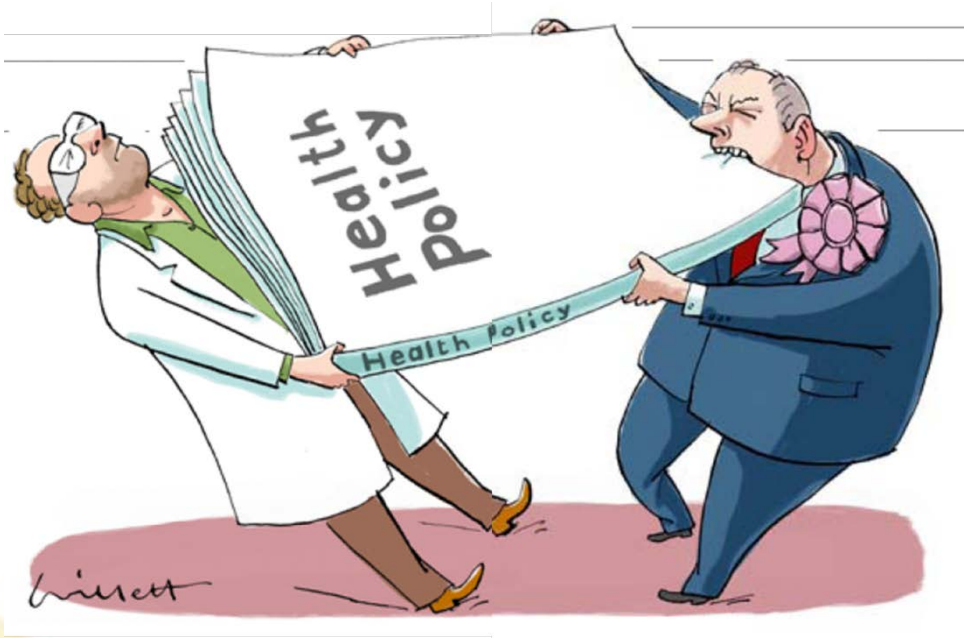


THE LANCET

GLOBAL HEALTH 2035

The Promise of Pro-Poor UHC *(cont'd)*

- UHC is technically possible, financially feasible (not an aid agenda)
- Institutions, incentives, and politics



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- The promise of pro-poor UHC
- The many pathways: country experiences on “how”
- The 8 “how” questions: key lessons
- What next?

Bolivia
Brazil
Chile
Paraguay
Cordoba
Uruguay
Buenos Aires
South Atlantic Ocean
Argentina
Falkland Islands

Russia
Kazakhstan
Mongolia
Kyr.
Taj.
China
Beijing
N. Korea
Pakistan
Shanghai
Nepal
Bhutan
Chongqing
India
Taiwan
Guangzhou
Myan.
Viet.
Laos
Hong Kong
Macau

Eritrea
Yemen
Sudan
Gulf of Aden
Djibouti
Addis Ababa
Somalia
Ethiopia
Lake Turkana
Indian Ocean
Kenya

Burkina Faso
Ghana
Benin
Tamale
Côte d'Ivoire
Togo
Lake Volta
Nigeria
Kumasi
Accra
Gulf of Guinea

UHC

United States
Juarez
Monterrey
North Pacific Ocean
Gulf of Mexico
Guadalajara
Mexico City
Mexico
Belize
Guatemala

India
Myanmar
Bangladesh
China
Mandalay
Vietnam
Laos
Naypyidaw
Yangon
Thailand
Bay of Bengal
Andaman Sea
G. of Thailand

India
Jaffna
Indian Ocean
Gulf of Mannar
Colombo
Kotte
Sri Lanka

Myanmar
Laos
China
Chiang Mai
South China Sea
Bangkok
Vietnam
Andaman Sea
Cambodia
Thailand
Malaysia

12 country lessons on the "how"

