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**SIDE MEETING**  
**SOCIAL HEALTH PROTECTION: GLOBAL AND**  
**REGIONAL GOOD PRACTICES**

**Objectives of the side meeting**

The objectives of this side meeting are to:

- illustrate the linkage between social health protection and progress towards universal health coverage (UHC);
- share lessons from global and regional experiences in health financing reforms for enhancing social health protection;
- identify the steps required to promote social health protection in countries of the Eastern Mediterranean Region.

**Background**

Two years have passed since the Sustainable Development Goals (SDGs) were unanimously adopted in Resolution 70/1.<sup>1</sup> For health-related SDG 3, this means actions on 13 entwined targets to “Ensure healthy lives and promote well-being for all at all ages”; Target 3.8 of which is to: “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”.<sup>2</sup>

UHC has three dimensions: service coverage, financial protection and population coverage;<sup>3</sup> and three goals: reducing the gap between utilization and need, improving quality, and enhancing financial protection – for all.<sup>4</sup> Promoting social health protection entails progress on all three dimensions of UHC to achieve the above goals. Countries, at their various levels of socioeconomic development, work to strengthen their health systems, and in particular, their health financing systems, to promote universal coverage<sup>5</sup> and hence enhance social health protection. UHC is identified as WHO’s ‘top priority’ in support of national health authorities as they strengthen their health systems.<sup>6</sup>

<sup>1</sup> 70/1. Transforming our world: the 2030 Agenda for Sustainable Development ([http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E/](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E/), accessed 29 August 2017).

<sup>2</sup> Mirza, Z. Sustainable Development Agenda 2030 thrives on health. EMHJ. 2016; 22(10).

<sup>3</sup> The World Health Report 2010. Health systems financing: the path to universal coverage. Geneva: World Health Organization; 2010.

<sup>4</sup> Kutzin, J. Health financing for universal coverage and health system performance: concepts and implications for policy. Bulletin of the World Health Organization. 2013;91(8):602–611

<sup>5</sup> Kutzin, J. and Sparkes, S. Health systems strengthening, UHC, health security and resilience. Bulletin of the World Health Organization. 2016; 94(1):2.

<sup>6</sup> WHO Director-General’s priorities ( <http://www.who.int/dg/priorities/en/>, accessed 26 August 2016).

## Current status

A paper<sup>7</sup> presented to the WHO Regional Committee in 2013 assessed the status of the three groups<sup>8</sup> of countries of the Region in relation to the three dimensions of UHC. Today, and based on latest information, the Region continues to be a low investor in health. Total health spending in 2014 was US\$ 153 billion for a population of more than 620 million; i.e., barely 2% of global health spending for almost 9% of the world population – with huge disparities between and within countries.<sup>9</sup> Pakistan, comprising almost one third of the population of the Region, spent only US\$ 36 per person on health in 2014; while Qatar, a country of 2.4 million people, spent more than US\$ 2000 per person. In some low- and middle-income countries, the share of public funding in total health spending, which is a prerequisite for enhancing financial protection, is as low as 20%, resulting in a high share of out-of-pocket spending – exceeding 75% in Yemen, for example.<sup>10</sup> Available studies estimate that around 16.5 million individuals face financial hardship and around 7.5 million are pushed into poverty, every year in the Region, because of excessive out-of-pocket payment. This calls for formulating sustainable, equitable and efficient health financing strategies for UHC.

Most countries of the Region have developed health financing arrangements to promote social health protection by covering formal sector employees; mainly, those belonging to the public sector and sometimes extending to those in the formal private sector. Some attempt is also being made to extend financial coverage to vulnerable populations, including: the poor, the near poor, the unemployed, children and the elderly, or those suffering from complicated health conditions. Still, most countries lack full population coverage by a prepayment arrangement; and for those covered, access to health care of good quality is sometimes far from being optimal. Furthermore, the presence of multiple coverage schemes, that are uncoordinated and not necessarily mutually exclusive, leads to inescapable fragmentation and duplication, compromising efficiency and equity. The SDG agenda calls for “Leaving no one behind” and for prioritizing the most vulnerable in order to achieve global commitments.<sup>11</sup>

## Regional progress

Several countries of the Region have been working to develop their vision to pursue UHC. Oman has formulated a Health Vision 2050; Morocco generalized a state-funded insurance programme called RAMED to cover the 8.5 million poor and near poor; and Pakistan is piloting a Prime Minister’s national health programme in selected districts of its four provinces and four regions. Several countries have embarked on transforming their health systems. The Islamic Republic of Iran funded a health transformation plan to achieve UHC by 2025; and Saudi Arabia, Bahrain and Kuwait devised overhauling strategies to enhance the performance of their health systems, focusing on efficiency and sustainability goals. Ten countries have already reviewed their health systems and developed roadmaps for UHC; and eight countries assessed the functions of their health financing systems and embarked on developing health financing strategies for UHC. Several countries have launched a national dialogue on health system strengthening for UHC; for example, Tunisia engaged in an inclusive “Dialogue Societale”; and Sudan organized two nationwide conferences that culminated into a ‘Universal Health Coverage Declaration

