The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Strengthening health systems towards universal health coverage.

An introduction to the Department of Health System Development.
universal health coverage

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

SDG 3: GOOD HEALTH AND WELL-BEING

- Promoting healthy lifestyles
- Ensuring access to quality health care
- Preventing non-communicable diseases
- Promoting nutritious diets
- Ensuring a clean water supply
- Protecting vulnerable groups

The image provides an overview of the Sustainable Development Goals (SDGs), highlighting Goal 3: Good Health and Well-being. The infographic illustrates various strategies and actions related to health, such as promoting healthy lifestyles, equitable access to health services, and ensuring good hygiene and sanitation. The visual representation emphasizes the interconnectedness of the goals with other areas such as education, poverty reduction, and environmental sustainability.
At the very outset

The Department of Health System Development (HSD) provides support to the 22 countries of the Eastern Mediterranean Region in their efforts to move towards universal health coverage through strengthened health systems by working closely with WHO country offices, other departments in the regional office, headquarters and development partners. Health systems and universal health coverage require clear vision and political commitment; good governance and rule of law; strong institutions, policies and leadership; strategies for financial protection; health facilities and infrastructure; trained workforce; integrated quality services; information management; and appropriate medicines and technology. We work in all these areas through four teams:

- Governance & Financing Team
- Integrated Service Delivery Team
- Health Workforce Development Team
- Essential Medicines & Technologies Team

Equity, human rights, solidarity, protection, accountability and Sustainable Development Goals are cross-cutting themes in our work. National health systems reflect economic, social and political diversity in the Region. Protracted emergencies and the resulting migrations and displaced populations also provide a critical context to the health systems. This brochure provides information about our work, teams and context – the challenges we face and the response we generate.
universal health coverage
People-centred health systems for universal health coverage

Health is a human right. And, it is not just an absence of disease. By virtue of these two considerations health services are required at individual and population levels and actions are needed to address determinants of health. Health systems are a sum total of all these efforts by governments, private sector, development partners and, equally importantly, by communities, families and people themselves.

Without an underlying robust and resilient health system, health care services and essential public health functions can neither be effective nor sustainable, including emergency response. Weak health systems also endanger global health as was evident from the recent Ebola crises in West Africa. Prevention and control of communicable and noncommunicable diseases, mental health, maternal and child health care, care of the elderly and people with physical disabilities and varied other health programmes – all require well-functioning health systems. Governments have the primary responsibility to organize, finance and lead health systems.

Universal health coverage
All communities and people receive the quality health services they need, without financial hardship

Health system strengthening

A world with equitable and universal access to ... health care and social protection, where physical, mental and social well-being are assured

“Our Vision”, the 2030 Agenda for Sustainable Development
Universal health coverage is a means to ensure healthy lives and promote well-being for all at all ages with explicit affirmative action for vulnerable populations. Universal health coverage means provision of quality services to everybody without discrimination of any kind and without exposing people to financial hardship. One of the targets of Sustainable Development Goal 3 (SDG3) is to achieve global universal health coverage by 2030. Universal health coverage, like the SDGs, cannot be achieved without public–private partnerships. The classical building blocks of health systems have a dynamic relationship with each other. Progress or deterioration in one area affects the others. In concert, they constitute a system which acts as a platform for safe and quality health services and public health interventions to produce desirable health outcomes. Reliable indicators of health system performance tell a story about the health situation of the people and the country over time.

Fit-for-purpose health systems have good foundations, robust institutions and the agility to transform with changing times.

For further information:
- International Health Partnership for UHC 2030
  https://www.internationalhealthpartnership.net/en/
- Strategizing national health in the 21st century: a handbook
Out of pocket expenditure as % of total health expenditure

Out-of-pocket payments comprise all direct formal and informal payments made by users of care at the point of delivery. High out-of-pocket payment can be a major deterrent to people receiving the health care they need, of good quality, and can expose people to financial hardship. The Region continues to be a low investor in health, with a high share of out-of-pocket payment in total health spending – exceeding 75% in some low-income countries. It is estimated that around 16.5 million individuals face financial hardship and around 7.5 million are pushed into poverty every year because of high out-of-pocket payments.

