



Stories

from the field

60 988
summaries



World Health
Organization

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Joint working team for UHC



#UHCPartnership

Country work on primary health care
and universal health coverage **2019-2020**

In 2019–2020, WHO’s Joint Working Team for Universal Health Coverage in association with the Universal Health Coverage Partnership have produced a series of articles published in a magazine called Stories from the Field.

The stories demonstrate how health systems are getting stronger and providing better quality services, how care at the primary level is expanding and becoming more effective and accessible, and how communities and citizens are engaging with governments in meaningful ways to influence health policy and practice.

All this contributes greatly to make progress towards UHC; the goal that we are all striving for to ensure that everyone around the world has access to the health care they need, without being driven into poverty because of the cost.

Of course, the impact that we are seeing is not achieved by WHO alone. We work in close association with governments and other national health stakeholders in their endeavours to achieve better health outcomes for the population.

This publication of 60-second summaries from the published Stories from the Field gives a flavour of the impact of work happening on the ground to achieve UHC.

Cover photo credit: Víctor Sánchez, PAHO/WHO.

Time is precious and we know that you cannot read all that we want to tell you. So here are some 60-second summaries of our longer stories contained in the magazine: Stories from the Field.



About the Universal Health Coverage Partnership

The Universal Health Coverage Partnership (UHC-P) promotes universal health coverage (UHC) by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of the Ministry 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 and serve as a country-level resource for UHC2030, the global movement to build stronger health systems for UHC.

The UHC Partnership is supported by the European Union, France, the Grand Duchy of Luxembourg, Japan, Ireland and United Kingdom.

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A nurse recording client details © 2016 Riccardo Gangale/USAID, Courtesy of Photoshare.

ACKNOWLEDGEMENTS

Thank you to all those people in Country and Regional Offices who have supported the process of producing and writing these stories on top of your own very busy schedules; your efforts are much appreciated.

Thanks to our donors and partners who have made all this work at country level possible, and to donors supporting the Universal Health Coverage Partnership: European Union, France, the Grand Duchy of Luxembourg, Japan, Ireland and United Kingdom.

Also, thank you to all the technical staff of WHO who work hard in association with our partners on these projects.

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Belize Moving towards UHC with integrated care services

FACT

Belize is providing more integrated people-centred health services to make progress towards universal health coverage, through a primary health care approach.

WHY IT MATTERS

Implementing national health insurance throughout Belize and preventing fragmentation at health facilities level will help eliminate inequalities and ensure quality and timely health services.

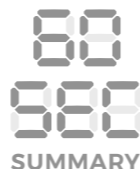
IN PRACTICE

The Government of Belize has worked with PAHO/WHO for years to build a strong health system for UHC.

EXPECTED RESULTS

The population will have increased access to affordable people-centred health care services, including better quality and continuity of care from primary care to more specialised care.

Dominica Strengthening primary care with community health workers



FACT

Dominica's health system is transforming into one that focuses increasingly on primary health care and is better placed to achieve universal health coverage and access (or Universal Health, as it is known in the Region of the Americas).

WHY IT MATTERS

Dominica's primary health care system was growing weaker due to resource constraints and a greater national focus on hospital care. Hurricane Maria devastated the island in 2017, which had a significant impact on human resources for health and the operation of community health centres, several of which were destroyed or made non-functional.

IN PRACTICE

PAHO/WHO has been working with the Dominica Ministry of Health and Social Services to undertake a thorough assessment of the health system, and specific recommendations are now being implemented.

EXPECTED RESULTS

Training a cadre of new community health workers to support PHC means that communities can enjoy access to services with skilled, qualified and motivated health workers. The health system will be stronger, making progress towards UHC.





Egypt Laying the foundations to make UHC a reality

FACT

The right to health is explicitly enshrined in Egypt's new constitution. Port Said will be the first to implement Egypt's new universal health insurance programme to make health services available to all.

WHY IT MATTERS

The previous health system only provided insurance for about 58% of the population, and many people could not afford to access health services.

IN PRACTICE

The Egyptian government worked closely with WHO on the development of the new law on health insurance. Now WHO is collaborating with ministries and universal health insurance committees on the transformation process.