<sup>7</sup> EM/RC/60/ Tech.Disc.2 Rev.1. Towards universal health coverage: challenges, opportunities and roadmap ([http://applications.emro.who.int/docs/RC\\_Techn\\_paper\\_2013\\_tech\\_disc\\_2\\_15016\\_EN.pdf?ua=1](http://applications.emro.who.int/docs/RC_Techn_paper_2013_tech_disc_2_15016_EN.pdf?ua=1), accessed 29 August 2017).

<sup>8</sup> Group 1: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates. Group 2: Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Syrian Arab Republic and Tunisia. Group 3: Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

<sup>9</sup> Global Health Expenditure Database (<http://apps.who.int/nha/database/Select/Indicators/en>, accessed 24 August 2017).

<sup>10</sup> The weighted regional average of share of out-of-pocket spending in total health spending in 2014 was 35%.

<sup>11</sup> United Nations. Report on the World Social Situation 2016. “Leaving no one behind: the imperative of inclusive development” (<http://www.un.org/esa/socdev/rwss/2016/executive-summary.pdf>, accessed 24 August 2017).

2017'.<sup>12</sup> WHO has been working intensively, along with other development partners, in support of these important developments.

### **Global best practices and lessons for the Region**

- Separating the health fund from the general government treasury facilitates more definitive progress towards UHC and enhances social health protection.
- Relying principally on voluntary prepayment arrangements does not allow countries to progress towards UHC – compulsion and subsidization are two necessary conditions for prepayment to facilitate progress.
- Fragmenting funds is an obstacle for equitable, efficient and sustainable progress towards UHC.
- Strategic purchasing is critical for enhancing efficiency and ensuring equity and sustainability.
- Involving both private and public providers, with appropriate incentive and accountability mechanisms, can ensure equitable access to good quality health care for all.

### **Next steps and WHO support**

The Region has particular needs that warrant adaptive strategies. The complex, acute emergencies in many low- and middle-income countries in the Region negatively impact the capacity of health systems to move towards UHC goals. The significant population in the informal sector in these countries challenges traditional coverage arrangements. The large expatriate population in high-income countries calls for a paradigm shift in fulfilling the UHC imperative to go beyond the notion of citizenship. The exodus of refugee populations is putting pressure on the health systems of neighbouring countries. Demographic and epidemiological transitions call for revising the benefit packages under the various coverage arrangements, to ensure efficiency, equity and sustainability. Finally, engaging the proliferating private sector requires innovative approaches to harness its potential to serve public health goals.

The WHO Regional Office has established an inclusive consultative process to identify concrete evidence-informed actions for countries to advance towards UHC and promote social health protection. These are incorporated in four strategic components of a *Regional Framework of Action on advancing UHC in the Region*.<sup>13</sup> To ensure implementation, UHC needs to become a health system priority and all countries should be working towards it.

The SDG agenda is generating momentum and providing the tools to monitor progress towards UHC. The world is rallying to support countries who have expressed the political commitment to move ahead. Evidence of this was the establishment of the International Health Partnership for UHC 2030 (UHC2030).<sup>14</sup> In the Region, we all need to join hands and seize the opportunity to contribute to establishing the World that We Want by 2030 – and why not before!

### **Expected outcomes**

- Enhanced clarity on the linkage between social health protection and health system strengthening.
- Agreement reached on the need to intensify efforts to progress towards UHC and promote social health protection.
- Agreement reached on the need to sign the UHC2030 Global Compact.<sup>15</sup>

<sup>12</sup> Sudan Universal Health Coverage Declaration 2017 (<http://www.phi.edu.sd/UHC2017/Universal%20Health%20Coverage%20Declaration%20January%202017.pdf>, accessed on 24 August 2017).

<sup>13</sup> Framework for action on advancing UHC in the Eastern Mediterranean Region ([http://applications.emro.who.int/docs/Technical\\_Notes\\_EN\\_16287.pdf?ua=1](http://applications.emro.who.int/docs/Technical_Notes_EN_16287.pdf?ua=1), accessed on: 24 August 2017).

<sup>14</sup> (<https://www.uhc2030.org/>, accessed 24 August 2017).

<sup>15</sup> UHC2030 Global Compact. ([https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About\\_UHC2030/mgt\\_arrangemts\\_docs/UHC2030\\_Official\\_documents/UHC2030\\_Global\\_Compact\\_WEB.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts_docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf), accessed on: 24 August 2017).