

Stories

from the field

60 SEC
summaries



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2021

Building stronger health systems for universal
health coverage in the context of COVID-19

UHC means that everyone, everywhere can access health services without experiencing financial hardship. The world was taking positive steps to deliver health for all by 2030 before COVID-19 fundamentally disrupted health systems, societies and economies. The pandemic has eroded the development gains achieved over the past 25 years.

The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC, is providing vital and timely support that is enabling countries to take advantage of the opportunity to emerge stronger from the pandemic. It is working to ensure that the investments made throughout the COVID-19 response will result in health system reforms that improve both health security and progress towards UHC.

Since 2020, WHO's UHC Partnership has been documenting how countries are reshaping their health systems amid one of the most devastating pandemics in history through a special series of stories from the field on COVID-19.

This publication of 60-second summaries from the published Stories from the field gives an overview of the impact of work happening on the ground to achieve UHC.

Cover photo: Mobile Health Team of Mandakh Soum Health Centre reached herders' homes. Mandakh soum, Dornogobi Province.
©Mandakh Soum Health Centre, Dornogobi Province

Time is precious. Catch up on what you need to know in 60 seconds. Here are the short versions of our longer stories contained in the magazine Stories from the field: special issue on COVID-19.



About the Universal Health Coverage Partnership

The Universal Health Coverage Partnership promotes universal health coverage (UHC) by strengthening health systems through improving primary health care, governance, access to health products, workforce, financing, information and service delivery, and enabling effective development cooperation in countries.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of ministries of health to build resilient, effective and sustainable health systems in order to make progress towards UHC. We aim to bridge the gap between global commitments and country implementation. As part of the WHO Special Programme on Primary Health Care, the UHC Partnership is working to bridge the gap between global commitments and country implementation.

The Partnership is funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, the French Ministry for Europe and Foreign Affairs, the Government of Japan - Ministry of Health, Labour and Welfare, the United Kingdom - Foreign, Commonwealth & Development Office, Belgium, Canada and Germany.

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ACKNOWLEDGEMENT

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Azerbaijan Strengthening the health workforce to boost primary health care

FACT

A pilot project in Shamakhi region in Azerbaijan is enabling remote communities to access primary health care services, including COVID-19 vaccinations.

WHY IT MATTERS

Many communities have been unable to access health services in remote and rural areas due to an inadequate primary health care services. Lessons learned from this pilot project will be scaled up and applied nationwide.

IN PRACTICE

In Shamakhi region, WHO has trained and supported a range of health workers including paediatricians, family doctors and mobile clinic drivers, to provide essential primary health care services to remote populations.

EXPECTED RESULTS

All people in Azerbaijan will be able to access the preventive, diagnostic and therapeutic health services they need as part of the country's commitment to universal health coverage.

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Bangladesh Community health workers at the heart of a stronger health system and the fight against COVID-19

FACT

Community health workers in Bangladesh have played a crucial role during the COVID-19 response. They have ensured the continued delivery of essential health services, health promotion and prevention, including behavioural communication activities.

WHY IT MATTERS

As the backbone of the primary health care system of Bangladesh, community health workers are key to driving progress towards universal health coverage and ensure health system resilience. Rural communities can access health services close to home, including during the pandemic.

IN PRACTICE

WHO has worked closely with the Government to build and strengthen the capacities of community health workers for decades. This included the provision of technical assistance for training and the development of guidelines and protocols for community health workers during COVID-19.

EXPECTED RESULTS

If everyone can access essential health services including during the COVID-19 pandemic, the Bangladeshi population as a whole will experience improved overall health and better socio-economic status.

Caribbean Boosting the capacities of nurses in critical care during COVID-19

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FACT

A cadre of 82 nurses across 7 Caribbean countries - Antigua and Barbuda, Belize, Barbados, Dominica, Guyana, Suriname and Trinidad and Tobago – have received training to support critical care in intensive care units for COVID-19 patients.

WHY IT MATTERS

Ministries of Health in the Caribbean were faced with a shortage of critical care nurses, who were urgently needed to care for the increasing number of COVID-19 patients in intensive care units.