EXPECTED RESULTS

Health insurance for everyone means that the whole population can access the health services they need, with an emphasis on primary care.

Estonia Making medicines affordable and accessible for all

FACT

The Estonian government has introduced a new people-centred approach that makes paying for prescriptions simpler and affordable for the patient; a progressive step towards UHC.

WHY IT MATTERS

Affordability is a crucial aspect of UHC. Before 2018, Estonia's system left some of the poorest and most elderly people in the population having to pay significant costs to receive the medicines they needed.

IN PRACTICE

WHO has worked with the Government of Estonia over a number of years to advocate a fairer co-payment system and help influence a smooth transformation process.

EXPECTED RESULTS

Out-of-pocket payments for prescription medicines have significantly declined in Estonia. In 2017 only 3 000 people benefited from the co-payment system, but that rose to 134 000 people in 2018.

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Georgia Building an efficient and transparent financing system for UHC

FACT

Georgia has just introduced a more efficient and transparent health financing system to improve the purchasing and payment of health service providers. It will soon introduce the 'Diagnosis Related Group' system for hospitals.

WHY IT MATTERS

Implementing the system will improve the efficient use of resources within a hospital, increase the transparency of hospital services, and enable monitoring of hospital performance. This contributes to improving the quality of care.

IN PRACTICE

The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and the Social Services Agency worked closely with the WHO Regional Office for Europe to implement the work.

EXPECTED RESULTS

The population will enjoy better health service coverage (outpatient visits and hospitalisation) and reduced out-of-pocket payments through implementing the DRG pricing and reimbursement policy.

Greece The rapid rise of primary health care

FACT

Nearly 100 PHC units, able to each serve 10,000 people, have opened in Greece in the past year. One patient describes it as a “major breakthrough in health.”

WHY IT MATTERS

Greece’s health system was deeply affected by the financial crisis, with a direct impact on access to health services, quality of care and financial protection.

IN PRACTICE

WHO stood ‘shoulder-to-shoulder’ with the Greek Ministry of Health, working at first from the Regional Office to support an EU-funded PHC project in Greece. WHO has now opened a Country Office in Athens, and supported the roll-out of this nationwide PHC effort.

EXPECTED RESULTS

There will be a vast improvement of access to affordable health services nationwide and a shift of focus from treatment to prevention.

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In June 2018, WHO and the Greek Ministry of Health inaugurated the new WHO Country Office in Greece.



Haiti Improving maternal health through primary health care

FACT

Haiti is implementing a community health model that emphasizes maternal, neonatal and child health. The approach strengthens district health governance, trains local health teams, improves infrastructure and builds key partnerships in the community.

WHY IT MATTERS

Haiti has only 25 physicians and 11 nurses per 100,000 population and only 39% of births occur at health facilities. Creating strong community health networks increases the acceptance and use of services and can save the lives of mothers and babies.

IN PRACTICE

The Haiti Ministry of Public Health and Population is expanding this approach to in other departments and communities with support from PAHO/WHO.

EXPECTED RESULTS

Initial results are very promising with an increase of vaccination coverage among children under one year, an increase in the use of modern family planning methods and growing numbers of institutionalized deliveries.

Iran (Islamic Republic of)

Training hospital managers for better service delivery

FACT

In under two years, all general managers in hospitals in Iran have been trained in management and leadership skills and are improving quality of care as a result.

WHY IT MATTERS

Access to quality health services is at the heart of achieving UHC, and improving hospital performance is an important entry point.

IN PRACTICE

The Ministry of Health and Medical Education worked closely with WHO to deliver the nationwide training. Iran's experience has been so successful that the programme is now being replicated in Iraq and Afghanistan.

EXPECTED RESULTS

Patients experience improved quality of health care, hospitals are more efficient, and patients have greater satisfaction with services.

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Jordan Investing in family doctors to boost primary health care

FACT

Jordan's Ministry of Health is strengthening its primary healthcare system through training family doctors at primary healthcare facilities to provide more patient-centred care.

WHY IT MATTERS

Family doctors, or general practitioners (GPs) are fundamental to deliver primary health care to communities to promote healthy lifestyles and provide treatment.