Source: Regional Office data, 2014

Disclaimer: The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or its authorities of its frontiers or boundaries. Dotted lines on maps represent approximate border areas for which there may not yet be full agreement.
Health system strengthening for universal health coverage requires political commitment, effective leadership, clear vision, strong institutions and dynamic health policies. Our work is inspired by the call in the SDGs to “leave no one behind”. We promote good governance for equitable, effective and efficient health systems, and support the development of appropriate strategies for financial protection for all so that people do not face financial hardship when they fall sick. We work closely with development partners to mobilize and align resources towards shared national health goals and commitments.

Health Governance and Financing Team

Health system strengthening for universal health coverage requires political commitment, effective leadership, clear vision, strong institutions and dynamic health policies. Our work is inspired by the call in the SDGs to “leave no one behind”. We promote good governance for equitable, effective and efficient health systems, and support the development of appropriate strategies for financial protection for all so that people do not face financial hardship when they fall sick. We work closely with development partners to mobilize and align resources towards shared national health goals and commitments.
Leaving no one behind!

Every year 7.5 million people become poor because of out-of-pocket payments in the Region.

Health systems in the Region suffer from different forms of inequality that are harshly affecting vulnerable and marginalized populations. This requires enhancing accountability through good governance. Despite the potential to enhance domestic funding and prepayment arrangements for health in the Region, public investment in the health sector remains low. Many development partners are involved in health system strengthening in the Region yet coordination is weak.

In 2015, more than US$150 million was allocated by the Gavi Alliance and the Global Fund alone for health system strengthening in the Region.

For the last 15 years, around 40% of regional health spending has been paid out of pocket.

Between 20% and 40% of health resources are wasted because of health system inefficiencies.

More than 50% of countries of the Region are yet to develop health strategies for universal health coverage.

In the Region, the spending only 1.6% of global health spending for 8.7% of the world’s population.

Average health priority in government expenditure and average fiscal space in low/middle- and high-income countries of the Region.

Leaving no one behind!
The ultimate goal of universal health coverage is the provision of quality health services that are accessible, affordable and acceptable. Our work is guided by WHO Framework on integrated people-centred health services and the Framework for action on advancing universal health coverage in the Eastern Mediterranean Region. The needs for health services can be met by the development of a package of essential health services. Our main focus is on primary and community health care, hospital care and management, quality and safety of services and emergency services.

**Integrated Service Delivery Team**

Achieve universal health coverage, including access to quality essential health-care services for all

**Sustainable Development Goal 3, Target 3.8**

Leaving no one behind!
The underserved

Up to 70% of outpatient services are provided by the private health sector in the Region.

Not everyone in the Region has access to needed health services. The quality of services remains questionable, which can result in exposure to unsafe care. The private health sector is growing with minimal policy direction and regulation and it is hardly a part of governments’ health sector planning processes. Health services are seriously affected in emergency situations, which are widespread in the Region.

From 5 to 37 hospital beds per 10,000 population (2013)

Only 4 out of 22 countries in the Region report comprehensive treatment of noncommunicable diseases at primary health care level.

93% of physicians at primary health care level are not trained as family physicians.

1 out of 10 patients admitted to hospital experience adverse events.

60% of the regional population lives in countries with complex emergencies.

50% of the world’s refugees are in this Region.

80% of hospital beds are in the public sector.

Despite shortage, 40% of public beds are unutilized.

WHO Framework on integrated people-centred health services
http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/

Primary and community health care
http://www.emro.who.int/health-topics/primary-community-health-care/

Hospital care
http://www.who.int/hospitals/en/

Patient safety
http://www.emro.who.int/entity/patient-safety/index.html
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70% of outpatient services are provided by the private health sector in the Region.

**Health Workforce Development Team**

Health workers are the most important resource for health systems. The resilience of health systems is heavily reliant on the availability of competent health workers. The world suffers from a shortage of health workers, and if the current trends continue, a shortfall of 18 million health workers is projected by 2030, primarily in low- and lower-middle-income countries, with approximately 1.6 million in the Eastern Mediterranean Region. We thus work towards ensuring that all people have access to a competent health workforce functioning within robust health systems.

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Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries…

Sustainable Development Goal 3, Means of Implementation Target 3.c
Health workers save lives!

