Health system strengthening for Universal Health Coverage and Health systems resilience
Overview & main messages

● SDG
  – Health is well placed. UHC is the underpinning target and is essential to the achievement of all health targets

● Health systems strengthening (HSS), UHC, health system resilience
  – HSS is the means to achieve the goals of UHC and resilience
  – The improved definition of UHC is explicit about including protection from health threats

● Guiding principles for UHC
  – It is possible to identify a set of core principles, in line with the SDG, that all stakeholders should adhere to

● Addressing the HSS gap
  – New ways are needed to address the gap in HSS, leveraging domestic funding and changing the focus of development assistance for health
Health and the Sustainable Development Goals

Health & UHC are in a central place

- Health is one of 17 goals and also prominent with in many other goals
  - "Ensure healthy lives and promote well-being for all at all ages"
  - The SDG are: "Integrated and indivisible": progress in one area is dependent on progress in many others
  - Health contributes to the achievements of many other goals and targets and vice versa

- SDG text on the new agenda (point 26 of declaration):

  “To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to...” (thereafter follows a brief summary of health targets).

  This places UHC as the target that underpins and is key to achievement to all the other health targets.
What are the links between UHC and health system resilience?

- Both are **goals** of health systems strengthening
- Both require **capacities** for good governance, financing, health workforce, data, medical products, health infrastructure / service delivery
Towards an improved definition of UHC

UHC redefined?

All people and communities receive the quality services they need, and are protected from health threats, without financial hardship
Key considerations in addressing the HSS gap for UHC and resilience
What is the “HSS gap”?

- **$55 billion**: minimum estimate of additional annual resources needed globally for low- and lower-middle income countries to attain the SDG health targets by 2030

- **$35-$40 billion**: is the amount needed for health systems strengthening investments, as part of the $55 bln

- **$2.3 billion**: current annual external funding for HSS in these countries

- Funding for health systems, even in most low income countries and fragile states, comes predominantly from **domestic sources**

*Based on our work as part of the Lancet Commission Global Health 2035, and analyses prepared for the 3rd Financing for Development Conference*
Main sources of external funding are bilaterals, GFATM and GAVI
   – WHO provides less than 1% of external funding for health

Even in aid-dependent low income and fragile states, domestic resources are typically 75% of total health spending

Most external funding is for specific diseases; very little (under 10%) is for health systems

External funding is important but working at the margins.

The “big game” is domestic financing for domestic health systems. Currently international support does not effectively leverage this, but instead promotes disease-specific accountability. Change needed if we are serious.
Need to re-orient international support to focus on domestic health systems

- Not really a question of simply investing to fill an “HSS gap” (though may be relevant in some countries with absolute shortfalls of health workers and other key inputs)

- Mainly an issue of strategically supporting domestic financing and overall health policy processes to leverage better results from “the 75%” (i.e. domestic resources)
  - Requires in-country capacity for policy support
  - Aligning accountability with overall national goals (security, UHC, resilience) and not narrowly for a multitude of silos
  - Enforcing IHP core principles for domestic health systems
  - WHO well-positioned to support governments on this agenda
Emerging messages

- The financial gap is large but not huge; filling it will be primarily a job for domestic financing
  - Increasing domestic government health spending from 2% to 3% of GDP would address most of the gap
  - The Addis Ababa Action Agenda messages on strengthening tax systems and reducing illicit financial flows are absolutely critical

- Most of the gap is health systems, but the existing international architecture is not addressing this yet
  - Need to channel resources in a way that provides better leverage to influence the level and use of domestic resources, and to align accountability with national priorities rather than those of external funders
HSS is key for progress on shared goals of UHC, health security and resilience

- SDGs are about country systems
- HSS needs are formidable
- Domestic financing can be mobilized
- Not about piling bricks, but about the cement
- Cement will be different in different contexts: Fragile States, Transition and MIC
- Shift in focus of aid is needed
Two major G7 Initiatives

Japan

Germany

An alliance of vertical approaches

Health System Strengthening

"Roadmap: Healthy Systems - Healthy Lives"

A global initiative to strengthen Health Systems

political opportunity to include systems thinking into UHC
Using the network of IHP+ partners as a platform?

IHP+ Partners

+ civil society