Bocconi

ATTAINING UNIVERSAL HEALTH COVERAGE

A research initiative to support
evidence based advocacy and policy making

Bellagio Statement

10th and 11th November 2009, Bellagio, Italy

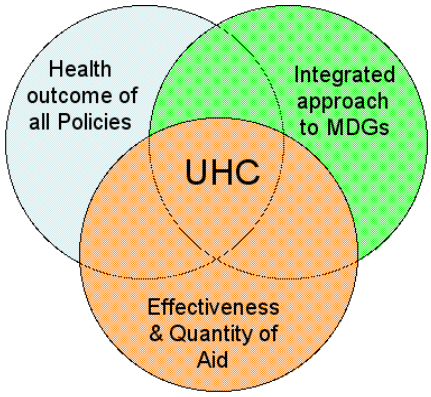
With the support of The Rockefeller Foundation

Bocconi University, with the support of the Rockefeller Foundation has launched an action-oriented research process aimed at supporting the translation of global commitments, in particular those of the G8 leaders, into actions toward "Health for all".

The initiative has been welcomed by both the Presidency of the G8 and the Director General of World Health Organization (WHO) and synergy is actively sought with the World Health Report 2010, which will be focusing on Financing for Universal Health Coverage (UHC).

The World Health Report 2008 identified UHC as one of the four sets of reforms needed to make health services more accessible and, thus, ensuring that health systems contribute to health equity, social justice and inclusion[1]. Similarly, in the final G8 Summit communiqué of 2009, G8 leaders regarded universal access to health services as an important goal to be pursued through strengthening health systems[2]. UHC can easily be identified as the unifying theme of the G8's main commitments (*Figure 1*), offering a crosscutting approach to Health System Strengthening (HSS).

Figure 1. UHC for strengthening health systems



There still is a significant shortage of organised knowledge about the most functional solutions according to countries' specific economic, social and political contexts. It is essential to document and standardise efforts to systematise interventions related to access and equity, including assessment of the effectiveness and the cost-effectiveness, in order to build a body of evidence upon which to advocate policy reform.

The Bocconi "Attaining Universal Health Coverage" Initiative aims at contributing to the filling of that gap by providing pragmatic evidence for advocacy and policy-making

[1] World Health Organization, *World Health Report: Primary Care: Now More Than Ever*, Geneva: World Health Organization, 2008.
[2] G8 Health Experts Group, *L'Aquila Report: Promoting Global Health*, 9 July 2009.

to facilitate the development of effective intervention programmes, policies and approaches conducive to achieving UHC in the developing world.

The Bocconi Initiative acknowledges that UHC will only truly be attained with long-term commitments and actions to strengthen health systems as a whole, and, therefore, considers all six health system building blocks, as defined by the WHO "Framework for action on health systems" as being relevant to its scope (i.e. service delivery, health workforce, health information, medical technologies, health financing, leadership and governance)[3]. The Initiative focuses its attention on three aspects: health financing, health system governance and management to deliver UHC, and public policies for health and related interventions to overcome social barriers hampering UHC. These three dimensions link functions and objectives to UHC as a strategic priority, as well as to those factors that allow the Health System itself to be considered a social determinant of health.

As part of the Bocconi Initiative, an interdisciplinary group of researchers and experts convened in Bellagio, Italy on November 10th and 11th to share their knowledge and preliminary reviews based on the three research lines of the project. As a first step and a preliminary outcome of the reviews, the Bocconi "Attaining Universal Health Coverage" Initiative group reached a consensus on the following ideas, which can help in shaping the research initiative and can subsequently guide the development of normative parameters.

Towards a definition of UHC

The group endorses the commitment stated in the G8 2009 final communiqué on "*Strengthening health systems in order to advance the goal of universal access to health services, especially primary health care*"[4]. Nevertheless, to avoid the misunderstanding that Primary Health Care (PHC) refers to a specific level of care rather than to a strategic approach to health, the group recommends stressing the principle of equity in health outcomes, which cannot be separated from the idea of UHC, defined as effective coverage leading to improvements in both the level and distribution of health.

A framework for action toward UHC

Attaining UHC will require long-term commitments and actions to strengthen health systems. In developing countries the adoption of UHC as a goal can be facilitated if major stakeholders in global health governance endorse the goal and behave consistently. Part of the process will absolutely require developing a culture of "universalism" for health in both low- and high-income countries, while constantly remaining aware that different contexts may require different strategies.

[3] World Health Organization, *Everybody's business: Strengthening health systems to improve health outcomes – WHO's Framework for Action*, Geneva: World Health Organization, 2007.
[4] G8 Health Experts Group, *L'Aquila Report: Promoting Global Health*, 9 July 2009.

Research and evaluation are key facets for planning, implementing and monitoring progress toward UHC; both *ex ante* and *ex post* evaluations are important. A population's health is greatly affected by policies and actions in all sectors. Progress made in areas such as wider economic development, improved environmental standards, and political and social stability, all have a significant impact on population health. Thus, the group recommends building strategies towards UHC through *ex ante* evaluation processes that are strongly crafted toward a wider framework of action for social development. To this end, decision-making should be informed and oriented by results of Health Impact Assessments which are subsequently part of wider Strategic Impact Assessments, hence incorporating all policies for social and economic development.

Domestic and international capacity for *ex post* evaluation should also be strengthened by focusing on measurement and evaluation measures that target achievement of equity and UHC. To this end, the group recommends to the G8 and to the G20 – to the extent that it will engage in supporting the global health agenda – to include a review of progress made toward UHC as a component of the measures, methods and instruments used and the indicators and benchmarks adopted to monitor progress on health commitments. For example, indicators of Maternal Health and the reduction of Maternal Mortality align with this need and offer good benchmarks for a people- and community-centered approach. Addressing maternal health and reduced maternal mortality requires a health care system that is universally accessible, offers comprehensive reproductive health services and supports women through all the layers of the health system.

