Supporting countries in moving toward Universal Health Coverage (UHC) is everybody’s business within the WHO. Achieving UHC requires functioning health systems. It requires clear vision and political commitment; good governance and rule of law; strong institutions, policies and leadership; valid, reliable and timely information; effective strategies for financial protection; health facilities and infrastructure; trained workforce; integrated quality services; appropriate medicines and technology; as well as effective mechanisms for evidence informed decision making. The Departments of Health System Development (HSD) and Information, Evidence and Research (IER), work closely with WHO country offices on the below areas of work to strengthen health systems:

- Governance & Financing
- Health Information & Statistics
- Integrated Service Delivery
- Health Workforce Development
- Essential Medicines & Technologies
- Research Development & Innovation

Other technical departments of the WHO EMRO also play critical role in supporting UHC. These include Communicable Disease Prevention and Control; Environmental Health Action; Health Emergencies Programme; Health Protection and Promotion; Non-Communicable Diseases and Mental Health; as well as Polio Eradication Programme.

Equity, human rights, solidarity and social protection, collaboration and partnership, accountability, and Sustainable Development Goals are cross-cutting themes in all of WHO 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 key health system related areas of work – in the context of existing challenges and opportunities – and the response we generate.
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 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.

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

Health system strengthening

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 area 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

- National health policies, strategies and plans
- Health laws and regulations
- Alignment with Sustainable Development Goals
- Knowledge-generation for evidence-based policies

Health policy

- Health financing strategies for universal health coverage
- Health financing “diagnostics” and policy analysis
- Resources tracking and economic evaluation for priority setting

Financial protection

- Investing in public health leaders of the future
- Proactively tackling national and regional health priorities
- Actively engaging in global health

Leadership development

- Resource mobilization through strengthened partnerships
- Strengthening international health partnership for UHC2030
- Supporting grant applications and management

Partnership for health

- Accountability and transparency
- Equity, gender and human rights

- Million was allocated by the Gavi Alliance and the Global Fund alone for health system strengthening in the Region
- In 2015, more than US$150 billion was spent on global health spending
- The Region spends only 1.6% of global health spending for 8.7% of the world’s population
- More than 40% of regional health spending has been paid out of pocket
- For the last 15 years, around 20% of health resources are wasted because of health system inefficiencies
- Between 20% and 40% of health resources are wasted because of health system inefficiencies
- Of the world’s population, 50% of the Region are yet to develop health strategies for universal health coverage
- Between 20% and 40% of the world’s population
- 8.7% of global health spending
- 1.6% of global health spending

- Of the world’s population, 50% of the Region are yet to develop health strategies for universal health coverage

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

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Health information systems (HIS) including civil registration and vital statistics (CRVS) systems are indispensable sources of health information data for planning and decision-making. Strengthening HIS in countries of the Eastern Mediterranean Region is a special priority in WHO’s work in the region. We work with Member States to assess the performance of health information and civil registration systems, develop strategic and long-term plans, and in increasing national capacity for development and use of valid information. These also include the development of valid indicators and estimates for assessing risk factors, health care provision and capacity and health outcomes.

**Health Information & Statistics**

**HIS policies & standards**
- Multi-year national survey plans
- Health information standards
- Disease registration and surveillance
- HIS and CRVS policies and standards

**Strengthening routine data**
- HIS: comprehensive assessments
- Strengthening HIS system
- Causes of death and mortality data

**SDGs and UHC monitoring**
- Regional core health indicators
- National survey conduct and analysis
- National health risk assessment

**Use in decision-making**
- Geographic Information systems
- Health observatories and dashboards for decision-making
- Core indicator reporting

Leaving no one behind!

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.

7.5 million people become poor because of out-of-pocket payments in the Region every year. Valid and timely health information for achieving universal health coverage is a Sustainable Development Goal (SDG) and on average, in 2017, 79% of the core indicators were reported by high-income, middle-income and low-income countries, respectively.

45% of causes of deaths reported by the countries are erroneously coded.

13 countries have reported cause-specific mortality data in the last 5 years.

18 countries use Geographic Information systems for mortality and morbidity recording.

7 countries in the region have not conducted a census in the last 10 years.

13 countries have reported cause-specific mortality data in the last 5 years.
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

The achievement 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.

**Primary and community health care**
- Integrated district health system based on the Primary Health Care approach
- Essential package of health services
- Service delivery unregarded

**Hospital management**
- Quality of services and patient safety
- Accreditation of health facilities
- National quality policies

**Emergency care services**
- Priority actions for emergency care
- Assessment of emergency care services for resilient health systems

**Quality and safety**
- Intersectoral collaboration and public–private partnerships for universal health coverage
- Essential package of health services
- Service delivery unregarded

### Achieving universal health coverage

- Integrated district health system based on the Primary Health Care approach
- Essential package of health services
- Service delivery unregarded

**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

### References

1. Primary and community health care
2. Hospital care
3. Patient safety

### Facts and Figures

- 93% of physicians at primary health care level
- 60% of the regional population live in countries with complex emergencies
- 50% of the world’s refugees are in this Region
- 80% of hospital beds are in the public sector
- 40% of public beds are unutilized
- 40% of patients are out of pocket
- 40% of deaths are caused by non-communicable diseases
- Only 4 out of 22 countries in the Region report comprehensive treatment of non-communicable diseases at primary health care level
- Every birth registered, every death registered with certified cause of death
The underserved

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.

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

Health Workforce Development

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 1.4 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.