1. Use windows of opportunity

a. **Crises** (economic in Argentina, SARS in China)
b. Political realization of the **harms of OOPs** (desire to end "cash and carry" in Ghana)
c. International **rankings** showing poor performance (Mexico's low ranking on "fair financing," China wanted to close the East-West health gap)

2. Show "political will" by committing increased domestic resources when economy grows

12 country lessons on the "how"

3. Adopt universalism and progressivity ("pro-poor") as guiding principles

a. Promotes citizen and provider solidarity
b. Guides decision-making
c. Initial services benefit poor the most (gain the most health and FRP) because they focus on conditions that disproportionately affect the poor
d. Efficient (health gains per $ spent)

4. Consider using an explicit HBP to "exit the swamp of empty promises" (but be careful of political capture and get ready to enforce)

12 country lessons on the “how”

5. Expect support to be high at first, but then to wane → be prepared and plan ahead

6. Accompany increased coverage with greater stewardship

a. Quality assurance mechanisms
b. Health information systems
c. RBF (can foster governance/accountability, clarify provider goals, manage provider performance, foster informed purchasing dialogue)

7. Use mix of positive and negative incentives

12 country lessons on the "how"

8. Ask provinces to co-finance (powerful policy lever for ownership and sustainability)

9. Conduct research at every step of the journey → adjust based on data

10. Foster provider autonomy (generates new skills, satisfaction, innovation)

11. Think *early* about harmonizing schemes

12. Engage citizens as "the ultimate resource"

“Countries have their own capacities—don’t believe the consultants!”

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Q1. How can political will and financial commitment for pro-poor UHC be generated and sustained?

- Use social and ethical argument for UHC as a "hook"
- Gain MoF support : growth & stability arguments; present realistic cost estimates
- Prevent political capture by 1 party
- Manage the opposition
  - *Who? Arguments? Counter-arguments?*
  - *Use relatable international experience and peer pressure*
  - *Make costly compromises, if you have to, to get it done*
- Understand motivations of key actors
- Engage civil society in reaching and persuading actors
- Hook the providers (especially MDs)
- Be ready when a window opens

Political economy of UHC
Toolkit

Q2. How can civil society and general public be engaged to support pro-poor UHC?

- Engage citizens through accountability and communication
  - *Regularly share plans and performance*
  - *Use community stakeholder forums, engage media, be open and transparent, allow/encourage criticism, understand what people want, get their reactions, meet citizens where they are, give them time to reflect*
- Learn from the "merchants of cool" (the advertising and marketing industry knows how to reach citizens)
- Have a strong cabinet voice to respond to strong civil society demands
- Actively foster advocacy coalitions for pro-poor UHC (networks of civil society and other voices)

