I. Introduction

There is a global commitment to achieve Universal Health Coverage (UHC). When all 193 Member States of the United Nations agreed on the Sustainable Development Goals in New York in 2015, they set out an ambitious agenda for a safer, fairer and healthier world by 2030. The goals include a broad array of targets across different sectors. This paper focuses on a particular target as a beacon of hope for a healthier world: the target to achieve UHC.

UHC is based on the principle that all individuals and communities should receive the quality health services they need without suffering financial hardship. This acknowledges health as a human right as well as the fact that UHC has a direct impact on both individual health and wellbeing and the overall health of the population. Access and use of health services enables people to be more productive and active contributors to their families and communities. It also ensures that children can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty when they have to pay for health services out of their own pockets. Strong health systems also mean that countries are better able to prevent, detect, and respond effectively to pandemics or other public health emergencies, thus dramatically reducing the loss of life, disruption and economic costs of such events. In short, UHC is a critical component of sustainable development and poverty reduction, a key element of any effort to reduce social and gender inequities, and a hallmark of a government’s commitment to improve the wellbeing of all its citizens and promote health security.

Globally, there has been significant progress towards UHC, but challenges remain immense. Most parts of the world have seen expansion in the access to health services and coverage of key interventions over the last two decades. There have also been notable improvements in financial protection. Yet, in many countries, large coverage gaps remain, in particular for the poor and marginalised segments of the population. Despite advances in reducing the burden of communicable disease, malnutrition, unmet need for family planning and maternal mortality rates remain stubbornly high in many parts of the world. At the same time, the burden of non-communicable diseases (NCDs), such as cancer, cardiovascular disease, diabetes and mental health, is growing. NCDs are now the cause of 63 percent of deaths globally, with 80 percent of these deaths occurring in low- and middle-income countries. And out-of-pocket (OOP) spending on health remains high in many countries and pushes 100 million people into poverty every year.

UHC is also a matter of global security. As people, products, food, and capital travel the world in unprecedented numbers and at historic speeds, so, too, do the myriad of disease-causing microorganisms. The worldwide resurgence of dengue fever, the global spread of multidrug-resistant tuberculosis (TB), and recent outbreaks of Ebola, Middle East Respiratory Syndrome, avian influenza and the Zika virus have also shown how epidemics can proliferate rapidly in the absence of strong health systems, resulting in severe social and economic impacts. No nation is immune to the growing global threat that can be posed by an isolated outbreak of infectious disease in a seemingly remote part of the world.
Health system strengthening (HSS) is critical for achieving UHC. Health systems are commonly understood as all the public and private organizations, institutions and resources mandated to improve, maintain and restore health. HSS involves investments in inputs in an integrated and systemic way, but also reforming the architecture and linkages that determine how different parts of the health system operate and interact. HSS is, therefore, the key means to achieve UHC (Figure 1). In this sense, research plays a significant role in fostering the generation and use of relevant knowledge to support resilient health systems and progress towards UHC. Research and the evidence it generates is needed to ascertain how to optimize the coverage of existing interventions and how to select and introduce new ones such that as systems grow equitably and efficiently towards UHC.

Figure 1. Investing in Health Systems to reach UHC and the SDGs

Over the last two decades, both countries and development partners have made substantial investments in HSS towards UHC. Overall, investments in HSS have yielded impressive returns. Yet, progress towards UHC has been highly variable, both across and within countries and across different dimensions of UHC. Given the complexity and context-specific nature of health systems, this is not surprising. However, the disparities in progress point to the inherent challenge for both countries and development partners to sequence and coordinate HSS efforts. In the era of the MDGs, vertical health interventions, often funded through donor projects, helped to reduce the burden of a number of infectious diseases, including HIV, tuberculosis and malaria. This progress, however, has been accompanied by concerns related to getting the right balance with respect to health priorities as well as developing systems-wide capacities for critical areas such as information, laboratory capacity, supply chains, health workforce and finance. Likewise, notwithstanding commitments to coordination and alignment with government priorities and systems under the Paris Declaration, Accra Agenda for Action and Busan Declaration, externally supported HSS support has frequently been poorly coordinated, leading to duplication of effort and, in some cases, competing visions of health system priorities.