Countries face an overall shortage of qualified health workers with suboptimal and imbalanced production and availability in the Region. Inequitable geographic distribution and skill mix as well as increasing health workers' mobility are daunting challenges. Concerns also abound in relation to quality, relevance and performance of health workers. A number of countries face protracted crises where health workers' safety and security are major concerns. Reliable and updated health workforce information is seriously lacking in the Region, which impedes evidence-based health workforce planning.

Density of health workforce varies

- Proportion of expatriate health workers varies from 43% to 91% in high-income countries.
- Of 2520 injured or killed health workers that were globally reported in 2014–2015 belonged to the Region.
- 7 out of 22 countries face critical shortage of health workforce in the Region.
- Of countries have less than 2 nurses per physician (OECD average 3.4).
- 50% of countries have less than 2 nurses per physician.
Essential Medicines & Technologies Team

Reliable and sustainable access to quality-assured essential medicines, vaccines, medical devices, diagnostics and other technologies is an integral component of the health system without which universal health coverage is not possible. Medicines and health technologies must be available, affordable, acceptable and appropriately prescribed and used. We work with Member States to help develop appropriate medicine and technology policies and assist in building national capacities in efficient and effective management of the supply chain. Promotion of good governance in national regulation and management of medicines with a focus on accountability and transparency is our major priority.

- **Essential medicine policy**
  - Medicines and health technology policies
  - Good governance of medicines and medical products
  - Health technology assessment
  - Guidance on improving access to high priced medicines

- **Medical devices**
  - Innovation and horizon scanning
  - Efficient life-cycle management
  - Guidance on improving access, quality, regulation and use

- **Vaccine production**
  - Self-sufficiency
  - Prequalification of vaccines
  - Quality management System

- **Regulatory strengthening**
  - Good regulatory practice frameworks
  - Transparency and accountability mechanisms
  - Enhancing capacities of national regulatory authorities

**Equitable access**
**Assured safety and quality**
Access to medicines and technologies

In low- and middle-income countries of the Region:

20% - 60% of national health budgets is spent on medicines and technologies.

Not everyone in the Region has proper access to quality-assured, safe, reliable and efficacious essential medicines and technologies. This can be attributed to lack of clear policies, weak regulatory oversight, limited public awareness, and improper management, prescribing and use. Moreover, the ability of Member States to overcome these challenges using innovation, local production and/or technology transfer is limited.
Some key products, initiatives, courses and networks

Leadership for Health Programme (LfH)
An initiative to establish a critical mass of public health leaders in the Region. Two rounds have taken place, in 2015 and 2016. http://www.emro.who.int/about-who/regional-director/leadership-for-health-programme.html

Regional DCP Health Economic Evaluation Network

The role of law in health system strengthening in the Region - practical skills for legislators and regulators
A training course on making better use of laws for effective and sustainable health system interventions. emrgohhr@who.int

Bridging programme for building capacities of general practitioners in family medicine
A joint programme with the American University of Beirut (AUB) has established master trainers in 12 countries of the Region. emrgophc@who.int

Capacity development workshops for hospital managers
Capacity development workshops are organized for hospital managers and policy-makers in the Region. emrgohcm@who.int

Eastern Mediterranean Drug Regulatory Authorities (EMDRA) network
EMDRA network is an exclusive forum for major stakeholders in the area of drug regulation. emrgoemp@who.int

The good governance for medicines (GGM) initiative
16 out of 22 countries are implementing the GGM initiative in the Region to improve transparency and accountability in the management of medicines. emrgoemp@who.int

The low-cost medical devices (LCMD) initiative
An initiative to improve access to priority medical devices that have a strong value proposition and substantial potential for high impact. emrgoemp@who.int

Health workforce observatories
A forum for improving, sharing and dissemination of information on health workforce in the Region. http://www.emro.who.int/healthworkforce_observatory/index.html