IN PRACTICE

PAHO/WHO in collaboration with the UHC Partnership supported 82 nurses to attend a 4-week training course, and scaled up the capacity of the health workforce in the Caribbean during the COVID-19 pandemic and beyond.

EXPECTED RESULTS

Caribbean countries are making progress to develop a health workforce that is appropriate to the context, and qualified to meet the health needs of their people, including in times of crisis.





India - Chhattisgarh Ensuring essential health services during COVID-19 fight against COVID-19

FACT

In Chhattisgarh State, strengthening a network of health and wellness centres under the Ayushman Bharat programme, is pivotal in providing uninterrupted essential health services particularly during the COVID-19 pandemic.

WHY IT MATTERS

In this region which has suffered decades of violent conflict, many primary health care services needed improvement. The population is largely vulnerable and there is high prevalence of anemia and noncommunicable diseases. Primary health care is the best way to ensure that they receive the support they need.

IN PRACTICE

In association with the District Administration, WHO has provided training support and capacity building to reform primary health care systems to deliver essential health services to vulnerable communities during the time of COVID-19 and beyond.

EXPECTED RESULTS

In three districts of Bijapur, Dantewada and Sukma, the implementation of India's ambitious Health and Wellness Centre programme is being strengthened to provide primary health care services to all communities and help advance progress towards universal health coverage.

Kenya Increasing uptake and equity for COVID-19 vaccinations

FACT

Raising awareness of how public health and social measures can protect against COVID-19 and increasing trust in the vaccine are crucial steps to ending the pandemic, especially in communities where misinformation circulates and creates mistrust in systems.

WHY IT MATTERS

Low uptake of the COVID-19 vaccine prevents the effective control of COVID-19, and is especially concerning for society's most vulnerable members. Reaching out to communities enhances equity in access and promotes universal health coverage.

IN PRACTICE

Working closely with County Health Management Teams, WHO provided technical support for advocacy, risk communication and social mobilization to improve vaccine uptake throughout communities across Kenya.

EXPECTED RESULTS

People better understand how to observe public health and social measures during the pandemic, and there is now greater trust in the COVID-19 vaccine, with uptake increasing nearly five-fold.

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Mongolia Mobile health clinics bring primary health care to vulnerable communities

FACT

Mongolia is reaching remote populations and ensuring they can all receive good quality and affordable services by introducing a mobile people-centred integrated primary health care approach.

WHY IT MATTERS

Mongolia has a vast land area, so 'leaving no one behind', means adapting mobile health services and technologies to get to those who are otherwise hard to reach.

IN PRACTICE

WHO, through the UHC Partnership, has supported the strengthening of primary health care and the health system backed by adequate funding, strong health plans and evidence-based policies.

EXPECTED RESULTS

Nomadic populations can access integrated health services, receive health promotion interventions, early diagnosis and treatment of diseases in time for them to have a positive impact.

Occupied Palestinian Territory Reforming the hospital sector to make progress towards universal health coverage

FACT

The Palestinian health system is working to transform the hospital sector to deliver people-centred care through strengthening its secondary care and reaffirming its contribution towards achieving universal health coverage.

WHY IT MATTERS

The hospital sector is struggling to meet the needs of all patients. Achieving health for all requires an integrated and people-centred approach to provision of care in hospitals.

IN PRACTICE

WHO supported the Ministry of Health to reform its hospital sector and helped develop a profile for the occupied Palestinian territory. The Ministry is also preparing to adopt the WHO strategic framework for action on the hospital sector.

EXPECTED RESULTS

At least 53 hospitals in the West Bank with around 520,000 annual patient admissions, in addition to 34 hospitals in Gaza with an estimated 210,000 patient admissions yearly, will benefit from improved services once the new hospital sector policy is implemented.





People's Democratic Republic of Lao

Strengthening capacity to deliver mental health care nationwide

FACT

Mental health conditions are worsening as a result of the COVID-19 pandemic. In the People's Democratic Republic of Lao (Lao PDR), an estimated 75% of people live in rural areas with no access to mental health care services.

WHY IT MATTERS

The COVID-19 pandemic has exacerbated mental health problems in Lao PDR with a rising number of people suffering from distress; either directly due to illness from COVID-19 or due to the economic hardships they experienced as a result.