Source: Adapted from Kiley & al. – WHO – 2016

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Recently, there have been several efforts to develop a consensus for HSS priorities and improving coordination HSS support. With countries increasingly adopting national strategies towards UHC, global health agencies are focusing increasingly on how to align their support around core functions of health systems. In this context, the Government of Germany launched a roadmap process to harmonize health system strengthening in 2015, and in 2016 the Government of Japan, as the Presidency of G7, announced the G7 Ise-Shima Vision for Global Health, which politically endorsed the key principles of UHC 2030. Also in 2016, the Nairobi Declaration of the sixth Tokyo International Conference on African Development (TICAD VI), African countries and their development partners endorsed UHC in Africa: A framework for Action to advance UHC in African Region.

Building on these efforts, this paper proposes a shared vision for HSS to achieve UHC. Specifically, the paper proposes a framework for thinking about health system performance and policy entry points. Based on this, it identifies key directions and principles for how countries and partners can collectively move forward with an effective HSS agenda. The paper is expected to be a key reference document for the International Health Partnership for UHC 2030, while also serving as a broader reference for collaboration on the HSS and UHC agenda.

II. Health System Performance and Entry Points for Policy Action

Effective HSS to promote UHC requires clarity and consensus on both desired performance goals and policy entry points. HSS should focus on five dimensions of health system performance: (i) equity in access and financing, (ii) quality, (iii) responsiveness, (iv) efficiency, and (v) resilience. This reflects the broad consensus on performance goals across established health system assessment frameworks. Unlike some earlier approaches, the proposed framework does not distinguish between intermediate and final goals. Moreover, in response to lessons from recent public health emergencies, it also includes health system resilience as a performance dimension.

Improved health system performance requires national, regional and global action in three interrelated health system policy areas: service delivery, financing and governance. Health system frameworks identify key functions and components (sometimes referred to as “building blocks”) that are subject to policy decisions and are important determinants of health

2 http://www.health.bmz.de/what_we_do/hss/Publications/Healthy_Systems_Healthy_Lives/index.html
9 Leadership and governance, Service delivery, Health system financing, Health workforce, Medical products, vaccines and technologies, Health information systems
system performance. Recognizing that different policy areas interact and jointly impact performance dimensions – often more than one – the framework proposes three core functions, rather than further disaggregating health systems into additional components (Figure 2). For example, progress in access and quality of services may be dependent on improvements in service delivery, the management of human resources and availability of quality medicines, as well as in governance. Recognizing these inter-dependencies makes the task of designing or reforming systems a complex one, but is critical for a systemic approach to HSS.

Figure 2. A framework for Health Systems Strengthening and Universal Health Coverage

**Health System Performance Dimensions**

**Equity in Access and Financing.** Access to needed services and protection against financial hardship are the key dimensions of UHC, and of health system performance. The focus on equity implies that progress towards UHC cannot be assessed based only on national averages; rather, disaggregated data are important to understand the extent to which there are significant geographical, ethnic, gender, socioeconomic or other systemic disparities in access, coverage and the financial burden associated with health services. A robust but sensitive monitoring system is essential for assessing whether equity is being achieved. The UHC monitoring framework, developed by the World Health Organization and the World Bank, covers promotion, prevention, treatment, rehabilitation, and palliative services for maternal, neonatal and nutritional diseases. The monitoring framework also assesses protection against financial hardship caused by high household expenditures on health, using the incidence of catastrophic payments and of impoverishing expenditures.\(^{10}\)

**Quality.** Quality of health care is "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."\(^{11,12}\) Shortfalls in quality – in terms of safety, effectiveness, patient-centeredness and timeliness – result in avoidable risks for patients and under-performance relative to what can be achieved with available health system resources.

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**Responsiveness.** The concept of responsiveness refers to the extent to which a health system meets people’s expectations and preferences concerning non-health matters, including the importance of respecting people’s dignity, autonomy and the confidentiality of information. Although measurement and systematic benchmarking within and across countries presents an unresolved challenge, responsiveness is widely acknowledged as a key dimension of health system performance.