IN PRACTICE

The Ministry of Health in Jordan, in cooperation with WHO, launched the Family Medicine Online Diploma which trains GPs to deliver better primary health care services.

EXPECTED RESULTS

GPs are providing more effective patient-centred care, communicate better with their patients, and prescribe fewer antibiotics. This community-centred approach will increase Jordan's ability to achieve universal health coverage.

Kyrgyzstan Improving access to essential quality medicines

FACT

Kyrgyzstan has established three new laws on medicines and health technologies which allow the state to regulate the prices of essential medicines, making them more affordable to patients.

WHY IT MATTERS

In Kyrgyzstan, almost all citizens pay for medicines out-of-pocket and the state only pays for 10% of the cost. Medicines are the second-largest expenditure for most families after food.

IN PRACTICE

National health authorities worked for several years to develop these laws; WHO contributed to the process, promoted their adoption and continues to provide specific technical assistance to achieve international standards.

EXPECTED RESULTS

The population will have greater access to quality essential medicines without suffering financial hardship. The health system will be stronger, an important step on the path to universal health coverage.

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Lebanon New Policy Support Observatory and National Health Forum

FACT

A new Policy Support Observatory (PSO) is strengthening the governance of the health sector in collaborative ways. The PSO encourages reliance on scientific evidence and knowledge to inform health policy and engages networks of partners.

WHY IT MATTERS

Fifteen years of civil war left Lebanon with a weakened health system, destroyed public health facilities and a dispersed health workforce. The government needed to modernise its health systems governance in order to achieve UHC.

IN PRACTICE

The PSO was launched by the Ministry of Health in April 2018, in partnership with WHO and the American University of Beirut Faculty of Health Sciences. WHO is now supporting the implementation of several PSO projects.

EXPECTED RESULTS

The health system will become stronger through institutionalised sources of intelligence and evidence, collaborative decision-making and political consensus sought among stakeholder networks.

Liberia Task-sharing for UHC: training nurses and midwives



FACT

In Liberia, a transformative project is training nurses and midwives to become qualified obstetric and neonatal clinicians.

WHY IT MATTERS

Maternal and newborn deaths in Liberia are tragically too frequent. Every day, an event claims the lives of 4-5 mothers and 8-10 newborns. Most deaths occur around the perinatal period, immediately before and after birth.

IN PRACTICE

WHO has collaborated with the government through a formal partnership with other health stakeholders, and provides the partnership with office space, training facilities, logistical support, and funding for training.

EXPECTED RESULTS

Liberia is aiming for a 50% reduction in national maternal and newborn deaths and stillbirths by 2023, to be on track to meet SDG3 by 2030.





Libya The highs and lows of medicine supplies

FACT

A meaningful shift in relationships and a new vision for progress is driving Libya's health information system and medical supply chain management. A pioneering project is building capacity throughout the system.

WHY IT MATTERS

Libya was left with the legacy of a deeply under-developed health system. Extensive shortages of medicines and medical supplies, low stocks of vaccines and a lack of trusted information about the supply chain have been common place.

IN PRACTICE

Thanks to close collaboration with national authorities and financial support from the European Union, WHO experts have been able to strongly advocate for improved supply systems and have supported people at all levels – from medicines warehouses to Ministries – to improve management practice.

EXPECTED RESULTS

The population will have better access to safe and essential medicines, and the health system will be strengthened.

Micronesia (Federated States of) Improving primary health care

FACT

A primary health care approach is helping ensure that Micronesia's 100,000 people - scattered across hundreds of islands in the Pacific Ocean - are able to receive a comprehensive package of care.

WHY IT MATTERS

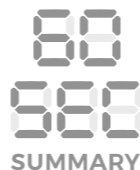
Transport between the islands is expensive, and people and communities are getting infrequent and fragmented health care.

IN PRACTICE

Improved access to services are a result of strong collaboration between local governments, communities, development partners and WHO, a robust situation analysis, a set of guidelines and a capacity building programme.

EXPECTED RESULTS

The population can access a comprehensive package of care at primary level, including for NCDs, at affordable costs.





