Governance for Universal Health Coverage

A background paper for the ASEAN-Japan Health Ministers Meeting on UHC and Ageing Populations, Tokyo, Japan, 14-15 July 2017

Background

The United Nations Sustainable Development Goals (SDGs) are anticipated to guide policies and funding for health development from now until 2030. Ambitious in scope and breadth, the new goals – if achieved – could have wide-reaching impacts on health, economic, and social outcomes. The focus on Universal Health Coverage (UHC) goes far beyond disease-specific targets and has the potential to greatly expand access to quality care for the world's population – particularly given the focus on addressing inequities. Their implementation, however, requires strong governance structures for health.

Attention is needed, therefore, to both **governance for health** and **health governance (Figure 1)**. Governments have the responsibility to ensure the health of their populations. In doing so, Ministries of Health fund and implement policies that promote population health and ensure access to needed care. An important activity is creating an environment that is health promoting – providing access to safe water and sanitation, controlling air pollution, banning indoor smoking – which encourages people to make healthy choices. **Governance for health**, therefore, focuses on the efforts of governments to invest in health as an integral part of economic and social development and to work across sectors in creating environments that encourage individuals to make healthy choices.
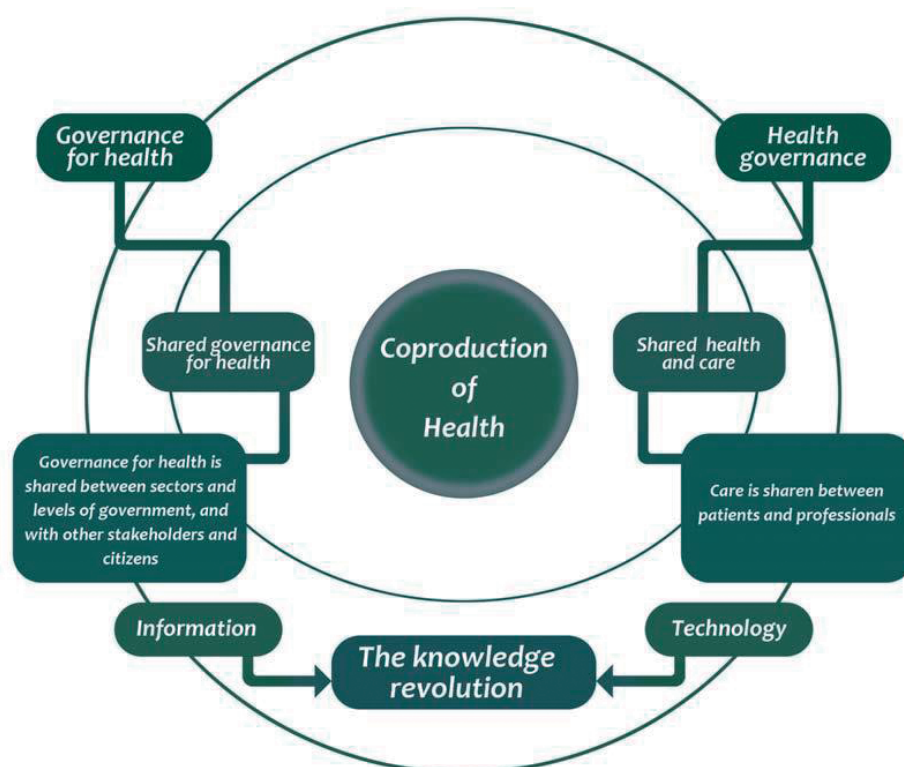

Figure 1. Governance for health and health governance (WHO EURO, 2014)

At the same time, societies are changing and there are many stakeholders in health. Private, academic, and non-governmental organizations are involved in developing and advocating for health policies – such as access to medicines and tobacco control. Individuals have information and knowledge about their own health status and technologies are evolving rapidly. Thus, people are increasingly empowered to be involved in the production of their own good health. Health challenges are not only about providing quality clinical care, but also involve political advocacy and individual behavioural choices. Take ageing for example. Innovations are enabling individuals to monitor their own health status, learn about new treatment options and become involved in clinical decision-making about options that affect the quality of their lives. **Health governance**, therefore, implies that governments have the responsibility to increase capacities across a wide range of public and private organizations, communities and individuals so that they can participate in health decision-making towards better health and social welfare.

