

'Health Benefits Package': a centerpiece of Universal Health Coverage¹

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The 2030 Agenda for Sustainable Development (1) has given impetus to Universal Health Coverage (UHC) as an overarching target to guide health systems transformations to achieve the health-specific and health-related Sustainable Development Goals (SDGs) targets (2). Specifically, SDG 3.8 calls for "achiev(ing) universal health coverage (UHC), 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" (3). Hence, the need for all countries to identify their 'Health Benefits Package' and ensure its accessibility for all.

UHC from a political rhetoric to an operational policy goal

Identifying what to cover, and not to cover, in a health benefits package brings UHC from a political slogan to a concrete health sector strategy. This was the premise of the Consultative Meeting on What to Purchase/Provide for UHC – Designing, Financing and Delivering Health Service Packages in the Eastern Mediterranean Region (EMR), organized by the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO), in Cairo, Egypt, from 26 to 28 September 2017.

Twenty-three globally renowned experts, 26 senior and mid-level policymakers and health practitioners from EMR, development partners and WHO staff deliberated over three days what would constitute a 'UHC Priority Benefits Package' for EMR countries. The Consultative Meeting shared global and regional good practices in designing, financing and delivering benefit packages. Various fiscal, epidemiological, social and political settings were examined, including acute and protracted emergencies. Policymakers and health practitioners from the Region shared their national experiences and experts reflected on the way forward.

A milestone in a longer journey

The Consultative Meeting culminated from six years of work in health financing, service delivery and their interface at WHO/EMRO (4-7). Instrumental to the process was the collaboration established with the Disease Control Priorities (DCP-3) (8), which contributed to building regional and national capacities in health economic evaluation, generating local evidence, and facilitating policy dialogue. The evidence produced by DCP-3 – including: global 'Essential UHC Package', 'Highest Priority UHC Package' and 'Fiscal and

Intersectoral Package' – was previously discussed in a Policy Forum in London, 13 September 2016, with policymakers from EMR and selected DCP-3 authors (9). The discussions contributed to the finalization of the global DCP-3 Packages. The Consultative Meeting shared the finalized DCP-3 Packages with policymakers and mid-level managers in EMR and solicited their input to adapt it to regional context.

Acknowledging the socioeconomic diversity, the various stages of demographic and epidemiological transitions, and the multiple acute and chronic emergencies characterizing EMR countries, the Consultative Meeting was far from recommending a one-size-fit-all regional 'Health Benefits Package'. However, it agreed on the relevance of defining a core set of health services, programmes and interventions to constitute an EMR 'UHC Priority Benefits Package'. The latter would then be considered by EMR Member States as a core component in defining their country-specific packages of Essential Health Care Services, as stipulated by SDG 3.8, based on political, technical and ethical criteria, and using Health Technology Assessment (HTA), where required.

What would constitute an EMR 'UHC Priority Benefits Package'?

The EMR 'UHC Priority Benefits Package' would consist of individual and population health services, to be made available for all using appropriate service delivery channels and health financing arrangement. Individual health services would include preventive, promotive, curative, rehabilitative and palliative services; while population health services would consist of preventive and promotive services as well as intersectoral and fiscal policy interventions.

Key messages and next steps

The Consultative Meeting culminated into an array of messages of regional and global relevance. It concluded that however challenging it might seem, defining a package of Essential Health Care Services, and ensuring its financing and delivery, serves as an appealing entry for strengthening all aspects of the health system (i.e., the building blocks), in a coherent and integrated manner. Fundamental to the process is the formulation of a vision for UHC. Defining a 'UHC Priority Benefits Package' to serve as a core component would facilitate and accelerate such endeavour. Having the 'Package' defined is a

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necessary but not sufficient condition. A real challenge lies in costing and ensuring its delivery. For this, countries need to strengthen their information systems.

The Consultative Meeting confirmed the timely need for the previously stipulated PHC leadership, public policy, service delivery and universal coverage reforms

(10). A Global Reference Group to support the development and implementation of an EMR 'UHC Priority Benefits Package' was announced. Guided by the deliberations of the meeting, WHO/EMRO shall propose a generic EMR 'UHC Priority Benefits Package' and support countries in ensuring its effective implementation.

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