Approaches to UHC

The evidence provided by research on financing, health systems governance and management for UHC, and public policies for health and interventions to overcome social barriers hampering UHC, highlights the need for acknowledging that UHC can only be achieved through policies and actions that are respectful of history and local contexts, and relevant to indigenous health systems designs; no global solution applies locally. Contextualizing the problem implies having a clear awareness that different local contexts can be forged by different cultures, norms and rules as well as different institutional settings.

Institutionalism and neo-institutionalism clearly show that policy and management options are constrained by institutions (laws but also traditions and beliefs) and changing them requires time and appropriate social and political investments. This means, that in each specific context where UHC is promoted, adequate socio-cultural analyses should be conducted and governance mechanisms and administration practices should be rooted in the traditions of the communities. These practices should also appreciate local and traditional approaches to solidarity and decision-making.

While there is good evidence that strong Primary Health Care improves health outcomes and equity through increased coverage, the means through which this occurs

in different local contexts varies. In any case, the PHC approach to UHC needs to emphasize:

- the responsiveness of design and implementation of interventions to local history, needs and contexts;

- that reference values should apply to the whole system, not merely to some components of it;

- that implementation requires long-term engagement of public authorities, communities and relevant social actors, as well as appropriate monitoring.

In addition, it is necessary to appropriately combine and balance the need for protections against financial catastrophes from seeking care with that of containing unnecessary health expenditure through efficient resource allocation, thus ensuring good health outcomes at an adequate and affordable cost. In this view, efficiency in the distribution of health is seen as instrumental to the objective of pursuing equity in access rather than a goal of health systems: actions implemented towards UHC will respond to the best possible actions in terms of cost-equity rather than in terms of cost-effectiveness.

Financing strategies and global funding mechanisms for health need to be designed to support UHC and PHC principles driven by the local contexts. Developing health financing systems that move towards universal coverage contributes to improving health in two ways: by ensuring that more people have access to needed services and ensuring that fewer people suffer financial catastrophe and impoverishment as a result.

Actions necessary to move in the direction of UHC are needed in all health-financing domains: collection, pooling, and purchasing. The combination of the three components rather than simply the mechanisms used to raise funds is important.

In most low-income countries, universal coverage will require both long-term sustainable aggregate increases in funds as well as improvements in the quality of fund utilization. It will require increasing the relative importance of pre-payment in the overall pattern of health financing, with an associated reduction in the relative dependence on out-of-pocket payments at the time of service delivery. The institutions involved with collecting funds, pooling them, and using them efficiently and equitably will need to be strengthened, as will financial management systems and the capacity to use them efficiently and equitably. At the same time, it is critical that these inflows are channeled, monitored and used in a way that strengthens national financing capacity and institutions.

Similarly, global funding mechanisms should support domestic financing strategies and align with domestic institutional arrangements and procedures with careful attention to strengthening local systems of accountability. Currently high international transaction costs, aid fragmentation and consequent managerial burden on domestic institutions must be reduced.

Health systems governance and management structures should institutionalize the goal of UHC. A governance system conducive to attaining UHC should not only be able to mobilize enough resources, ensure adequate decision-making processes, and promote technical and allocative efficiency, but it should also be as inclusive as possible, endorsing equity in health as a key principle. Strengthening institutional capacity through the development of governance and management structures that support UHC will not only be key to attaining UHC, but also indispensable for coordinated action in achieving disease control related objectives.

Public institutions should be strengthened in order to truly perform their roles as stewards of health systems effectively, both in the phase of introduction and the phase of implementation of actions towards UHC, including: a) defining policy goals, b) implementing the policies to meet these objectives, and c) monitoring. Whilst the role of public institutions is deemed crucial, this should not preclude the inclusion of private stakeholders. Rather, the explicit design of private institution participation in processes should be such that they effectively contribute to pursuing UHC. The involvement of private institutions will vary according to specific local contexts; nevertheless, evidence from the last two decades and the present global financial crisis clearly suggest that economies and societies need both public and private institutions and that they are strictly interdependent.

Decision-making processes should aim at inclusiveness and at accounting for the needs of: a) citizens least likely to benefit from health coverage and b) all stakeholders that could contribute to attaining UHC (e.g. private sector). This entails improving voice mechanisms of citizens less likely to be covered and of organizations involved in the health sector at all levels – supranational, national, sub-national – of decision-making, including civil society and other social actors. These efforts could follow the experience demonstrated by the work of the International Labor Organization by using methods of social dialogue centered on social health protection with boards governed through broader participation in decision-making and information sharing, including social partners that contribute to funding.

In order to overcome social barriers, public policies for health should be oriented toward the long-term and take a more realistic approach to interventions that are grounded in an understanding of local communities. There is still marginalization of knowledge, experience and approaches to problems that exist in local communities. There is also insufficient attention paid to relationships and interactions between local and global actors. Global solutions for Universal Health Coverage need greater responsiveness to local circumstances, and although the journey towards UHC requires technical solutions, these need to be grounded in real social and political processes.

Conclusions

There is a consensus that Health System Strengthening is a global health priority and focusing on UHC offers HSS a goal that can be acted upon. To this end, a comprehensive approach to health and health systems is needed, including the

reorientation of global health initiatives toward system strengthening. Fostering the development of health systems that will be capable of ensuring a good level of population health, equitably distributed, at adequate and affordable costs, is also instrumental to achieving other important internationally agreed-upon objectives such as the Millennium Development Goals or the control of salient diseases.

To be effective in attaining UHC, the overall global agenda and action in all sectors, including financial and economic policies, should be consistent with and supportive of that goal.

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