Governance challenges

Governance for health and strengthening health systems face challenges similar to other sectors – including ensuring equity in access to services, efficiency in use and allocation of resources, and sufficient funding. The commitments to universal health coverage also highlight the importance of investing in human resources for health and ensuring that people do not experience catastrophic health spending. The role of Ministries of Health in providing leadership and coordinating across multiple sectors becomes central to successfully implementing health promoting policies and regulations across all sectors, as well as monitoring health status and evaluating the impact of health programs.

To be successful, governments must adapt to a rapidly changing environment. As illustrated in times of outbreaks and emergencies, **countries are interdependent**. Events occurring in one part of the world can quickly spill not only across borders but across continents – requiring stronger attention to global health frameworks and commitments. Thus investments in basic health infrastructure and resilient health systems have an important global health impact. Moreover, health policies and events frequently involve not only Ministries of Health but also **require action in other sectors** – including trade, agriculture, finance, energy, and defence. Take for example, policies that promote tobacco and alcohol control, where the actions of finance ministries are critical in implementing systems of taxation that translate to high prices – thus reducing demand for unhealthy products. Within a given country, **health forms a large share of the economy.** Globally, in 2014, nearly 10% of the gross domestic product was spent on health, and this share tends to increase as countries become wealthier. Thus, decisions in the health sector can have important long term effects on business, labor and the economy as a whole. **Knowledge** has become the key resource in advancing national growth and development investing in human capital and specifically education and health is central to the growth of the economy as a whole. Moreover, our **very definition of good health has expanded**, particularly with ageing populations, from living without disease to the concept of living within healthy and vibrant communities.

Good health governance requires recognition of the wide range of public and private organizations now active in the health sector. **Non-state actors** now play important roles in advocacy, research, and the production of health. Such actors may include non-governmental organizations, non-profit and for-profit private entities, philanthropic organizations, and academic institutions. **Community-based groups and individuals** play a critical role in maintaining and promoting their own health, and require information to participate in shared decision-making.

Technologies and innovations will transform the health sphere of the future. A great deal of research and development is underway – some of which could translate to products that could revolutionize care management. This may include technology to provide early warning systems for stroke or other critical events, or innovative ways to redesign health services that deliver better quality care at lower cost. New technologies also have the potential to inform, engage and empower communities and individuals – such as wearable technologies to monitor vital signs, glucose levels, and medication adherence. Tools such as decision aids may empower people faced with multiple treatment options, each with its own advantages and disadvantages and varying impact on quality of life. Such tools may facilitate discussions with patients and family about their ability to comply with treatment recommendations, personal preferences, and impact on quality of life. Technologies are also changing the way people get and exchange information, interact with each other, and do business. The potential is vast – in terms of providing health information, monitoring own health status, promoting social interaction, and raising funds for promising innovations, among others.

Governing in the future for UHC

Under UHC, Ministries of Health have more important role in promoting strong health governance and strengthening health systems to ensure, for example, that norms and standards are established and followed, funding for health services is protected, and vulnerable groups have access to care. At the same time, governance for health involves creating an environment that mobilizes the full participation of individuals and communities in promoting health. Moving forward to achieve UHC, Ministries of Health will need to provide leadership in:

- **Envisioning the health system of the future**, taking into consideration demographic changes, such as rapidly ageing populations, and disease projections.
- **Investing in institutions and human capacities** to modernize Ministries of Health in shifting focus from delivering services to leading, providing norms and standards, and monitoring trends.
- **Investing in information systems** to collect data about utilization, prices, and expenditures thus enabling leadership to be able to continually inform and adjust policies.
- **Experimenting and evaluating,** using pilot programs and their evaluation to generate important evidence to understand whether programs work and what works within a given context before scaling up nationally.
- **Enabling wide participation of non-state actors in health** through regulation, information and incentives to mobilize and maximize the contribution of the many private and community based players to the health sector.
- **Facilitating the participation of individuals and communities** through accurate information, education and technologies to empower them to promote their own health and well-being.
- **Maximizing the use of technologies** to extend the reach of the health system, promote quality, lower cost, and involve communities and individuals in their own health care.
- **Learning from other countries,** in recognition that countries are facing shared challenges and are testing systems, technological, and policy innovations across different contexts.
- **Recognizing interdependencies** across regions, particularly related to migration and health worker movements, and setting up systems to share information across the region – whether related to outbreaks or research to inform national decision-making processes.

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