**Efficiency.** At the broadest level, health system efficiency is concerned with the extent to which available inputs – e.g. expenditures and other health system resources – generate the highest possible level of health outcomes. Inefficiencies in a health system may be related to waste or poor operational performance in the production of health services or outcomes (technical inefficiency); or a sub-optimal choice of inputs, such as mix of labour skills (technical inefficiency). Either way, the result is that the health system is under-performing relative to what could potentially be achieved.

**Resilience.** Recent public health emergencies have highlighted the importance of health system resilience. Although resilience lacks a formally accepted definition, it is referred to here as “the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganize if conditions require it.”

(1) **Health System Action Area 1: Service Delivery**

**Service delivery is the primary interface between the health system and population.** Universal health coverage only becomes meaningful for people as they interact with health services. It means everyone receives the full spectrum of care they need, from health promotion to prevention, treatment, rehabilitation and palliative care. Service delivery hence includes not only a wide range of health care providers, but also public health institutions and other actors that are responsible for essential public health functions, provision of health products for reducing health outcome inequities. Service delivery covers both the way in which services are provided and the mix of inputs and processes required to produce outputs and outcomes. Differences in organization, management and financing delivering services can lead to large variation in their quality, cost and effectiveness. Most health systems need to continuously adapt to cope effectively in a sustainable and inclusive manner with the rising demands brought by demographic and epidemiological transitions, the opportunities and challenges presented by ever evolving technologies, and rising user expectations of what their health service should provide.

**In most settings, efficiency and equity in the delivery of health services requires an increased emphasis on frontline services, particularly primary health care (PHC).** Strong frontline services are critical for progress on all five dimensions of health system performance. The WHO Framework on integrated people-centred health services presents a vision of a future in which all people have access to health services that are provided in a way that are coordinated around their needs, respects their preferences, and are safe, effective, timely, affordable, and of acceptable quality.

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14 Resolution CD49.R22 on integrated health service delivery networks based on primary health care; Resolution DC52/5 on social protection as well as the “Strategy for universal access to health and universal health coverage” in the Region of the Americas.
Building strong frontline services will require a mix of organizational innovations, such as shifting the provision of services from a passive, professional centric approach to one that puts people at the centre of attention. Community based platforms, including communities of practice on intersectoral action for health, offer cost effective means to cope with many of the social and health challenges of an aging population, can play an important role in enhancing resilience in the face of crisis, increasing coverage of essential healthcare interventions, and ensuring appropriate use of health technologies. To be effective PHC has to be integrated into the overall national health system and effectively linked to referral levels of health services including hospitals.

Major investment is needed to scale up the deployment of skilled health workers. Health workers comprise the foundation of any health system, and the demand for health workers is set to increase as the global economy expands and the world’s population grows and ages. In order to make progress towards UHC, it is critical to address the global shortage of health skills and scale up quality education, and lifelong learning, so that adequate numbers of health workers who have skills that match health needs are available in the right quantity at the right places. This will require involving and regulating the private sector. Scaling up a community-based workforce will require some level of affirmative action, e.g. by selecting students from underserved areas, changing training curricula and registration requirements. Innovations are also transforming the ways in which other support systems such as supply chains, information systems and communication can be delivered. The challenge is bring these together to serve a broader vision of the health system.

Access to Medicines and other Health Technologies, and Regulatory Mechanisms. If new medicines and other health technologies are to be used to optimal effect, they must be available at an affordable price. Establishing a fair pricing model is urgent as many new products are unaffordable even for high-income countries. There will be major changes in the global procurement and supply landscape as countries ‘graduate’ from reliance on donor funding. Supporting countries in transition to ensure access to medicines and other health technologies will be a key task in the coming years, along with development of governance mechanisms and legislation to ensure transparent and reliable procurement systems. Work to ensure appropriate prescribing and use of medicines will improve the quality of care and reduce the risk of drug resistance. This will require training, quality improvement processes, routine monitoring of medicines and other technology use from data systems and effective pharmacovigilance. Effective regulation of health technologies is a critical component of every country’s health system and ensures that high-quality, safe and effective health technologies reach the people who need them. However, the capacity of many low- and middle-income countries to regulate health technologies remains limited, and regulatory legislation differs from country to country, resulting in use of low-quality, sub-standard of counterfeit products, or delays for researchers and manufacturers who must navigate multiple regulatory systems to register the same health technologies across countries.

