

# Strengthening health systems

towards

universal  
health  
coverage



© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Concept and design: YAT Communication

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.

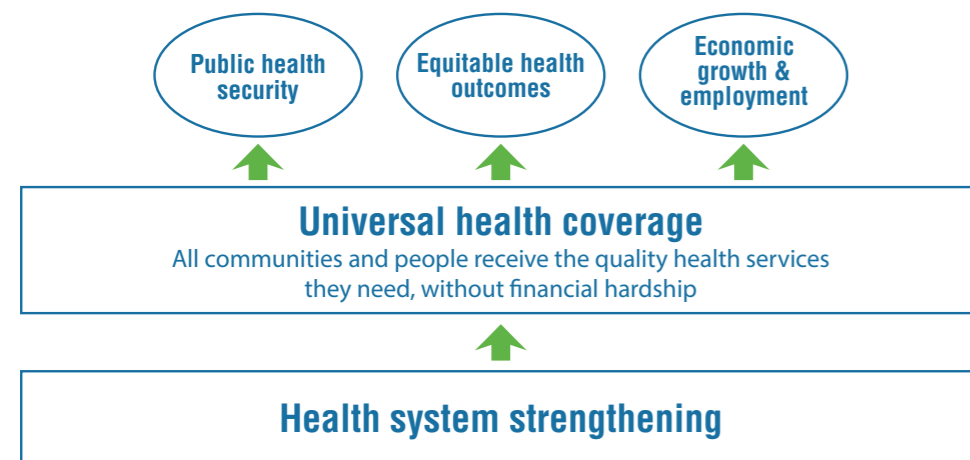




# People-centred health systems for universal health coverage

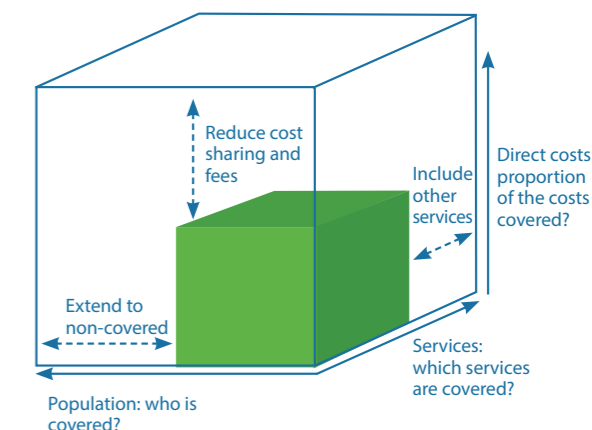
Health is a human right. And, it is not just an absence of disease. By virtue of these two considerations health services are required at individual and population levels and actions are needed to address determinants of health. Health systems are a sum total of all these efforts by governments, private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



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



Three dimensions to consider when moving towards universal health coverage

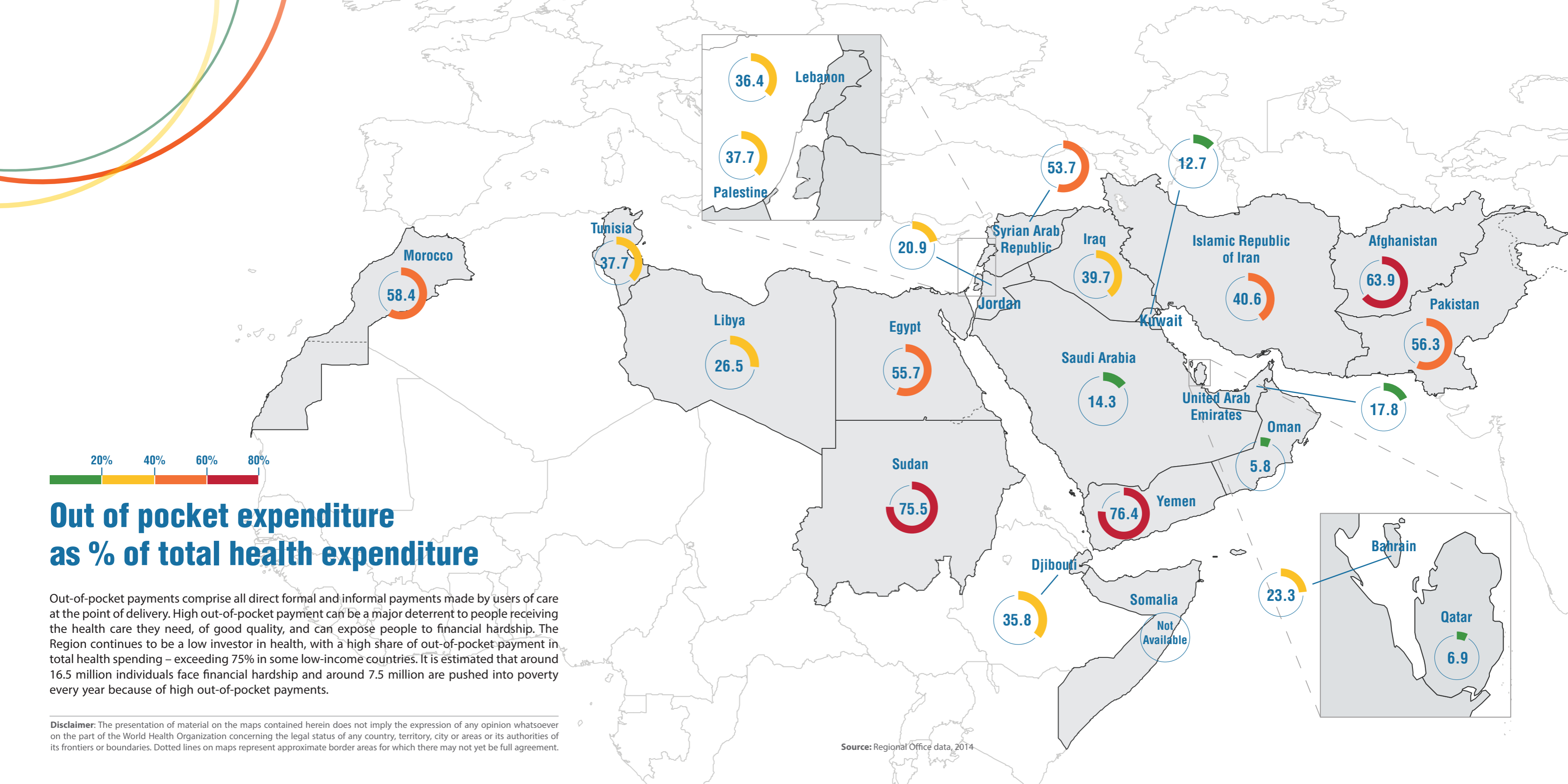
Universal health coverage is a means to ensure healthy lives and promote well-being for all at all ages with explicit affirmative action for vulnerable populations. Universal health coverage means provision of quality services to everybody without discrimination of any kind and without exposing people 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**  
<http://www.who.int/healthsystems/publications/nhpsp-handbook/en/>