IN PRACTICE

Health workers will be trained in providing mental health support to communities nationwide to enable more people to access care at the primary level, and increase understanding to help overcome stigma and discrimination.

EXPECTED RESULTS

WHO is supporting the Government to deliver long-term mental health services at the primary health care level, and to implement tools, guidelines and recommendations on mental health and psychosocial support.

Sudan Community dialogues empower disadvantaged populations

FACT

Many communities in Darfur are, for the first time, sitting down with local health authorities and partners in a series of community health dialogues to discuss priorities and find solutions to the problems the health system faces.

WHY IT MATTERS

Community engagement is a crucial part of ensuring equity and health for all. Many people and communities in Sudan are vulnerable, particularly as many local health facilities were destroyed or damaged during the war.

IN PRACTICE

WHO, through the UHC Partnership, is working hand in hand with the Ministry of Health, local health authorities and other partners to institutionalize community engagement in the primary health care based health system, crucial in moving towards universal health coverage and peace.

EXPECTED RESULTS

Communities are setting their own health priorities and are finding solutions to their local problems as they work closely with local health authorities; including re-instigating health committees and supporting local health workers.





Trinidad and Tobago Empowering communities to prevent and self-manage noncommunicable diseases

FACT

Trinidad and Tobago is strengthening the health system response to noncommunicable diseases (NCDs), reorienting approaches to prevention and control, and integrating them into existing primary health care.

WHY IT MATTERS

In Trinidad and Tobago, NCDs account for 62% of deaths every year. Over half of population has at least 3 risk factors for NCDs but many people find it challenging to choose healthier lifestyles.

IN PRACTICE

PAHO/WHO collaborated with the Ministry of Health to provide training to people with NCDs, who could in turn volunteer and train their communities nationwide. This community-based approach has increased the knowledge, skills and confidence for people to care for themselves and manage their condition effectively.

EXPECTED RESULTS

People across the country will be more equipped and empowered to prevent and manage chronic conditions. They will have better relationships with their health care providers. These will ultimately help reduce the impact of NCDs on the population's health.

Uzbekistan Strengthening its health system in the midst of COVID-19 crisis

FACT

Uzbekistan is embarking on a far-reaching and ambitious reform agenda to improve the health of its whole population through universal health coverage. A pilot project in Syrdarya Oblast will provide lessons for the whole country.

WHY IT MATTERS

Uzbekistan's health system previously relied on hospitals and specialist clinics for health services, while there was limited primary health care capacity. Vulnerable community populations suffered health and financial inequities as a result.

IN PRACTICE

WHO, through the UHC Partnership, provided technical support to the government to lay the foundations for a robust and sustainable health system, and to maintain reform processes, alongside strong health security measures, during COVID-19.

EXPECTED RESULTS

The people of Uzbekistan will access health care without suffering financial hardship; primary health care, financial and service delivery reforms will ensure patients receive quality, affordable care close to their community.

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An Uzbek mother holds her small child. The Government of Uzbekistan aims to improve the health of the whole population through achieving universal health coverage.

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Zimbabwe Data-driven decisions maintain essential health services

FACT

Delivery of essential health services needs to be regularly monitored and maintained during the COVID-19 pandemic response. Ensuring equity in access to services means meeting the health needs of all people including vulnerable and marginalized communities.

WHY IT MATTERS

During COVID-19, Zimbabwe experienced a nationwide decline in the use of essential health services due to the strict national lockdown measures, fears of contracting the virus and misinformation circulating in communities.

IN PRACTICE

WHO worked with the Ministry of Health and Child Care to develop and adapt a tool to monitor and support the continuation of essential health services during the pandeOmic.

EXPECTED RESULTS

People, especially those who are vulnerable such as children, pregnant women, older people or those living with chronic illnesses, will have the knowledge and confidence to safely access essential health services during the pandemic.

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We cannot build a safer world from the top down; we must build from the ground up [...] It starts with strong primary health care and public health systems, skilled health workers, and communities empowered and enabled to take charge of their own health. That must be the focus of our attention, and our investment.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General



Bagfeldshers of Tsagaannuur soum health centre travelled to reindeer herders to deliver health services, including MCH care, vaccination and elderly care. ©WHO/Mongolia

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