Innovations are particularly needed to meet the health needs of vulnerable and marginalized groups, including in contexts of fragility and conflict. Many health systems continue to fail to effectively reach the poor and vulnerable. It is particularly challenging to deliver health services for the two billion people that live in countries affected by fragility, conflict and violence. Meeting the needs of these groups will require creativity, experimentation and innovation to develop service delivery models that genuinely reach
everybody. This will have to include greater engagement and creative partnerships, consistent with national regulations, with non-state actors – both non-profit and for-profit. There is a need to holistically analyse service delivery models and identify ways to reorient them to “leave no one behind”. Coordinated reforms across the whole system, and beyond the health sector, are needed to address barriers to access both on the supply and demand side. This includes reorienting health systems to ensure that services are provided in the most appropriate setting, with the right balance between health promotion, prevention, in- and out-patient care; strengthening the coordination of services within and beyond the health sector; and engaging and empowering people and communities to take an active role in their health and health system.

Achieving universal health coverage needs engagement with non-state providers. The non-state actors in health services’ provision are diverse - including for-profit organizations, not-for-profit, and faith-based providers - ranging from service providers, privately owned pharmacies to large corporations. Additionally, civil society can play an important role in health governance and service delivery particularly with regards to addressing the need of disadvantaged and vulnerable populations. There are multiple examples of innovative partnerships aiming to maximize the synergies between the public and private sector, ranging from health franchising, to contracting of services to social marketing of health commodities. But scaling up and sustaining such approaches has proven challenging. In particular, the governance capacity of governments to provide and enforce fair, transparent and effective regulatory frameworks and accreditation systems will be critical. As this is developed maximising the reach, affordability and quality of public services should remain a priority.

Across all levels of health systems, the issues of health services’ quality and patient safety require attention. Widespread dissatisfaction with health services, the prevalence of poor quality medicines and other health technologies and increasing costs bring to fore the challenges of improving the quality and effectiveness of health services. Approaches such as performance-based financing, clinical audits, quality improvement processes and accreditation

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17 Road map for scaling up the human resources for health for improved health service delivery in the African Region 2012–2025” endorsed by the Regional Committee for Africa in resolution AFR/RC62/R3.

18 Regional strategy for universal health coverage endorsed by the Regional Committee for South-East Asia in resolution SEA/RC65/R6.

19 “Health 2020” (adopted in resolution EUR/RC62/R4) and “Towards people-centred health systems: an innovative approach for better health systems” in the European Region.

20 Resolution EM/RC60/R.2 on universal health coverage, which calls for the expansion of the provision of integrated people-centred health services that address the major burden of ill-health and are based on primary health care; “Framework for action on advancing universal health coverage in the Eastern Mediterranean Region”.

21 Resolution WPR/RC58.R4 which endorsed the policy framework on people-centred health care as a guide for Member States to develop and implement people-centred health care policies and interventions according to their national contexts and the action framework on human resources for health in the Western Pacific Region 2011–2015.

22 Resolution WHA69.24 2016 “strengthening people centered integrated services”.

23 Reform service models concentrated on hospital care and focus instead on prevention and on the efficient provision of high-quality, affordable, integrated, community-based, people-centred primary and ambulatory care, paying special attention to underserved areas.
have shown that quality can be improved in a relatively short time, even in highly constrained settings and without major additional investments in other health inputs. Achieving and sustaining such gains requires additional measures, including greater standardization of and adherence to promotion, prevention and treatment protocols and practices, systematic monitoring of quality of services, strengthening professional associations and regulatory bodies, increasing the voice of users, and more inclusive governance and accountability systems for health facilities. Hence, improvement in health services quality requires coordinated action across service delivery, financing, and governance.