Advocacy coalitions as agenda setters

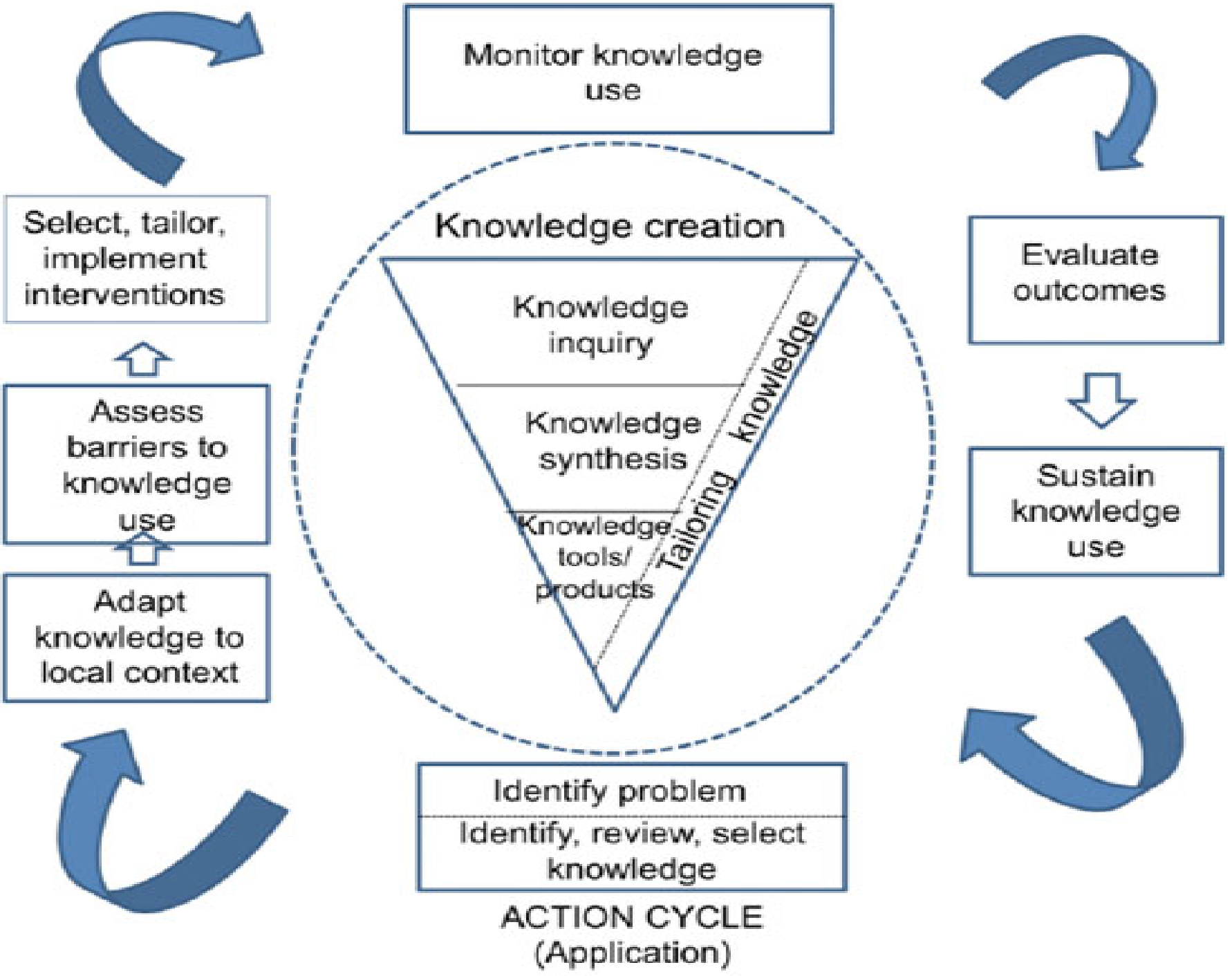
“it’s the job of advocates to focus on one issue and amass their armies on a single front”

The power of ideas

“UHC is a testimonial to the power of ideas to change the world”

Q3. How can we generate and use information to design service packages?

- Publicize/disseminate *existing* information and evidence
  - *Evidence on equity (Chile), efficiency (China), FRP, sustainability, citizen preferences*
- Use this evidence for package design but be ready to "set sail with patched holes" and *learn along the way* (Ethiopia's CBHI)
- Generate different kinds of evidence for different stages
- Reach out to insurance industry to learn from their data
- Build national capacity in generating and using evidence [DFID grant]
- Use administrative data to help with design
- Study enablers that turn promises → policy


Monitor knowledge use
Select, tailor, implement interventions
Assess barriers to knowledge use
Adapt knowledge to local context
Knowledge creation
Knowledge inquiry
Knowledge synthesis
Knowledge tools/ products
Tailoring knowledge
Evaluate outcomes
Sustain knowledge use
Identify problem
Identify, review, select knowledge
ACTION CYCLE
(Application)

Q4. How do we measure and maintain FRP?