## 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.

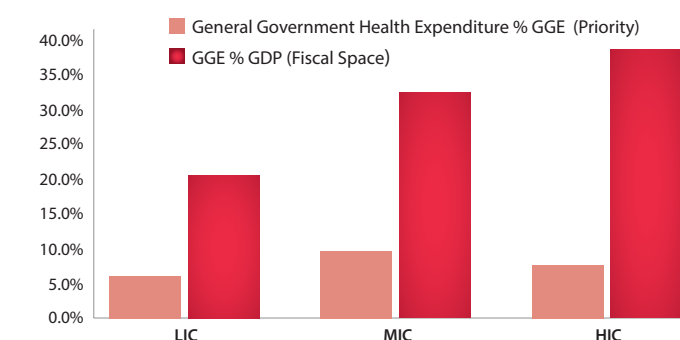
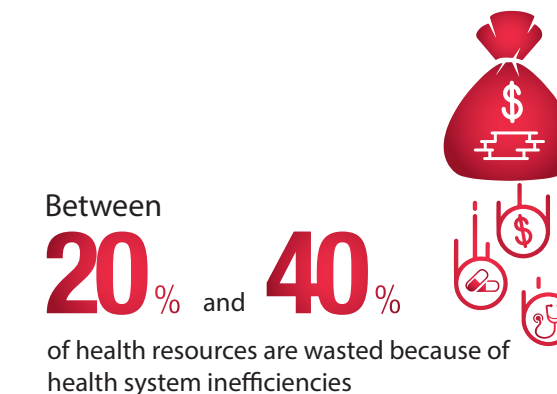
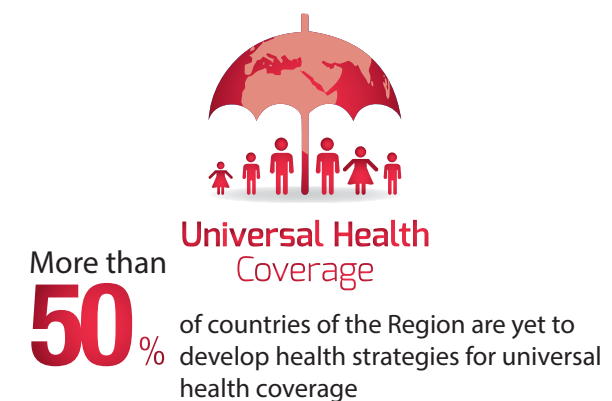
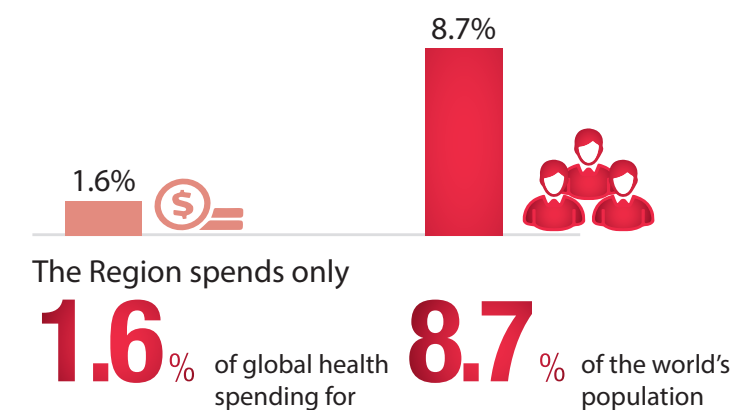
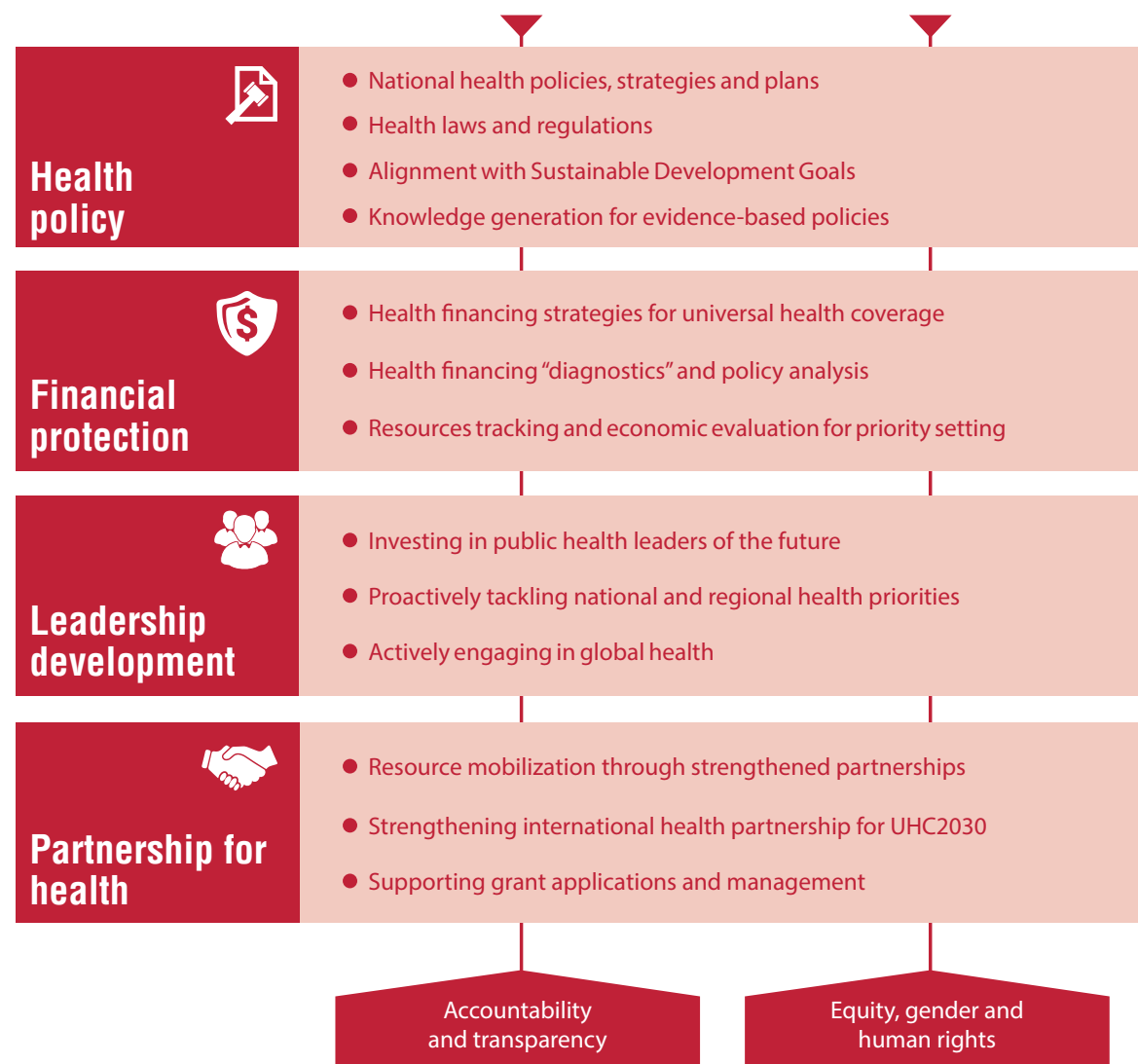
**Disclaimer:** The presentation of material on the maps contained herein does not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or areas or its authorities or its frontiers or boundaries. Dotted lines on maps represent approximate border areas for which there may not yet be full agreement.