**Health services needs cannot be dealt with by the health sector alone.** Providing health services in the context of a rapidly aging population is one example of how reforming health services delivery alone is necessary but not sufficient to deal with the health needs. Innovative engagement and partnerships with other sectors such as education or social services and across different levels of governance are also required in order to address key social and environmental determinants which are the main responsible for health inequity outcomes. Even in low income settings there is increasing recognition of missed opportunities to make connections and achieve synergies with other sectors at the service delivery level. Greater cooperation with the water and sanitation sector, for example, has led to a multiplier effect in some resource constrained settings as scarce public health officials work closer together with water and sanitation technicians and community mobilisers.

**Service delivery models need to evolve to support preparedness and achieve resilience.** The ability to prevent, detect and respond to health emergencies is also a critical component of UHC, and service delivery models that are truly fit for purpose will need to be equipped to implement the International Health Regulations. The direct implications for service delivery include the need for UHC; strengthening community services and focus on patient’s safety. Providing high quality and responsive services is also fundamental for building the trust with communities that is essential to any effective response.

**(2) Health System Action Area 2: Health Financing**

Health financing arrangements determine the ability of health systems to respond to health needs, spread financial risks, and operate efficiently and equitably. They span choices and decisions in three inter-linked financing functions – mobilizing resources, pooling them, and using them to purchase or provide services, – and have implications for all five dimensions of health system performance.

**Mobilizing domestic resources is key for progress toward UHC.** As countries expand access, populations grow or age, wealth rises, and medical technology advances, demand for increasingly complex and sophisticated health services grows. There is also recognition, articulated in the Addis Ababa Action Agenda (AAAA), that the primary mechanism for meeting resource needs for achieving SDGs will be domestic financing. Specifically, the AAAA emphasized the responsibility of each country for its own economic and social development and called on them to draw on all sources to finance the SDG agenda (United Nations 2015).24

Countries agreed to an array of measures to increase government revenues to raise. Drawing on all sources means also harnessing the private sector, for example, regulation of private providers to meet demands for inclusive quality health services, but also better alignment of

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investments in other sectors, education, water and sanitation, transport, to improve critical health outcomes. Indeed, aligning policies and targets across sectors is likely to reduce the costs of progress toward the SDGs.

Development assistance for health (DAH) remains important and must more effectively complement domestic financing. At the UN Conference on Financing for Development, countries committed to reverse the decline in aid to the poorest countries, many of which will require sustained DAH to continue progress toward UHC. However, DAH must add to domestic resources rather than crowding them out, in addition, faster progress is needed on harmonization and alignment of external financing to country-determined priorities. Better coordination of DAH also mandates external financing to support the transition toward self-sufficiency. Innovations are also needed to finance progress towards UHC among hard to reach populations, including those in fragile and conflict-affected environments. Importantly, donors must gradually shift away from channelling funds through separate and short-term financing and implementation arrangements towards the development and use of national institutions responsible for sustainable financing of the health sector. The scale of this challenge is non-trivial: in 2013, investments in disease-specific programs constituted more than 90% of DAH. It is imperative to find new ways that these investments contribute to and catalyse the development of core financing functions in countries.

Expanding pooling arrangements is essential to improve financial protection for all. Pooling, the accumulation and management of advance payments across households, provides protection from catastrophic consequences of ill-health, whether it is forgone care, indebtedness or impoverishment. Pooling arrangements differ across countries, indeed often different arrangements co-exist in countries for the collection of funds (e.g., general tax revenues, earmarked taxes, or mandatory health insurance contributions) and who manages them (e.g. Ministries of Health, local governments, a single public agency, or multiple health insurance funds). Yet, in most lower-income countries, out-of-pocket payments continue to constitute the largest share of health financing. Countries must progressively expand pooling arrangements, for example, extending mandatory social health insurance to informal workers. Moreover, it is vital that governments avoid the fragmentation of financing systems into separate schemes with different levels of funding and benefits for different population groups; moreover, that they target their resources to removing financial barriers facing the poor and most vulnerable to access priority services, subsidizing insurance contributions and providing vouchers or cash transfers.