Health workforce policy
- Health workforce governance
- Evidence-based analysis
- Health workforce management systems

Health workforce regulation
- Regulation of health professionals’ practice
- Accreditation of health education institutions

Health workforce education
- Education capacities with quality and relevance
- Faculty development

Health workforce information
- Health workforce information and evidence
- Health workforce observatories
- Health workforce assessment

Proportion of expatriate health workers varies
- Physicians per 10,000 population
  - From 0.3 to 30.7
  - 70% of countries have less than 2 physicians per 1,000 population
- Pharmacists per 10,000 population
  - From 0.1 to 18.3
  - 86% of countries have less than 0.5 pharmacists per 1,000 population
- Dentists per 10,000 population
  - From 0.02 to 12.9
  - 50% of countries have less than 0.8 dentists per 1,000 population
- Nurses and midwives per 10,000 population
  - From 0.8 to 66
  - 66% of countries have less than 2 nurses per physician

Strategically 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 critical shortages of health workforce in the Region

7 out of 22 countries face critical shortages of health workforce 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.

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
  - Good governance of medicines and medical products
  - Health technology assessment
  - Guidelines on improving access to high-priority medicines
- Medical devices
  - Innovation and decision-making
  - Utilization life cycle management
  - Guidelines on improving access, quality, regulation and use
- Vaccine prioritization
  - Self-sufficiency
  - Prequalification of vaccines
  - Quality Management System
- Regulatory strengthening
  - Good regulatory position framework
  - Transparency and accountability mechanisms
  - Enhancing capacities of national regulatory authorities

Equitable access

Essential Medicines & Technologies

15 countries have not updated the essential medicines list for the last 10 years

18 countries have not updated the essential medicines list for the past two years

Around 50% of medical equipment in developing countries is not functioning, not used correctly and optimally, and invariably not maintained

Out of 15 countries assessed, NO ONE have a written conflict of interest with regard to regulation of medicines

More than 50% of expenditures on medicines, vaccines, and medical devices is wasted

Only 2 out of 22 countries have health technology assessment (HTA) units or agencies

More than 50% of medicines are prescribed or used irrationally

Achieve universal health coverage including access to safe, effective, quality and affordable essential medicines and vaccines for all

Sustainable Development Goal 3, Target 3.8
The WHO constitution calls for promoting research for developing health systems, understanding causes of poor health, and mitigating effects of other determinants on health. The increasing calls for equity and rising expectations in the Region for a better life and improved health call for more research. We support Member States in promoting and enabling a culture and environment of research that is responding to the needs and priorities of the countries. There is also a strong focus on innovative and feasible approaches to enhance the use of research evidence in decision-making, including national policies and guidelines.

**Research Development, Use & Innovation**

- **Access to 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.
  - In low- and middle-income countries of the Region: 20% - 60% of national health budgets is spent on medicines and technologies.

- **Research Priorities and dissemination**
  - EMR research production increased 4-fold (to 4.2 papers per 100000 population) during 2003 to 2014, alone produce over of EMR health related research publications.
  - Only 3 to 4 countries have established national guideline development programs.
  - 77% of EMR countries have national bioethics or ethics committees.
  - 57% of Ministries of Health have research coordination unit or national health research strategies.

- **Evidence for policy making**
  - 78% academic journals in the region are indexed in PubMed.
  - 10% of EMR research publications.
  - 10 countries each produces less than 1% of EMR research publications.

**WHO Collaborating Centers located in the Region**

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**Collaboration**

- Directing health research towards people’s health needs and build national capacity to use evidence in policy-making

**Innovation**

- EMR Regional Committee Resolutions, EM/RC64/R.1

**Research Capacity Development**

- Health research practice and networks
- Access and high-quality regional, national and international health research institutions
- Building capacities and outputs of health research institutions

**Research Priorities and Dissemination**

- National and regional research priorities
- Priority health research (incl. implementation and field research)
- Research dissemination via Health InterNetwork Access to Research Initiative (HINARI) and Index Medicus for the Eastern Mediterranean Region (IMEMR)

**Research Standards and Ethics**

- National and family health research ethics committees
- National capacities on ethics
- Innovation, public health oriented research

**Evidence for Policy Making**

- National knowledge translation strategies and policy briefs
- National and regional research priorities
- National guideline development and adaptation
- Evidence for evidence-informed policy making
Some key products, initiatives, courses, and networks

- **Research evidence for health policy making**
  - Limited evidence in health policy making are being covered by national health priorities in such research.
  - While research health-related publications has been 580% in the last 10 years, 80% of the research is not aligned with the Essential Medicines and Health Technologies.

- **National health workforce observatories**
  - A forum for sharing and disseminating information on health workforce in the Region.
  - Focus on engaging policy-makers, stakeholders, and workforce.
  - To provide guidance to address health workforce challenges with a long-term vision in the Region.

- **Eastern Mediterranean Region Regulatory Authority (EMRDA) network**
  - The good practices for medicines (GPM) initiative.
  - An initiative to establish a critical mass of public health leaders in the Region. Two rounds have taken place in 2015 and 2016.

- **Strategic component Actions for countries**
  - Establish a multisectoral mechanism for UHC at the highest level.
  - Strengthen reliable monitoring and evaluation system to track, evaluate and report UHC progress.

- **Support from WHO and other development partners**
  - Facilitate country-specific strategies for member states and stakeholders.
  - Share global evidence, guidance and good practices in strengthening health systems and supporting UHC.

- **Develop national capacities in health system strengthening and leadership for UHC**
  - Provide technical support to governments for the development of national health strategies and to review national health policies.

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“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