Source: Regional Office data, 2014



# Health Governance and Financing

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.



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



Good governance and the rule of law... are essential for sustainable development...

\*Our Vision, the 2030 Agenda for Sustainable Development

National health policies, strategies and plans  
<http://www.who.int/nationalpolicies/en/>

Health financing for universal coverage  
[http://www.who.int/health\\_financing/en/](http://www.who.int/health_financing/en/)



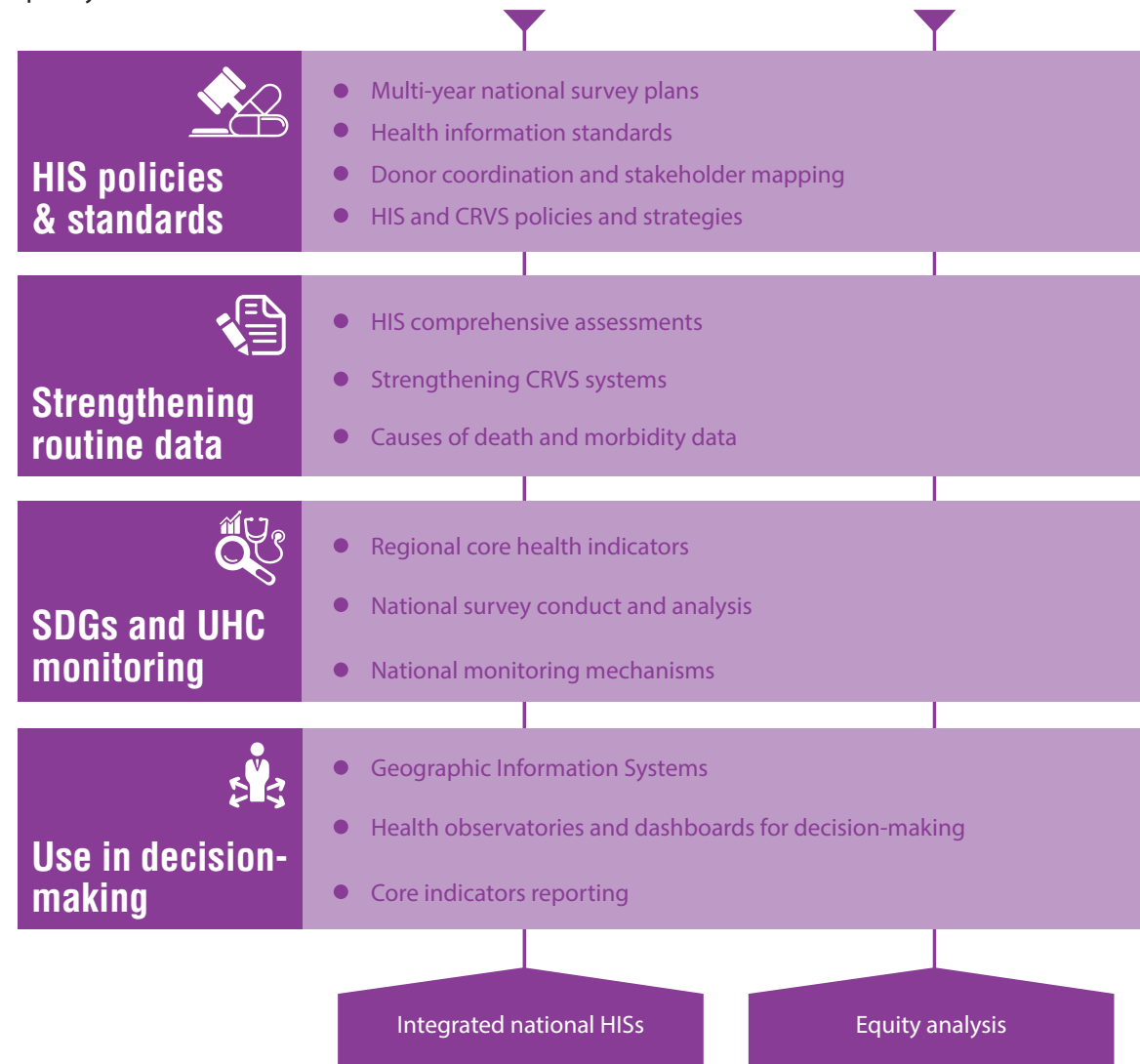
# Leaving no one behind!