Morocco Improving quality of care through better hospital management

FACT

Across Morocco, teams of regional hospital management staff received a one-year training on strategic planning and management in order to transform their hospitals.

WHY IT MATTERS

Achieving UHC means strengthening the health system at all levels. Hospitals in Morocco face a number of challenges including a lack of capacity for developing and implementing improvements

IN PRACTICE

The Ministry of Health, with support from WHO and the Mohammed VI University of Health Sciences, undertook the programme, which will now be expanded to all hospitals nationwide.

EXPECTED RESULTS

All regional hospitals now have a new hospital strategy document and new governance processes and undertake self-assessment. Every hospital has improved performance and better patient satisfaction.

Niger A strong health workforce, a strong economy: all working together

FACT

Niger is the first country in the West African Region to take up the recommendations of the High-level Commission on Employment in Health and Economic Growth. A range of Ministries and sectors are working together in new ways to strengthen the health workforce and improve socio-economic development.

WHY IT MATTERS

Inter-sectoral efforts to support UHC are essential. In Niger, investments in infrastructure and human resources for health, education, agriculture, fisheries and micro-enterprises will contribute to a comprehensive approach to socio-economic development and UHC.

IN PRACTICE

WHO, ILO and OECD served as vice-chairs of the High-level Commission on Employment in Health and Economic Growth and then facilitated regional and national discussions about how to put recommendations from the Commission into practice, working closely with various Ministries in Niger.

EXPECTED RESULTS

The country will benefit from the creation of 11,500 health jobs; 147 additional health facilities; and 1.8 million additional people covered in under-served areas.

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Nigeria Producing well-trained, skilled and qualified health workers to achieve UHC

FACT

A project in Nigeria is transforming the health workforce in Cross River State and Bauchi State. Many health training schools are much stronger and are now training and producing highly qualified and skilled health workers.

WHY IT MATTERS

Having the right numbers of qualified and skilled health workers to deliver frontline maternal, neonatal and child health care services at the primary health care level is crucial for UHC.

IN PRACTICE

The project is being implemented by WHO, Global Health Workforce Alliance and the Population Council, in partnership with the Federal Ministry of Health, the Bauchi State Ministry of Health and the Cross River State Ministry of Health.

EXPECTED RESULTS

A rich reservoir of incoming health workers, quality training schools and a strategy for placing health workers where they are most needed are good steps towards a stronger health system and UHC.

Nigeria Health workforce strategic planning and management for UHC

FACT

Since 2014 a project called 'Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria' has transformed how federal and state officials plan and manage human resources for health in Bauchi and Cross River States.

WHY IT MATTERS

Planning, management and coordination to strengthen the health workforce is crucial for service delivery and making progress towards universal health coverage.

IN PRACTICE

The project was implemented by World Health Organization, the Population Council and the Global Health Workforce Alliance and partnerships formed with the Federal Ministry of Health, Bauchi State Ministry of Health and its Departments, Agencies and Parastatals and the Cross River State Ministry of Health and its Departments, Agencies and Parastatals.

EXPECTED RESULTS

In Nigeria, at federal and State levels, HRH policies are now evidence-based, health managers are better equipped to deploy, manage and retain health workers, and HRH stakeholders share information and collaborate.

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Oman Leading the way in patient safety: improving service delivery for UHC

FACT

Almost 90% of the main hospitals in Oman are now taking part in the Patient Safety Friendly Hospital Initiative to improve safety in public and private hospitals nationwide. This improves service delivery to support UHC.

WHY IT MATTERS

Each year globally, millions of patients die or are injured because of unsafe and poor quality health care. Most of these deaths and injuries are avoidable.

IN PRACTICE

The Ministry of Health is highly committed to the Patient Safety Friendly Hospital Initiative. WHO worked with the Ministry and hospitals nationwide to provide tools, training and technical support about patient safety.

EXPECTED RESULTS

All hospitals in Oman will improve practice in patient safety and quality of care, ultimately improving health and saving lives.

Philippines UHC Act: a new dawn for health care

FACT

The Philippines has just signed a Universal Health Care Bill into law that automatically enrolls all Filipino citizens in the National Health Insurance Program and prescribes complementary reforms in the health system.