Spending funds well is critical for mobilizing additional resources and improving health system performance. Many health systems are characterized by significant inefficiencies; reinforcing the perception of the sector as unproductive. Improving - and demonstrating - the use of funds and system efficiency is therefore essential to make the case for investing in health and accelerating progress toward UHC. Mechanisms and approaches include managing public funds effectively and transparently, from budget preparation to financial monitoring, allocating resources toward inputs and services that generate better results at lower cost, strategically purchasing services, developing and implementing policies and regulations that ensure the efficient use of resources, and strengthening provider autonomy and facility management. Progress hinges on giving greater priority to capacity and institution building and an improved understanding and management of the political economy of such reforms.

Strengthening all health financing functions is necessary to enhance the resilience of health systems. Disease outbreaks, like Ebola, have demonstrated the need for countries to invest more systematically in community-based health services as well as core public health
functions to meet international standards of preparedness. In addition, it is critical to put in place financing arrangements for effectively mobilizing and using resources for an effective emergency response and recovery, typically across an even wider range of actors sectors and without threatening the viability of routine health services.

**Finally, health financing arrangements must fit within a sustainable macro-economic framework.** Increases in spending on health should not threaten a government’s long-term solvency, or be to the detriment of investments in other sectors that are critical for comprehensive progress towards the SDGs. In this regard, it is important to make reference to the very high returns on investments to improvements in survival, nutrition and health, the increasing importance of the health sector as a source of decent employment and the value of a truly universal and prepared health system in mitigating downside risks related to health crises.

(3) **Health System Action Area 3: Governance**

**Good governance is a critical foundation of all health systems.** UHC is first and foremost a social contract Governance is concerned with the processes and institutions for decision making. Governance arrangements determine key institutional attributes, such as transparency, accountability, participation, integrity and capacity, and hence have far-reaching consequences for system performance\(^{25}\). These arrangements include citizens’ voice in policy choices, oversight of institutions, quality of information supported by, freedom of information provisions, standards and codes of conduct, regulatory strategies, stakeholder fora and consultative processes, financial management systems, anti-corruption measures, and so forth. The governance agenda is also concerned with mechanisms for international coordination and collaboration\(^{26}\).

**Mechanisms for people’s voice are central to accountability.** Citizens are the principals of service delivery, financing and governance. Greater responsiveness of services to peoples’ health needs can be achieved by platforms that raise awareness and foster societal dialogue. A variety of mechanisms of voice and community empowerment in health service delivery are being tried around the world including National Health Assemblies, community ownership, community management, and community and citizens monitoring and report cards.

**Better data provides a basis for better health.** A reliable evidence base provides a clear indication of actual health needs to be addressed by appropriate policy choices. Capacity strengthening measures that build skills for conducting data reviews, adhering to standards of data protection, data use and data sharing are a suitable entry point for improving data quality in a health system. Countries, and other stakeholders, are strengthening information systems, including civil registration and vital statistics (CRVS) system that registers all births and deaths. Countries are encouraged to formally adopt a core set of indicators to monitor UHC progress and incorporate them in national M&E systems. It is also important to ensure that all citizens have free access to data and information on UHC, as part of societal dialogue and participatory processes.

**More policy-relevant research for UHC is needed.** While tracking of indicators is important, indicators can only describe change, not explain it. Hence, it is essential to build and institutionalize national capacities for applied policy research and evaluation, and to use

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findings in decision-making. Health systems research for UHC still accounts for a small fraction of health research funding in low, middle and high-income countries. UHC requires context-sensitive research speaking to real-world implementation barriers and health systems challenges. The push towards UHC should also be informed by research prioritised and demanded by policymakers and health systems stakeholders. Countries are encouraged to formally adopt a core set of indicators to monitor UHC progress and incorporate them in national M&E systems, and ensure all citizens have access to data and analysis on UHC.