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.

## Health Information & Statistics

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.



Valid and timely health information for achieving universal health coverage

Sustainable Development Goal 3, Target 3.8



In **2017** in EMR and on average,

**79%**, **80%** and **71%**

of the core indicators were reported by high-income, middle-income and low-income countries, respectively.



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

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



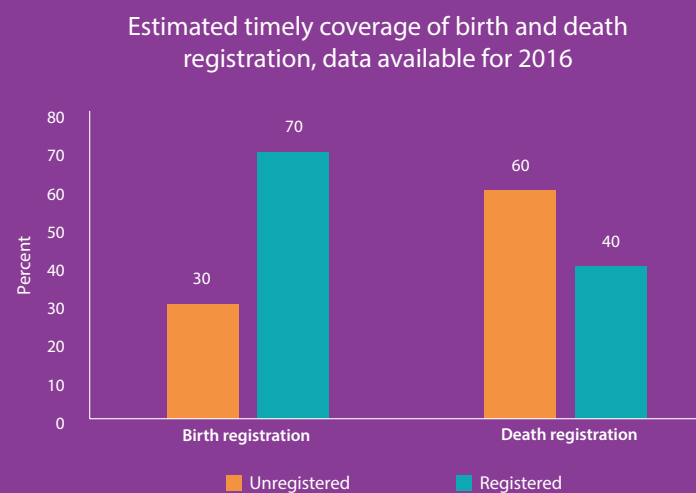
**18** countries use **ICD-10** for mortality and morbidity recording

