

Progress report on universal health coverage

Introduction

1. In 2012, countries of the Eastern Mediterranean Region endorsed universal health coverage as the overarching priority for strengthening their health systems in a five-year development agenda (2012–2016). A paper presented to the 60th Session of the Regional Committee in 2013 assessed the situation of countries in relation to financial protection, service coverage and population coverage, and proposed a strategy and roadmap towards universal health coverage. The Committee issued resolution EM/RC60/R.2 Universal health coverage in which it requested the Regional Director to: support Member States in development of a national roadmap and strategy, capacity-building and resource mobilization; develop a framework for monitoring universal health coverage in Member States; and monitor progress towards universal health coverage in the Region and report back to the Committee in 2015.
2. A mid-term review of progress prepared for the 61st Session of the Regional Committee in 2014 proposed four key interventions in line with a framework for action on advancing universal health coverage in the Region.
3. This report describes progress in implementing the operative paragraphs of resolution EM/RC60/R.2 addressed to the Regional Director and the key interventions for Member States in the regional framework for action.

Implementation of resolution EM/RC60/R.2

4. Support was extended to Member States through health system review missions aiming at: identifying challenges and opportunities to pursue universal health coverage, and facilitating inclusive policy dialogue to inform a national vision and strategy towards universal health coverage. Particular support was provided to the Islamic Republic of Iran and Tunisia. Two missions organized to Islamic Republic of Iran in 2014 examined health financing and service delivery in relation to universal health coverage. The findings were used to inform the national health transformation plan. Intensive support was provided to Tunisia to assess the challenges facing the health system through an inclusive societal dialogue. Findings were used to inform a national health system conference held in September 2014. A high-level system review mission is planned to inform the national strategic plan 2016–2020.
5. Four countries (Egypt, Lebanon, Islamic Republic of Iran and Saudi Arabia) were supported to assess availability and affordability of essential medicines. Special attention was given to the new area of health technology assessment: two meetings were organized in 2013 and 2014; a regional network on health technology assessment was established; and country support was provided to Egypt, Jordan and Tunisia to help them establish a health technology assessment function. Support to enhance good governance for medicines also continued and was extended to Lebanon and Jordan.
6. A regional strategic framework for health workforce development (2015–2030) was finalized and will guide country efforts in strengthening their health workforce.
7. The Leadership for Health programme was launched in 2014 and contributed to building the skills of future leaders by facilitating their participation in high level global health debates and in training on health system strengthening and leadership and management for universal health coverage.

8. Several intercountry activities were organized in the areas of: social health insurance, health financing analytical tools, economic evaluation, strategic purchasing, family practice, hospital management, private sector assessment and regulation, quality and safety, medical education, medicine regulation, strategic planning, public health laws, public health laws and noncommunicable diseases, and equity analysis. Capacity building in social health insurance implementation was also provided to Pakistan in December 2014 and is planned for Egypt in June 2015.

9. In December 2013, a regional meeting on accelerating progress towards universal health coverage was organized, and a regional meeting on expanding universal health coverage to the informal sector and vulnerable groups in planned for September 2015. Both events aim at sharing global and regional experience.

10. Mapping and assessments were performed of health financing, family practice, community health workers, nursing, private sector, regulation, public hospitals and quality and safety and these were used to inform regional meetings and consultations on universal health coverage. The results are also being used to inform related regional and national strategies.

11. Evidence generation on what does and does not work continued, including finalizing policy briefs on: strategic purchasing, demand-side financing, social health insurance and essential health service package. In addition, a manual on social health insurance implementation, a quality improvement toolkit and a desk review of the health financing systems in countries of the Gulf Cooperation Council were produced.

12. Support was provided to Morocco and Qatar to assess their essential public health functions followed with a meeting to discuss the assessment exercise and its relevance.

13. Joint activities were organized with development partners including the World Bank (in Morocco and Jordan) and the German Development Agency (GIZ) in Yemen. In addition, training was provided for hospital directors in several countries in collaboration with Aga Khan University.