- Consider using the "new tools" such as ECEA
  - *Measures trade-offs between averting deaths and averting poverty*
  - *Huge interest and enthusiasm but may be early days still*
- Develop decision-making cascade that includes FRP considerations
- Conduct national surveys that are nationally owned
- Remember to go beyond OOPs to capture those who don't even seek care due to costs (may die at home)
- Seize the "UHC moment" to improve NHAs to monitor progress and fine tune
- Dig deeper into the *cause* of rising OOPs

Cost effective [ICER ≤ 1 GNI/QALY]	Budget impact	Problem in delivery	Equity & ethical considerations	Catastrophic to household	Coverage Decision	Sample of interventions
Yes	Low	No	No	Yes	YES	Lamivudine for Chronic hepatitis B (Cost Saving); Cyclophosphamide + azathioprine for severe lupus nephritis (Cost Saving)
Yes	Low	Yes	Yes (across 3 schemes)	Yes	YES	Hematopoeitic stem cell transplantation (HSCT) for severe Thalassemia (cost effective ICER 70K Baht), request to scale up service capacities or effective referral

Coverage decision based on various criteria, by Benefit Package Sub-Committee, National Health Security Office, Thailand.

Q5. How best can countries learn from each other & how can ICA support pro-poor UHC?

- International community must support domestic agendas (financing, redistribution), "country lens"
  - *TA, capacity building, knowledge generation and sharing, information management*
- Strengthen measurement ("no measurement, no improvement")
- Finish the "unfinished agenda on pro-poor UHC," especially for countries starting out
- Foster networks of X-country learning & communities of practice, build in-country analytic capacity, generate comparative international analytics
- Empower sub-national authorities

Global health agenda

Pendulum shift back to a horizontal approach

Tropical Medicine

Alma Ata

international health, PHC, horizontalism

MDGs

global health, diplomacy, trade, IT, vertical initiatives

SDGs

post-2015?

1978 2000 2015

Q5. How best can countries learn from each other & how can ICA support pro-poor UHC? (*cont'd*)

» Shift DAH over time towards the core **global functions**: GPGs, managing X-border externalities, fostering leadership and stewardship

How much donor financing for health is channelled to global versus country-specific aid functions?

Marco Schäferhoff, Sara Fewer, Jessica Kraus, Emil Richter, Lawrence H Summers, Jesper Sundewall, Gavin Yamey, Dean T Jamison

Q6. How can countries best manage the evolution & growth of UHC?

- Use health technology assessment, either in-country or adapt assessments from elsewhere (e.g. regional)
  - *Strengthens decisions about expansion by basing them on evidence, allows global agendas to be translated to national action, can help to show results and show to MoF that there's an explicit process for expansion*
- Fund HTAs from domestic sources for sustainability (donor support is fragile)
- Build relationships with the media and with citizen groups to explain process of expansion decisions
- Even if there's no HTA agency, understand where and how decisions are made

Q6. How can countries best manage the evolution & growth of UHC? *(cont'd)*

Overcoming fragmentation at 3 levels

Easy (joint action/planning/M&E/ assessment)
Harder (share resources)
Harder (change government structure & regulations)

- **Leadership is key (how to foster?), esp. federal states**
- **Align visions as 1st step in aligning institutions and resources (HBP and RBF as tools)**
- **Find ways to pool when it's not feasible or valuable to merge (e.g. huge countries) → key is to X-subsidize**
- **De-fragment stewardship role (different ministries)**
- **Foster coherence between international agencies**
- **Define best practice in relation between MoH and national insurers**
- **Study tension between decentralization and UHC**
- **Networks of learning/information sharing**

Q6. How can countries best manage the evolution & growth of UHC? *(cont'd)*

Research to understand these systems and the "gravitational pull" by countries to reduce diversity of funding

Create a taxonomy?

Q6. How can countries best manage the evolution & growth of UHC? *(cont'd)*

NATIONAL HEALTH INSURANCE PLANS

Can help to manage UHC growth by.....