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



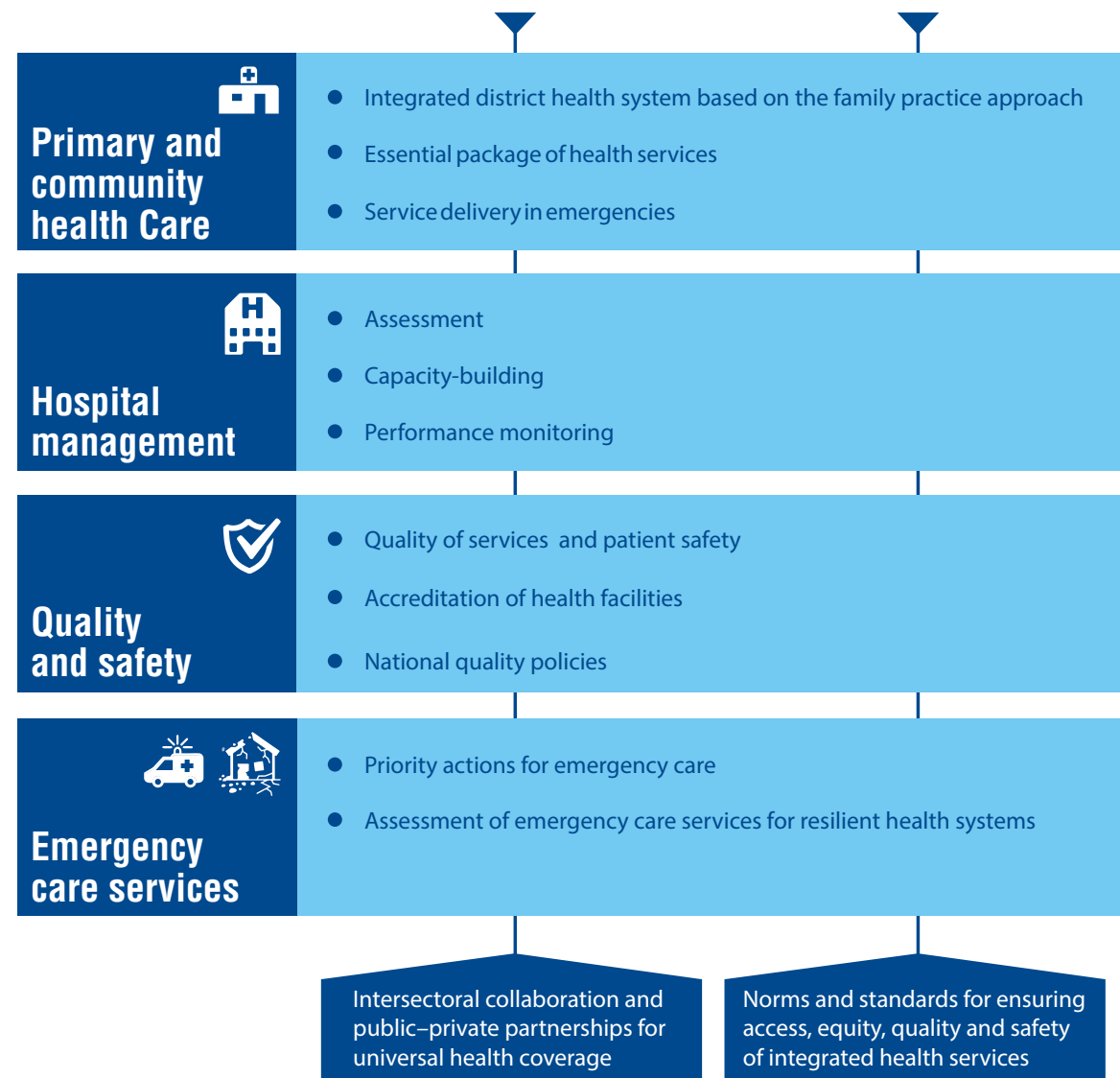


# Every birth registered, every death registered with certified cause of death



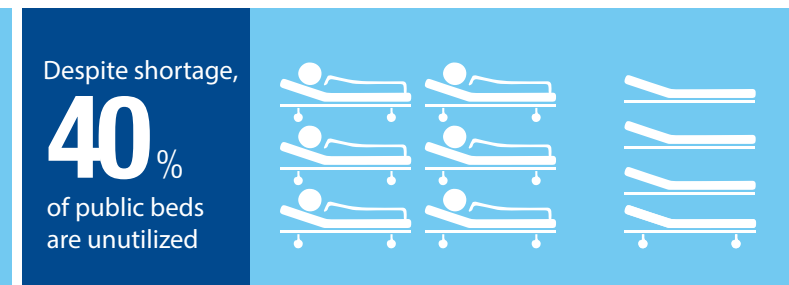
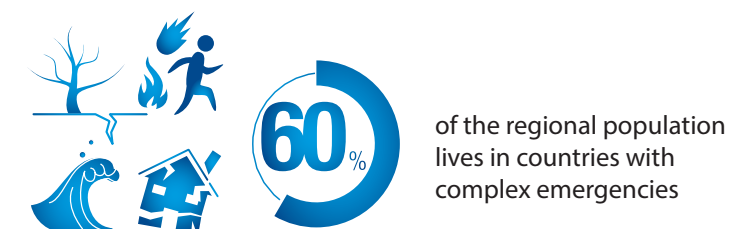
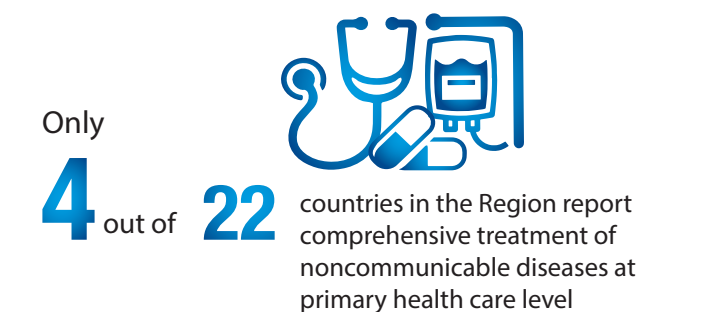
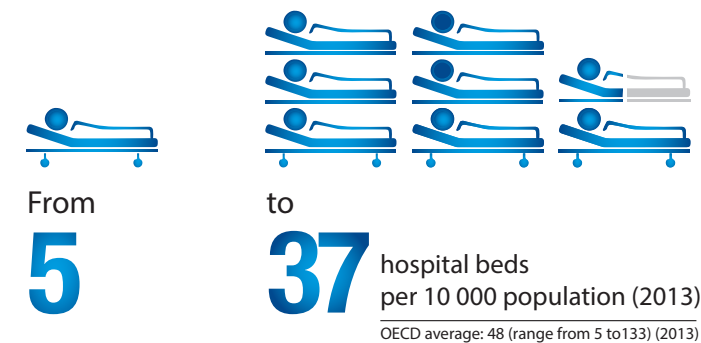
## Integrated Service Delivery

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.