14. Advocacy efforts continued through the generation of evidence on the impact of the health sector on socioeconomic development. These efforts were linked to individual country support to inform the implementation of new health strategies and health financing plans.

15. A framework for action on advancing universal health coverage in the Region was finalized and the Regional Committee at its 61st Session urged Member States to consider implementing it. Four Member States (Djibouti, Egypt, Morocco and Tunisia) were trained on assessing financial risk protection using a WHO analytical tool.

Implementation of the framework for action in advancing universal health coverage

16. Several Member States progressed in formulating a vision and strategy towards universal health coverage. The Islamic Republic of Iran through its health transformation plan announced a vision based on granting all population fair access to health care. Jordan formulated the vision and strategic goals of its national health strategy (2015–2019) based on universal health coverage principles. Sudan held an International Conference in January 2014 to explore a roadmap towards universal health coverage and is at present finalizing its health financing strategy. Tunisia through its societal dialogue explored options to reform the health system to pursue universal health coverage. Afghanistan, Egypt and Yemen are exploring options, engaging in high level policy dialogue, building capacities and enacting necessary legislation in support of universal health coverage.

17. Several countries (Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Sudan and Yemen) have been exploring options to reform or expand their prepayment arrangements, with focus on social health insurance.

18. Seven countries, Islamic Republic of Iran, Jordan, Morocco, Pakistan, Palestine, Sudan and Tunisia, assessed their health financing systems using the OASIS (Organizational Assessment for Improving and Strengthening Health Financing) approach and identified institutional and organizational bottlenecks to pursue universal health coverage.

19. Four countries, Djibouti, Egypt, Morocco and Tunisia, assessed the status of financial risk protection across various population groups using health expenditure surveys. Results on the incidence of catastrophic health expenditure and impoverishment are being used to inform debates about reforming the health financing system and will be used to monitor progress towards universal health coverage in the context of the post 2015 sustainable development goals.

20. Tunisia undertook an assessment of the current arrangements and options under its social health insurance scheme. More countries are implementing the system of health accounts 2011, including Bahrain, Egypt, Jordan, Oman, Palestine, Qatar, Saudi Arabia, Tunisia and United Arab Emirates. Findings on the share of out-of-pocket expenditure are used a proxy indicator of financial risk protection to inform debates about universal health coverage.

21. Three countries, Jordan, Saudi Arabia and Tunisia, embarked on assessing their service delivery system to inform national expansion plans of family practice. Sudan is establishing a national health care quality and accreditation agency and is planning a national policy dialogue on family practice in July 2015. Palestine assessed its public hospitals and Syrian Arab Republic assessed its secondary health care under emergency. Some Member States took steps towards quality improvement. Qatar, for example, endorsed the WHO quality and safety tool and is using it to assess its private hospitals. Qatar also developed performance indicators on primary care delivery to be linked to accreditation. The Islamic Republic of Iran, Jordan and Saudi Arabia are expanding activities on quality and patient safety as related to primary care to become mandatory for accreditation.

22. Morocco organized an international symposium on health coverage of vulnerable populations in March 2015 on the occasion of the third anniversary of generalization of its Régime d'Assistance Médicale (RAMED) scheme, which covers 99% of a target population of 8.4 million. The Islamic Republic of Iran expanded population coverage to an additional 7 million people, bringing the coverage level to almost 100%. Egypt organized a workshop on measuring equity in health coverage through disaggregated analysis by income, region, locality, gender and other categories to allow monitoring progress towards population coverage.

Next steps

23. Attention will be given to commitments in the regional framework for action, and in particular to finalizing country specific roadmaps for universal health coverage, to include concrete elements of health financing and service delivery strategies. Analytical work and capacity-building in various areas of health system strengthening for universal health coverage will continue. Special attention will also be given to sharing experiences and learning from successful initiatives from inside and outside the Region through organized exchanges. In the process, the capacity of the WHO at its regional and country level will be further strengthened to provide all support necessary to Member States.