Action framework for health workforce development
To provide guidance to address health workforce challenges with a long-term vision in the Region. http://www.emro.who.int/health-workforce/strategy/index.html
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| **Developing a vision and strategy for universal health coverage** | - Formulate a vision to transform the national health system towards UHC  
- Establish a multisectoral mechanism for UHC at the highest level  
- Institutionalize a mechanism for public involvement in the development and promotion of a UHC vision and strategy, e.g. through public representative assemblies and civil society.  
- Undertake an evidence-informed health system review for UHC to assess the status of and gaps in financial protection, service and population coverage  
- Develop a roadmap for health system strengthening to achieve UHC with short, medium and long-term goals  
- Strengthen reliable monitoring and evaluation system to track, evaluate and report UHC progress  
- Enhance public investment and public–private partnership for UHC  
- Promote implementation research for UHC | - Facilitate convening of stakeholders for dialogues on UHC vision and strategies  
- Share global experience, evidence and good practices in strengthening health systems towards UHC  
- Develop national capacities in health system strengthening and leadership for UHC  
- Provide technical support to strengthen national health information systems to effectively monitor and evaluate equitable progress towards UHC.  
- Provide support for improving public investment, public–private partnership, resource mobilization and aid-effectiveness |
| **Improving health financing system performance and enhancing financial risk protection** | - Develop and implement an evidence-informed health financing strategy for UHC  
- Analyse health expenditure patterns and health financing arrangements using household surveys, health accounts and other diagnostic tools to identify gaps and underlying causes  
- Track the incidence of catastrophic health expenditures and impoverishment, differentiated along socioeconomic and demographic dimensions  
- Engage with national finance authorities to promote predictable public financing for health and ensure alignment with health sector requirements for UHC  
- Explore creative revenue raising mechanisms for health  
- Establish/expand prepayment arrangements, e.g. social health insurance and general government revenue arrangements, to limit out-of-pocket payments  
- Reduce fragmentation in pooling arrangements across different schemes to avoid negative consequences for equity and efficiency  
- Move from passive to strategic purchasing arrangements (by linking decisions on resource allocation to information on providers’ performance and health needs)  
- Unify national information systems for provider payment  
- Identify sources of health sector inefficiencies and ensure value for money | - Assist in development of health financing reform options for advancing UHC  
- Support the development of national health care financing strategies towards UHC  
- Support the “health budget dialogue” for UHC, covering issues of fiscal sustainability and public financial management  
- Build capacities on health expenditure surveys, health accounting, economic evaluation and other health financing system diagnostic tools  
- Develop guidance on prepayment arrangements including social health insurance  
- Facilitate exchange of knowledge and experience between policy-makers and financial managers on health financing reform  
- Build regional and national consensus on health financing reforms for UHC |
| **Expanding the coverage of needed health services** | - Improve quality, safety and continuity of care by expanding person-centred integrated health service delivery  
- Design and implement a service package of highest priority evidence-informed person- and population-based interventions  
- Improve health workforce availability, accessibility, quality and performance to meet current and future health service requirements  
- Ensure reliable access to, and regulation, quality, safety and affordability of essential medicines and health technologies, as part of the services package, appropriately employing health technology assessment (HTA)  
- Integrate emergency health care in service delivery to enhance health system resilience  
- Strengthen engagement with and regulation of for-profit and not-for-profit private sector for service provision in support of UHC | - Facilitate national planning for accelerating implementation of integrated quality health services, including progressive adoption of the family practice model  
- Develop guidance on designing, costing and implementing a service package of highest priority interventions  
- Support development and implementation of national strategic plans in the context of the regional strategic framework for health workforce development  
- Assist in the development of national policies and strategies for quality of care and patient safety  
- Support national efforts in improving access to essential medicines and health technologies, including promoting the use and institutionalization of HTA  
- Build capacity in assessing, regulating and partnering with the private sector |
| **Ensuring expansion and monitoring of population coverage** | - Prioritize expansion of service coverage and financial protection for vulnerable and informal groups as part of the Sustainable Development Goals  
- Collect data, disaggregated by socioeconomic and demographic factors, to monitor equity in progress towards UHC | - Share experience from countries on mechanisms to cover informal and vulnerable groups  
- Develop a framework for monitoring population coverage and UHC |
“All roads lead to universal health coverage”
Dr. Tedros Adhanom Ghebreyesus
WHO Director-General

“All roads lead to universal health coverage”
Dr. Tedros Adhanom Ghebreyesus
WHO Director-General

“Universal health coverage includes people affected in emergencies, refugees and migrants”
Dr. Mahmoud Fikri
WHO Regional Director for the Eastern Mediterranean

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