**Strengthening platforms to design and implement more effective intersectoral actions is urgently required.** Whether it is working across sectors to build capacity in emergency preparedness, response, and recovery or address the social determinants of health, effective mechanisms to ‘join up’ different parts of government and engage civil society are required. This can include the development of national whole-of-government multisectoral plans, establishing mechanisms for community mobilization and coordination across ministries and other stakeholders, and effectively engaging with the private sectors to address health risks and promote health. An efficient multi-sectoral mechanism is also crucial at the stage of monitoring, evaluating enforcement of policies. In the field of health promotion, global leaders have committed to take resolute action. This includes to strengthen legislation, regulation and taxation of unhealthy commodities as well as to implement fiscal policies as a powerful tool to enable new investments in health and wellbeing and to increase fiscal space. This, in turn, will facilitate the economic framework to achieve UHC.

**Progress toward UHC requires also collective action between countries to ensure adequate attention to the goods and services that are global in scope.** To date, international cooperation has focused on medical research and development, setting norms and standards, the development of tools, data production and sharing, and communicable disease control. Similarly, the case can be made for collective action on research, tool development, norms and standards and learning and sharing of experiences on health system strengthening. Faster progress on international co-operation to support other critical inputs towards strong and affordable health systems such as intellectual property agreements; trade agreements; health worker migration; and development of global public goods is also required. Given the nature of such global public goods, the challenge is to initiate, organize and finance collective action. Collective action is also critical to enhance commitment to good practice includes supporting implementation of relevant regulations, to ensure quality of inclusive service delivery. Examples of relevant regulations, codes of practice and guidelines include the International Health Regulations, the Framework Convention of Tobacco Control, and WHO Global Code of Practice on the International Recruitment of Health Personnel, WHO R&D Blueprint for Action to Prevent Epidemics and the Coalition for Epidemic Preparedness Innovations.

**Encouraging research and development for priority health needs and stronger technology transfer mechanisms is important for enabling progress towards UHC at country level.** Promoting competition to help achieve affordable prices for health products and health technologies are relevant in this regard. International trade in health commodities has to meet standards of equity and access that helps achieving affordable prices for medical products, thus allowing for access to quality medicines and other health technologies. Facilitating a level playing field so all actors can fulfil their potential becomes increasingly significant. Drawing on all sources also means harnessing the private sector, for example, contracting private

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28 http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/
providers that meet legitimate demands for quality health services. It also requires better alignment of investments in other sectors, education, water and sanitation, transport, to improve critical health outcomes.

**Global partnerships are an important part of the health architecture.** The MDG’s motivated the establishment of major global initiatives and institutions to support and provide communicable disease control, most prominently, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Gavi, The Vaccine Alliance and more recently, the World Bank’s Global Financing Facility for Every Woman and Every Child (GFF) 29. Product Development Partnerships have also played an increasing role in this regard. The past two decades also saw an unprecedented emergence of global public-private partnerships (GPPs) undertaking research and development related to diseases of the poor. These not-for-profit public private collaborations support research and development in order to improve access to medicines, vaccines and diagnostics. Moreover, they have driven financial innovations to bolster demand for medicines in lower income countries and the willingness of the private sector to engage in research and development. Yet, GPPs and global initiatives to support communicable disease control tend to face challenges similar to traditional DAH with questions about additionality and sustainability of the support. In this regard, the Global Financing Facility for Every Woman and Every Child (GFF), launched at the UN Conference on Financing for Development in 2015, represents a new type of partnership with its primary focus on the smart, scaled and sustainable financing of health systems to achieve the SDG goals of ending preventable child and maternal mortality (https://www.globalfinancingfacility.org/).
III. Health System Strengthening for UHC: Key Principles for Action

The Agenda 2030 for Sustainable Development sets a broad and ambitious health agenda emphasizing the importance of healthy lives and well-being for all at all ages (SDG 3) and of attaining UHC. UHC cuts across all targets of the SDGs on health and provides an overall framework for the implementation of the new health agenda.

As outlined in section 2, there is a range of entry points for policy action at both country and global level to strengthen health systems for achieving UHC. However, there is no one-size-fit-all approach to HSS – the mix of policies and approaches will need to reflect country contexts and participatory processes. At the same time, there are a number of generally applicable principles that countries, development partners and global institutions need to consider in prioritizing and implementing HSS.