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

Sustainable Development Goal 3, Target 3.8



**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>



## The underserved

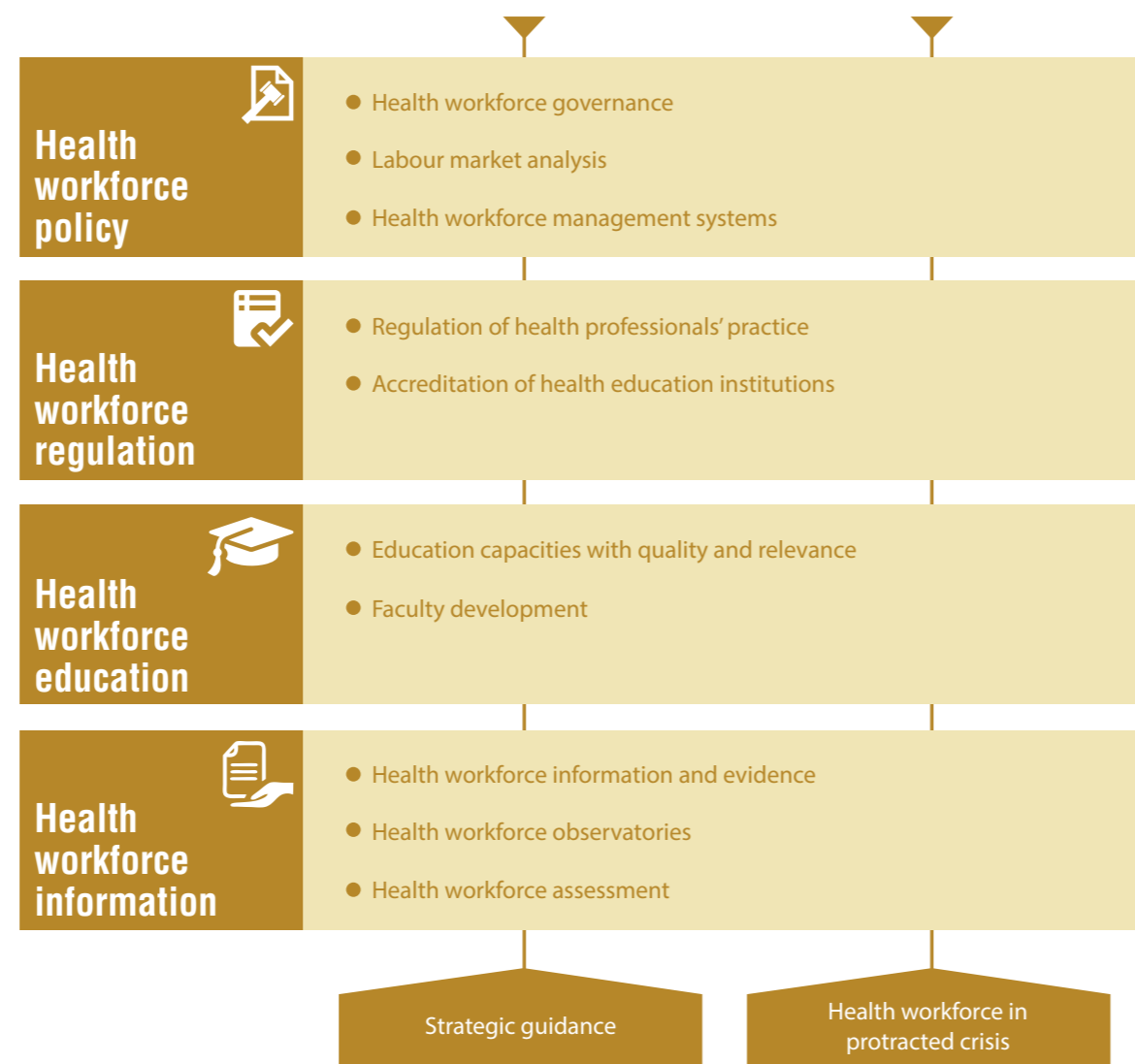


Up to **70%** of outpatient services are provided by the private health sector in the Region

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.

## 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 1.6 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.



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



### Density of health workforce varies

From **0.3** to **30.7** physicians per 10 000 population

From **0.1** to **18.3** pharmacists per 10 000 population

From **0.02** to **12.9** dentists per 10 000 population

From **0.8** to **66** nurses and midwives per 10 000 population

Proportion of expatriate health workers varies from **43%** to **91%** in high-income countries

**86%** of 2520 injured or killed health workers that were globally reported in 2014–2015 belonged to the Region

**50%** of countries have less than 2 nurses per physician (OECD average 3.4)



# Health workers save lives!

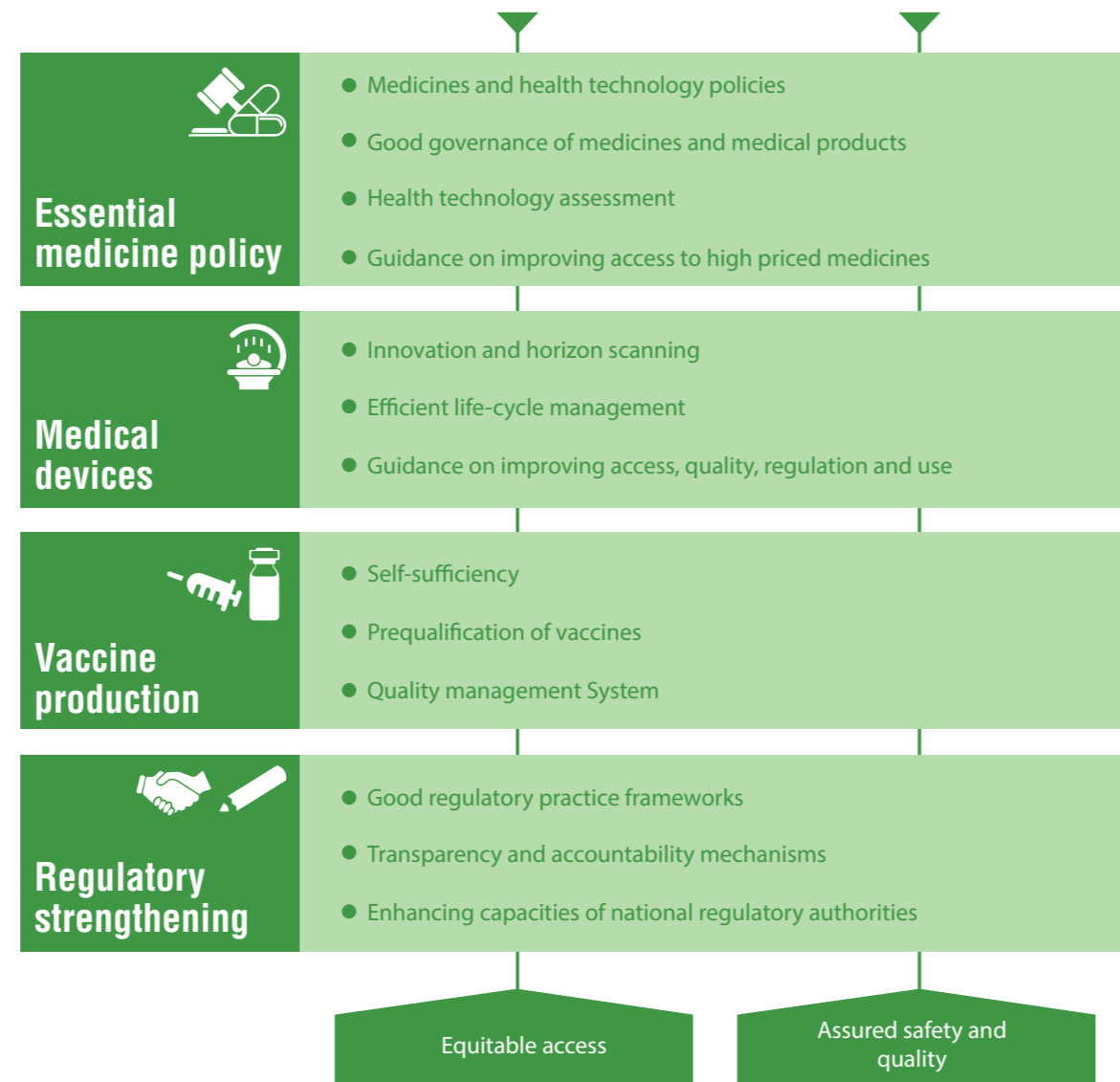


**7** out of **22** countries face critical shortage of health workforce in the Region

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.

## Essential Medicines & Technologies

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.