WHY IT MATTERS

In 2016, 54% of health care spending in the Philippines was attributable to people paying out-of-pocket. This needs to change. Like elsewhere, UHC is foremost a political choice. When implemented effectively, the Act will mean all Filipinos get the health care they need, when they need it, without suffering financial hardship as a result.

IN PRACTICE

The UHC Act was carried by a broad coalition of parliamentarians across the political spectrum. WHO advocated and informed the consultation and drafting process of the Bill in the Senate during the second half of 2017, gently steering the process in the areas of people-centred integrated service delivery and health financing.

EXPECTED RESULTS

People will experience a drastic reduction in out-of-pocket payments and catastrophic expenditures through which they can become impoverished as a result of paying for health care.

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From left to right: Hon Ralph Recto, Senate President Pro-tempore; Hon Francisco Duque III, Secretary of Health; Dr Roy Ferrer, acting President and CEO of the Philippine Health Insurance Corporation (PhilHealth); and Hon Joseph Victor Ejercito, Principal Sponsor of the UHC Act in the Senate listen to projections of financial impact of the draft UHC bill from Ms Nerissa Santiago, acting Senior Vice President for Actuarial Services of PhilHealth (center). Photo: WHO.



Republic of Moldova

Improving access to medicines for UHC

FACT

Moldova is among the first countries in the European Region to pilot a new mobile application – MedMon – designed by WHO to help countries monitor the availability and price of medicines.

WHY IT MATTERS

Access to affordable medicines and other health products is a good indicator of progress towards UHC. It is vital to be able to measure and monitor the population's access to medicines.

IN PRACTICE

The Government of Moldova is applying the new WHO MedMon application in 60 settings. Local experts with support from all levels of WHO analyse the data to provide evidence for future policy development.

EXPECTED RESULTS

Good quality data available in good time will improve policies, practices and interventions related to medicines access and health products. This will support progress towards UHC.

Samoa Revitalising primary health care and tackling non-communicable diseases

FACT

The government of Samoa is tackling non-communicable diseases (NCDs) through a primary health care approach, bringing interventions such as awareness campaigns and health screenings to the community.

WHY IT MATTERS

NCDs in Samoa are reaching epidemic proportions. About half the population aged 18-64 is at high risk of developing diabetes, cancer, chronic respiratory disease or cardiovascular disease. Action is needed at individual and community levels.

IN PRACTICE

The Ministry of Health and the National Health Service worked with WHO to map the way forward for a primary health care model, which was adapted to the Samoan context. National guidelines were developed and a pilot project began.

EXPECTED RESULTS

The population's risk of developing major NCDs will be drastically reduced through revitalizing primary health care services in the community.

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Sri Lanka Primary health care: on the road to UHC

FACT

Sri Lanka has endorsed primary health care to address the emerging challenges to achieve universal health coverage.

WHY IT MATTERS

Business as usual is not an option for Sri Lanka. It is experiencing a rise in non-communicable diseases, a rapidly ageing population, changing societal expectations of health care and urbanization.

IN PRACTICE

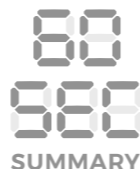
The Sri Lankan Ministry of Health, in close partnership with the Sri Lankan Medical Association and WHO, developed an Essential Services Package and a service delivery model for PHC. An immediate next step was to organize an advocacy session in the Parliament resulting in the signing of a National UHC pledge.

EXPECTED RESULTS

All populations will have guaranteed access to a package of quality care throughout the country.

Syrian Arab Republic

Tackling NCDs in emergencies through primary health care



FACT

Patients in north-western Syrian Arab Republic are receiving treatment and care for non-communicable diseases (NCDs) in primary health care settings, despite living through an ongoing conflict.

WHY IT MATTERS

The country is facing a complex humanitarian emergency. Its health system is severely weakened, with short supplies of medicines and medical staff and difficulties to ensure access and continuity in health services. NCDs are responsible for 45% of all deaths.

IN PRACTICE

WHO has collaborated with partners such as USAID and Primary Care International to integrate NCD care into primary health care in health facilities in the north west of the country. The project trained over 240 local health workers to diagnose and treat patients with NCDs, delivered remote mentoring and provided NCD emergency kits.

