



**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

September 2016

**Sixty-third Session
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**DEVELOPING A PACKAGE OF HIGH PRIORITY HEALTH INTERVENTIONS
FOR UNIVERSAL HEALTH COVERAGE**

Objectives of the event

The objectives of the event are:

- to present work conducted to date, and the draft two packages of high priority health interventions for universal health coverage, based on the feedback of policy-makers during the policy forum in September 2016;
- to discuss the approach followed so far in developing the package, the relevance of the contents to their own needs and circumstances, as well as the feasibility of implementation;
- to discuss the next steps proposed by WHO to develop a generic package of high priority health services specific to the Region.

Background

The vision for universal health coverage is to promote population health by ensuring that all people are covered by prepayment arrangements, all insured people are financially protected and all needed services are covered.

The *World Health Report 2010* refers to universal health coverage as providing all people with access to needed health services (including prevention, promotion, treatment and rehabilitation) that is of sufficient quality, while ensuring that the use of these services does not expose the user to financial hardship. Hence, universal health coverage encompasses three dimensions:

- expanding population coverage.
- enhancing financial risk protection, and
- ensuring universal coverage with a package of essential services.

Universal health coverage has never been higher on the international health agenda than now. It is now one of the key targets of the Sustainable Development Goals (SDGs). However, the aspiration to move towards universal health coverage is not new. It is articulated in WHO's Constitution of 1948 and is integral to the Alma-Ata Declaration of 1978, as well as in the *World Health Report 2010* "Health systems financing: the path to universal coverage". In 2012, the WHO Regional Committee of the Eastern Mediterranean identified health system strengthening as one of five priorities for the work of WHO in the Region and endorsed a resolution which emphasized the key role of strengthening health systems in enabling countries to move towards universal health coverage.

A framework for action on advancing universal health coverage in the Eastern Mediterranean Region was prepared and shared with Member States at the 61st session of the WHO Regional Committee for

the Eastern Mediterranean in 2014. The framework has been recently updated for presentation to the 63rd session of the Regional Committee in October 2016.

The framework identifies actions for Member States to develop a national vision and strategy for expanding and monitoring population coverage, enhancing financial protection, and expanding coverage of needed services. It also specifies the support to be provided by WHO and other development partners. The framework is being used as the basis for regional and national roadmaps for moving towards universal health coverage.

WHO conducted, in close cooperation with national authorities, a situation analysis of health systems in all countries. Based on this analysis, each country currently has a country profile, regularly updated, highlighting strengths, challenges, and opportunities for progress with special focus on the three dimensions of universal health coverage.

In terms of population coverage, while 100% of the nationals in high-income countries are covered by a package of health services, many middle-income and most low-income countries are exploring options to expand population coverage. Large population segments, including the informal sector, expatriates, refugees and internally displaced people, continue to lack coverage in these countries.

In terms of financial risk protection, investment in health is generally low in the Region, which represented 6% of global health spending for 8.7% of the world's population in 2013. The share of out-of-pocket payments in total health spending is high, reaching 80% in some countries, resulting in a significant number of people facing financial hardship (estimated at 16.5 million individuals) and impoverishment (estimated at 7.5 million individuals) every year.

In terms of service coverage, the number of primary health care facilities and hospital beds, especially in low-income countries, continues to be limited: 0.5 primary health care facility and 4.4 hospital beds per 10 000 population in some countries. Service delivery in some high-income countries tends to be hospital-oriented and relies mainly on an expatriate health workforce. Middle-income countries suffer from an extensive unregulated private health sector and a maldistribution of skilled health workforce. Low-income countries suffer from a critical shortage of health workforce. Quality and safety continue to be challenges in all countries. Although nationals in high-income countries are generally provided with a generous package of health services, in all countries, there is no formally endorsed evidence-based package of essential services, covering prevention, health promotion, treatment and rehabilitation. This is the basis of the Regional Office's collaboration with the Disease Control Priorities 3 (DCP3) Project.

The Regional Office has been working intensively with Member States, over the last four years, to develop and implement policies to expand population coverage and enhance financial protection. In the third dimension of expanding coverage of needed health services, the framework for action requires countries to design and implement a service package of highest priority, evidence-informed person- and population-based interventions. The partnership with the DCP3 network aims to initiate a project to develop high-impact interventions that countries of the Region can use to develop their own package, based on their specific needs and circumstances.

The objective is to work closely with the DCP3 team of authors and editors to develop a comprehensive package of essential services that meets the diverse health care needs of most countries based on evidence and cost-effectiveness, as well as another highest-priority package or core package based on high-impact, affordability and feasibility considerations that can guide policy-makers in low- and middle-income countries.

The WHO Regional Office and the DCP3 team jointly organized a high-level policy forum in September 2016 with the aim of reviewing a preliminary list of interventions emerging from the DCP3 recommendations. The recommendations were grouped in two sets of interventions: covering intersectoral policy priorities for health intervention and covering packages of health care and delivery platforms. Policy-makers participating in the forum made important recommendations on both draft packages, highlighting issues for revision or clarification. The DCP3 team will further revise and a second version of the two sets of highest-priority package of interventions will be presented.

Way forward

The ultimate goal is to develop a regional-specific approach for both highest priority sets of interventions. This will require more engagement with Member States through a number of technical consultations. Once a regional package is ready, countries will have the opportunity to use it to develop their packages according to their needs and circumstances. Due to the heterogeneity of the Region, in terms of health care status and development, it may be necessary to consider versions of the package that are responsive to the needs of the three groups of countries.

Expected outcomes

- Views of Member States elicited on the approach followed so far in developing the package of high priority health interventions, the relevance of the contents to their own needs and circumstances, as well as the feasibility of implementation.
- Discussion on the next steps proposed by WHO to develop a generic high-priority package of health services specific to the Region.