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



**15** countries have not updated national medicine policies in last 10 years

NOT UPDATED

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

NOT FUNCTIONING

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

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

HTA

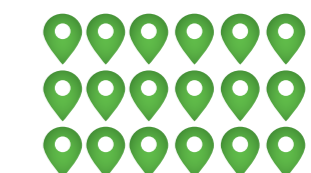
**18** countries have not updated the essential medicines list for the past two years

NOT UPDATED

Out of **15** countries assessed, NONE have a written conflict of interest with regard to regulation of medicines

NOT AVAILABLE

More than **50%** of medicines are prescribed or used irrationally





## Access to medicines and technologies



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

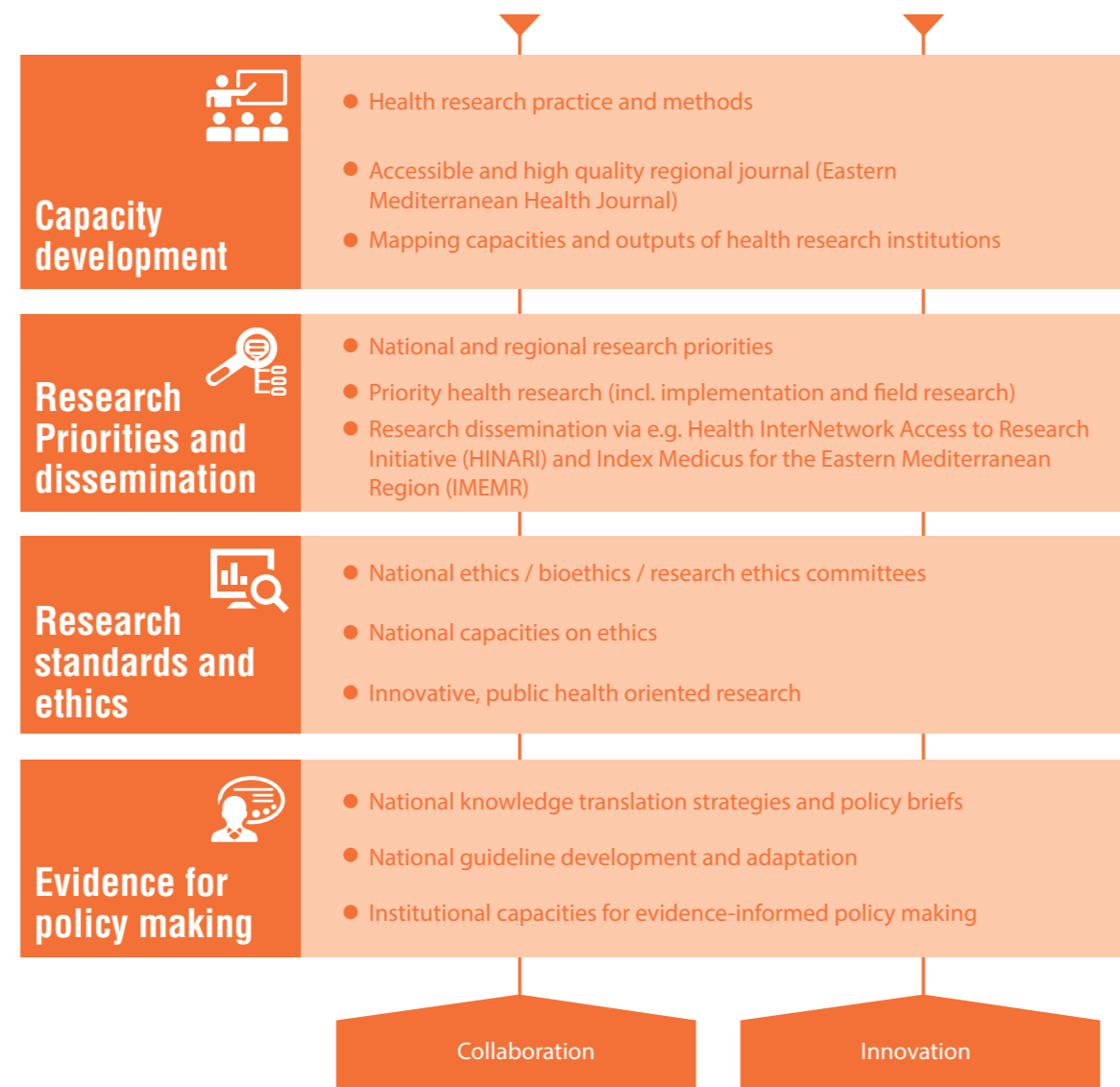
**20% - 60%**

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.

## Research Development, Use & Innovation

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.



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

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



**77%**

of EMR countries have national bioethics or ethics committees



**57%**

of Ministries of Health have research coordination unit or national health research strategies



Only **3**

to **4**

countries have established national guideline development programs



During

**2003**

to

**2014**

EMR research production increased 4-fold (to 4.2 papers per 100000 population)



**3**

universities alone produce over **10%** of EMR health related research publications



**10**

countries each produces less than **1%** of EMR research publications



**78**

academic journals in the region are indexed in PubMed



**46**

WHO Collaborating Centers located in the region

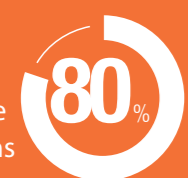




## Research evidence for informing health policy

5

EMR countries produce of research publications



While research health-related publications has been increasing in most EMR countries in recent years, there are important concerns about the adequacy of coverage of national health priorities in such research. Also national capacities for improving use of research evidence in health policy making are limited.

## Some key products, initiatives, courses and networks

Health Governance & Financing Team

### 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

HEEN, a Disease Control Priorities Network (DCPN) related regional community of practice of health economists on economics of health and health care. <http://dcp-3.org/country-work/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](mailto:emrgohhr@who.int)

Health Information & Statistics

### Framework for health information systems and core indicators for monitoring health situation and health system performance Regional health observatory

<https://rho.emro.who.int/rhodata/node.main>

### Regional health observatory

A platform for dissemination of information on the 68 core health and SDG indicators in EMR.