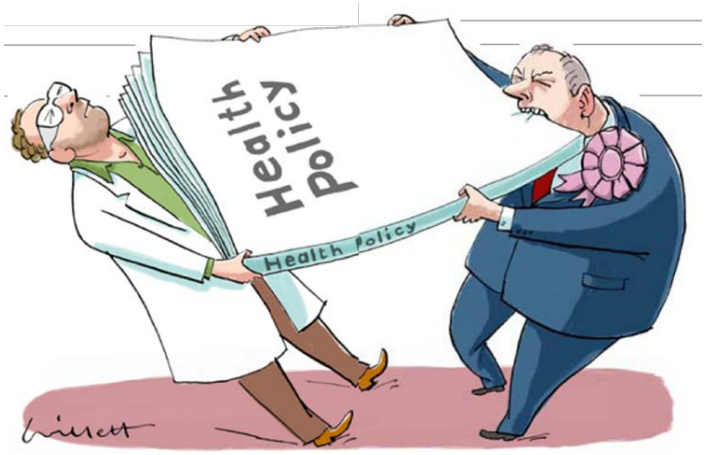
- Being a smart purchaser
- Influencing more cost-effective models of care (e.g. e-mails for reassurance)
- Fostering integrated care
- Using incentives, copayments, and other tools to promote efficiencies

Research agenda on insurance

Are schemes outsourcing risk?
Use biometrics to understand system
Study lessons from private insurers

Q6. How can countries best manage the evolution & growth of UHC? *(cont'd)*

Overcoming political challenges to expansion



- Know who is being covered by which scheme to prevent conflicts
- Use the "civil registration movement" for UHC progression
- Protect expansion decisions from undue influence (e.g. HTA)
- Hire ministers for longer/continuity (fast turnover means vulnerability to politics)
- Present evidence to politicians in an accessible way
- Develop a cadre of "brokers" between technical and political actors

Q7. How can countries boost institutional capacity to manage growth of UHC?

- Begin with a smart analysis of power (technical, financial, political)
- Study not just institutions but processes, linkages, networks
- Create feedback loops
- Use the new tools of strategic purchasing, P4P
- Embed solidarity, redistribution, progressivity in all institutions and processes
- Leverage citizen demands
- Frame UHC as sustainable development, a broad social movement with durability
- Bring medical societies on board

PAST
FUTURE

Q8. How can investments and incentives be used to promote quality and efficiency?

- Ensure that public health purchasers have mandate and accountability to purchase high quality services for population with FRP (Ghana)
- Strengthen integrated delivery networks (Thailand)
- Create right balance between autonomy and accountability for providers to respond to incentives and serve public interest (Sri Lanka)
- Use information to understand, motivate, and improve provider performance (Argentina)
- Create right incentives through properly aligned provider payment systems

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In their path to UHC, countries keep coming up against obstacles and challenges. What can we do, based on experiences and evidence, to support countries to overcome these?

WHAT'S NEXT?

Outputs

1. Meeting report
2. Journal article
3. Research, analysis, evidence generation
4. Toolkit or multiple toolkits
5. Guidance document on "how to" implement pro-poor UHC (series of stories?)

Would require funding

Transforming Global Health by Improving the Science of Scale-Up

Margaret E. Kruk[1]*, Gavin Yamey[2], Sonia Y. Angell[3], Alix Beith[4], Daniel Cotlear[5], Frederico Guanais[6], Lisa Jacobs[7], Helen Saxenian[8], Cesar Victora[9], Eric Goosby[10]

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[9] Federal University of Pelotas, Brazil
[10]UCSF

Policy and Implementation Research Agenda

1. **Define and cost a standard benefit package in each country**
   - Identify requirements for incremental funding
2. **Evaluate country implementation of financing reforms**
   - Assess impacts on coverage expansion and financial protection
3. **Examine priority policy questions for UHC**
   - Effectiveness of various insurance models and benefit packages
   - How to scale insurance in different settings (e.g., federal, decentralized)
4. **Evaluate health systems reforms to:**
   - Improve efficiency of service delivery and control costs
   - Ensure equity
5. **Identify mechanisms to assure interoperability of information systems**
6. **Establish best practices for engaging the non-state sector**
7. **Identify areas of health system that require immediate strengthening**
   - What mix of interventions can/should be provided at each level
8. **Establish best practices to identify, and effectively reach, the poor**

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