

Leadership for UHC

Supporting Leaders to Deliver Results

“A generation must rise that will bring effective health services to every person in every community in every country in the world. We will be that generation.” World Bank President Jim Kim at the World Health Assembly, May 2013.

Universal Health Coverage

Universal Health Coverage, or UHC, refers to effective access to quality health services and protection against the cost of illness for all. The [World Health Report 2010](#) estimates that every year, 1 billion people lack such access and that 100 million fall into poverty due to the costs of health care.



In 2012, the General Assembly of the United Nations recognized “the responsibility of Governments to [...] scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services” in its [Resolution A67/81](#). Many Governments in low- and middle income countries are committed to moving towards UHC.

The Rocky Road to Reform

The process of moving an ambition like UHC from drawing board into reality is a huge challenge. The Advisor for Social Health Insurance in the Zambian Ministry of Health, [Mpuma Kamanga](#), says about his work on social health insurance: “We thought that once we got the technical work done, it would be smooth sailing. [But] managing the various stakeholders’ interests has been a politically profound process.”

The technical design solutions to create an equitable financing mechanism for health care are well known: Prepayment, progressive financing sources, a universal risk pool including rich and poor alike, one universal benefit package. However, the political challenges can be immense. Those already entitled to quality health care through private or social health insurance may oppose reforms, and even those who stand to gain may not trust the state to deliver on its promises.

Leadership for Universal Health Coverage

The GIZ and World Bank “[Leadership for UHC](#)” program aims at supporting people like Mpuma Kamanga in

delivering reform in this difficult situation. It brings together leaders in social health protection from the public, non-governmental and private sectors.

The program is based on peer-to-peer exchange, facilitated by experienced coaches using latest methodologies from the GIZ and the World Bank. It blends three face-to-face learning and exchange modules with a mentored on-the-job practice phase.

The main objective of module one is to let participants develop skills to better analyze the environment they are operating in. Module two focuses on reflection, on the personal connection to UHC, and on establishing a personal commitment to be an agent of change. This inspiration is then turned into plans for achieving tangible results on the way to UHC. Using modern management and communication methods, country teams develop a project they commit themselves to with their peers.

These projects aim at supporting ongoing health reform by removing obstacles for change through engagement with stakeholders and coalition building – which is why they are called Collective Action Initiatives.

Change in the Making: Intermediate Results

As of December 2014, six countries in Anglophone Sub-Saharan Africa have completed the first two modules of the program’s first edition. They have defined their respective collective action initiatives and have started implementing them. The Ethiopian Team, a mix of central and provincial officials from the Ethiopian Health Insurance Authority wants to develop a supervision system for the community-based health insurance schemes that are to provide social health insurance the majority of Ethiopians. The Kenyan team, which includes a County Government’s Health Minister, the National Hospital Insurance Fund and the Ministry of Finance, wants to bring the County Council on Health into the official policy dialogue structure on UHC.



In March 2015 teams will come together to present their work to each other at the final module. The signs are promising. For [Olalekan Olubajo](#) of the Nigerian National Primary Health Care Development Agency the program has already changed the way he wants to work: To be more inclusive, listen more and build more on his team – for better results.

The World Bank and GIZ Leadership for UHC Program at a Glance

You are interested? Here are some details on the program.

What does the Program do for Participants?

The program supports participants in developing skills and competencies in the following fields:

- Defining the available resources and the challenges faced – to investigate the values involved and the trade-offs to be made on the way to UHC
- Analyzing the UHC reform environment – identifying what interests are at stake, who allies are, and what sources of opposition exist
- Building effective alliances and brokering consensus and commitment for needed changes
- Modern management techniques to UHC reform – using an expert mentor’s support to learn from successes and failures in implementing their own UHC change project
- Using peer-support – to build a network of practitioner-advisers from your co-participants

Who is the Program for?

The program aims to bring together leaders from relevant ministries, from the private sector, health insurance funds and health service providers (see table below). Ideally, a team from each country of at least four leaders representing different institutions should participate.

Institution	Level
Ministries of Health, Labor, Finance. Planning, Prime Minister’s Office, AIDS Commissions, etc.	Director Level or above, those responsible for Policy, Planning & Implementation
Health Insurance / Social Security Funds	Directors General / CEOs & Deputies
Civil Society / Medical Associations / Trade Unions / Employer Associations	Directors General / CEOs, Managing / Executive Directors
Parliament: Health / Social Protection Committees	Members of Parliament
Health Service Providers (Associations, Tertiary / Teaching Hospitals)	Directors General / CEOs, Managing / Executive Directors

To ensure peer-to-peer learning and the creation of communities of practice, the program is offered at regional level. The first edition is currently delivered for Anglophone Africa; the second is planned for South and South East Asia.

How are Participants Selected?

The information on the first editions of the program was disseminated by country offices of GIZ, World Bank and other P4H partners. They identified key institutions and asked these to submit applications for the program. Participants were selected from all applicants ensuring a broad representation of stakeholders, gender balance and relevance of the institutions and individuals in the local UHC reform processes.

How does the Program Support Local Agendas?

A key objective of the program is to support national reform agendas. The design of the program reflects this ambition. The program focuses on developing the skills and competencies needed to deliver reforms, beyond designing them. Participants drive the process through newly acquired skills, exchange with peers and experts and by defining their collective action initiatives in their country teams, facilitated by program faculty. Social health protection experts act as thinking partners for the participants and link the program to the country offices of development partners engaged in UHC reforms.

Who is Delivering the Program?

Faculty is selected for each edition of the program based on their expertise and their experience with the region for which the program is delivered. For the Anglophone Africa Program the following individuals have been involved, among others:

Martin Kalungu-Banda (Lead Facilitator) is a consultant in leadership development; a designer and facilitator of innovation and organizational change; a trainer and coach. Since September 2010, Martin has been serving as adviser to the Africa Governance Initiative of the Tony Blair Office, playing the role of Thinking Partner with Chiefs of Staff to African Heads of State. He has headed mentoring programs for cabinets of South Africa, Namibia, Rwanda, and other African countries. Between 2005 and 2008, Martin served as Special Consultant and Chief of Staff to the President of Zambia. He is the author of several books on leadership.

Chris Atim (Lead UHC Expert) is a senior health economist with more than 20 years of experience in health economics and financing in developing countries. He holds a PhD from the University of Sussex in the UK, and currently works as a senior health economist for the World Bank. He has provided technical assistance on health financing to more than 20 African countries. He is the executive director of the African Health Economics and Policy Association and was a member of Ghana’s PNDC Government.

Ceren Ozer (Leadership Expert) is leading the work on Collective Action at the Leadership Practice of the World Bank Institute. She has been working as a development economist for 12 years with increasing responsibilities in policy, technical and front-line operations. She has worked in the World Bank’s East and South Asia Regions and at the Center for Global Development.

Where can I find out more?

For more information on the program, please visit the HealthyDEvelopments website of the German Ministry of Economic Cooperation and Development by scanning this QR code or contact the program leaders directly:



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