EXPECTED RESULTS

People are able to access primary health care services for NCD care, despite the huge challenges facing the health system. There is a marked increase in the number of patients being diagnosed with and treated for NCDs.





Tajikistan Strengthening rehabilitation in UHC to leave no one behind

FACT

As part of primary health care and making progress towards UHC, Tajikistan has established a National Rehabilitation Programme for adults and children suffering from a range of health conditions, impairments and disabilities.

WHY IT MATTERS

Awareness of the need for rehabilitation dates back to the Alma Ata Declaration of 1978. Today, rehabilitation is more important than ever because of ageing populations and the huge increase in non-communicable diseases.

IN PRACTICE

Tajikistan's Ministry of Health and Social Protection has led the way to establish the National Rehabilitation Programme; WHO has promoted rehabilitation as a key element of a strong health system and provided policy and implementation advice.

EXPECTED RESULTS

Rehabilitative and assistive products are included in Tajikistan's state-guaranteed health service. The package ensures free services for certain segments of the population, especially the poorest and over 180,000 people have benefitted so far.

Timor-Leste Building a strong finance system for UHC

FACT

Timor-Leste has just launched its Health Financing Strategy 2019 – 2023, an essential element of progress towards universal health coverage (UHC).

WHY IT MATTERS

For a country to achieve UHC, it must have a strong finance system in place to collect, manage, and allocate resources for the health sector.

IN PRACTICE

The Government of Timor-Leste launched the Health Financing Strategy with support from the WHO Country Office in Timor-Leste, through the UHC Partnership and by engaging with a range of stakeholders.

EXPECTED RESULTS

The Health Financing Strategy will ensure financial protection for the population; increase funding coverage of essential services; reduce inequities in availability and use of health services; and improve system efficiency.

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Tunisia Citizens and civil society engage in health policy

FACT

Tunisia has organised a series of engaging meetings between government representatives, civil society organisations and citizens eager to discuss and make decisions about the national health policy.

WHY IT MATTERS

Finding common ground on health policy issues and ways to make progress will result in a stronger national health system, in line with the aspirations of its citizens. It will substantially improve the health of Tunisian citizens.

IN PRACTICE

The Tunisian Ministry of Health, with support from WHO's Universal Health Coverage Partnership, have organised two phases of the Societal Dialogue for health system reform. This includes an extensive series of debates and inter-regional meetings.

EXPECTED RESULTS

Communities are empowered, citizens take action and responsibility for health decisions, and the national health policy and plan is responsive to citizens' needs.

Ukraine Championing UHC through health financing reform

FACT

In Ukraine, over the past year, the majority of primary health care centres have moved to a new financing model. These facilities have doubled their funding, and more patients have better access to services.

WHY IT MATTERS

In 2018, before this change, nearly half of all Ukrainians could not afford to seek health care. Now primary health care is available in the largest cities and the smallest villages with two thirds of the population registered with a physician.

IN PRACTICE

The Government of Ukraine is transforming health and finance systems gradually, with a focus on primary health care and ongoing support from national and international partners including WHO.

EXPECTED RESULTS

The population will have access to primary health care free of charge, and enjoy a stronger health system with better funded health centres and better paid health workers.

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United Republic of Tanzania

Stronger health care data reaps rewards for UHC

FACT

In Tanzania the government and a range of stakeholders are collaborating to coordinate a national approach to collecting and analyzing data from health care facilities.

WHY IT MATTERS

Without accurate data from health facilities, the government is unable to make informed decisions about how to improve the health system. A national coordinated approach is needed to reduce duplication and inefficiencies.

IN PRACTICE

The government is collaborating with WHO and other stakeholders to strengthen data governance. It is creating a national multi-programme health facility data system, applying the WHO standard data analysis package to explore further.

EXPECTED RESULTS

Improved data will lead to better decision-making, improved evidence-based policies, enhanced collaboration and standardized methods towards data analysis. This vitally contributes to progress towards UHC.

“

Do not think achieving UHC is someone else's job. Let me remind you that after all, UHC starts with you.

Dr Tedros, Director-General, WHO



Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship.

World Health Organization



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