This paper highlights four groups of principles, which also serve as the founding principles of IHP for UHC2030. The paper proposes that all actors (1) commit to leaving no one behind in their efforts to reach UHC (2) place evidence-based national strategies and leadership at the centre of strengthening health systems; (3) help make UHC everybody’s business through participatory processes and multi-stakeholder involvement; and (4) increase the effectiveness of development cooperation.

1. Leaving no one behind: A commitment to equity, transparency and a human rights-based approach

The 2030 Agenda established the attainment of UHC as part and parcel of the overarching goal of equity, ensuring that no one is left behind, including vulnerable groups such as people living in poverty, women, indigenous people, youth, older people, persons with disabilities, migrants or people in conflict and post-conflicts situations. A human rights-based and non-discriminatory approach to strengthening health systems is necessary to ensure equitable access to health services. People-centred service delivery is a guiding concept to ensure that health systems put people first. Transparency in decision-making, monitoring and review, as well as participation by, and accountability to the users of health systems are pivotal in this regard.

2. National strategies and leadership as the foundations for HSS

Country-specific contexts require country-specific solutions. National leadership is the basis for identifying custom-fit approaches and solutions. It translates into robust national health policies, strategies and plans that are a common backbone for action and form the basis for mutual accountability. Using data and evidence lies at the heart of identifying actual health needs and appropriate policy choices. National strategies and plans should reflect relevant international principles, agreements and commitments, including UN covenants, resolutions and declarations. HSS support to countries needs to be tailored to country contexts and national priorities, which may require a reallocation of external financing towards areas of greatest concern in terms of building the necessary responsiveness, efficiency, equity, quality and resilience.

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31 The WHO has developed a strategy focused on Foundations, Institutions and Transformation (FIT) that outlines an approach to support HSS based on health system characteristics.
In order to strengthen health programmes and make them responsive to specific needs and contexts, strong health data systems are required. Data and evidence should be used to ensure that the 5 dimensions of health system performance are implemented, programmes are strengthened and no one is left behind. Use of comprehensive quality data will ensure transparency and accountability at all levels of the health system and will help to monitor progress towards achieving national and global SDGs including UHC.

3. Making health systems everybody’s business – participatory platforms, private sector as key stakeholder, and substantial involvement of civil society

In order to generate a multi-stakeholder response to health needs that increases the ownership of those, whom health systems aim to benefit, an integrated multi-stakeholder policy dialogue with national stakeholders, civil society and the private sector is necessary. Civil society participation has to be anchored systematically in health systems strengthening action to enable people-centred health services. Mechanisms for civil society engagements, such as accessible platforms for citizen’s voice, as well as responsiveness and accountability to citizens’ needs are relevant in this regard.

In a functioning public-private health market, high quality products and services are produced in needed quantities and delivered to the different levels of the health system. The private sector is an important player in providing health products and services to the people. Its interventions must be placed under the stewardship of national and local governments. Market shaping interventions can help prevent market breakdowns and address inefficiencies.

The insights from multi-stakeholder dialogues and other forms of stakeholder engagement form a crucial source of information for the development, implementation and monitoring of national health strategies and plans.

4. Making development cooperation more effective

As highlighted in section 2, multi-stakeholder policy dialogue and strong country leadership is key. The resulting health policies, strategies and plans form the basis for mutual accountability, where development partners align with the priorities identified and where all partners agree to regularly review mutual commitments. Joint Annual Health Sector Reviews (JAR) provide a valuable entry point for improving mutual accountability mechanisms. Relevant in this regard are regular joint planning activities among all UHC stakeholders and that are led by national governments to ensure complementarity of activities and to avoid duplication of efforts. The effectiveness of development assistance for health through improved coordination and use of country systems using IHP+ 7 principles and good behaviours can be improved. The impact of health systems strengthening efforts can be significantly increased by strengthening monitoring and compliance with alignment, coordination and harmonization. Existing monitoring mechanisms at both national and global levels can be built on and refined in this regard. Lessons learnt from country experience with the Joint Assessment of National Health Strategies (JANS), such as for example in Ethiopia, Ghana and Nepal can be drawn on.
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