<https://rho.emro.who.int/rhodata/node.main>

### Sustainable Development Goals

Global indicators framework for SDGs: <https://unstats.un.org/sdgs/indicators/indicators-list/>

### Civil Registration and Vital Statistics

WHO work in improving CRVS in EMR: <http://www.emro.who.int/entity/civil-registration-statistics/index.html>

Integrated Service Delivery Team

### 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](mailto: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](mailto:emrgohcm@who.int)

Health Workforce Development Team

### 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](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>

Essential Medicines & Technologies Team

### 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](mailto: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](mailto: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](mailto:emrgoemp@who.int)

Research Development & Innovation

### Research Promotion and Development (RPD)

<http://www.emro.who.int/entity/research/index.html>

### Eastern Mediterranean Health Journal (EMHJ)

<http://www.emro.who.int/emh-journal/authors>

### Index Medicus for the Eastern Mediterranean Region

<http://www.emro.who.int/information-resources/imemr/imemr.html>

### WHO Collaborating Centres

<http://www.who.int/collaboratingcentres/en/>

## Framework for action on advancing universal health coverage (UHC) in the Eastern Mediterranean Region

Strategic component	Actions for countries	Support from WHO and other development partners
Developing a vision and strategy for universal health coverage	<ul style="list-style-type: none"> <li>Formulate a vision to transform the national health system towards UHC</li> <li>Establish a multisectoral mechanism for UHC at the highest level</li> <li>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.</li> <li>Undertake an evidence-informed health system review for UHC to assess the status of and gaps in financial protection, service and population coverage</li> <li>Develop a roadmap for health system strengthening to achieve UHC with short, medium and long-term goals</li> <li>Strengthen reliable monitoring and evaluation system to track, evaluate and report UHC progress</li> <li>Enhance public investment and public-private partnership for UHC</li> <li>Promote implementation research for UHC</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate convening of stakeholders for dialogues on UHC vision and strategies</li> <li>Share global experience, evidence and good practices in strengthening health systems towards UHC</li> <li>Develop national capacities in health system strengthening and leadership for UHC</li> <li>Provide technical support to strengthen national health information systems to effectively monitor and evaluate equitable progress towards UHC</li> <li>Provide support for improving public investment, public-private partnership, resource mobilization and aid-effectiveness</li> </ul>
Improving health financing system performance and enhancing financial risk protection	<ul style="list-style-type: none"> <li>Develop and implement an evidence-informed health financing strategy for UHC</li> <li>Analyse health expenditure patterns and health financing arrangements using household surveys, health accounts and other diagnostic tools to identify gaps and underlying causes</li> <li>Track the incidence of catastrophic health expenditures and impoverishment, differentiated along socioeconomic and demographic dimensions</li> <li>Engage with national finance authorities to promote predictable public financing for health and ensure alignment with health sector requirements for UHC</li> <li>Explore creative revenue raising mechanisms for health</li> <li>Establish/expand prepayment arrangements, e.g. social health insurance and general government revenue arrangements, to limit out-of-pocket payments</li> <li>Reduce fragmentation in pooling arrangements across different schemes to avoid negative consequences for equity and efficiency</li> <li>Move from passive to strategic purchasing arrangements (by linking decisions on resource allocation to information on providers' performance and health needs)</li> <li>Unify national information systems for provider payment</li> <li>Identify sources of health sector inefficiencies and ensure value for money</li> </ul>	<ul style="list-style-type: none"> <li>Assist in development of health financing reform options for advancing UHC</li> <li>Support the development of national health care financing strategies towards UHC</li> <li>Support the "health budget dialogue" for UHC, covering issues of fiscal sustainability and public financial management</li> <li>Build capacities on health expenditure surveys, health accounting, economic evaluation and other health financing system diagnostic tools</li> <li>Develop guidance on prepayment arrangements including social health insurance</li> <li>Facilitate exchange of knowledge and experience between policy-makers and financial managers on health financing reform</li> <li>Build regional and national consensus on health financing reforms for UHC</li> </ul>
Expanding the coverage of needed health services	<ul style="list-style-type: none"> <li>Improve quality, safety and continuity of care by expanding person-centred integrated health service delivery</li> <li>Design and implement a service package of highest priority evidence-informed person- and population-based interventions</li> <li>Improve health workforce availability, accessibility, quality and performance to meet current and future health service requirements</li> <li>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)</li> <li>Integrate emergency health care in service delivery to enhance health system resilience</li> <li>Strengthen engagement with and regulation of for-profit and not-for-profit private sector for service provision in support of UHC</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate national planning for accelerating implementation of integrated quality health services, including progressive adoption of the family practice model</li> <li>Develop guidance on designing, costing and implementing a service package of highest priority interventions</li> <li>Support development and implementation of national strategic plans in the context of the regional strategic framework for health workforce development</li> <li>Assist in the development of national policies and strategies for quality of care and patient safety</li> <li>Support national efforts in improving access to essential medicines and health technologies, including promoting the use and institutionalization of HTA</li> <li>Build capacity in assessing, regulating and partnering with the private sector</li> </ul>
Ensuring expansion and monitoring of population coverage	<ul style="list-style-type: none"> <li>Prioritize expansion of service coverage and financial protection for vulnerable and informal groups as part of the Sustainable Development Goals</li> <li>Collect data, disaggregated by socioeconomic and demographic factors, to monitor equity in progress towards UHC</li> </ul>	<ul style="list-style-type: none"> <li>Share experience from countries on mechanisms to cover informal and vulnerable groups</li> <li>Develop a framework for monitoring population coverage and UHC</li> </ul>



**“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

For more information:

Department of Health System Development  
[emrgohsd@who.int](mailto:emrgohsd@who.int)

Department of Information, Evidence and Research  
[emrgoier@who.int](mailto:emrgoier@who.int)

World Health Organization

Regional Office for the Eastern Mediterranean

Abdel Razak El Sanhoury Street

P.O. Box 7608, Nasr City

Cairo 11371, Egypt