
Health system strengthening for universal health coverage 2012-2016: midterm review of progress and prospects

Executive summary

1. Health system strengthening is one of five strategic priority areas endorsed by the WHO Regional Committee for the Eastern Mediterranean for WHO's work with Member States in the Eastern Mediterranean Region 2012–2016. In 2012, the Regional Committee discussed the challenges facing health systems together with strategies and options which provides a long-term agenda for Member States and WHO. In 2013, as a step towards addressing a major component of health system strengthening, the Regional Committee also discussed a strategy and roadmap to accelerate progress towards universal health coverage. The Regional Committee issued supporting resolutions EM/RC59/R.3 and EM/RC60/R.2. This paper takes stock of the progress made by WHO and Member States in pursuing the priorities and actions agreed by the Regional Committee in 2012 and summarizes the challenges encountered in the process.

2. Analysis undertaken in 2012 identified geopolitical, socioeconomic and health system-related challenges undermining health system performance in the three groups of countries in the Region. Accordingly, seven priorities for improving performance were agreed upon. WHO support during the past two years focused on: developing regional and country strategies; sharing of international and regional experiences; building regional and national capacities; and generating knowledge and developing guidance to inform actions.

3. Universal health coverage was endorsed in 2012 as the overarching priority for health system strengthening and has been the focus of intensive work with Member States. The vision for universal health coverage is to promote population health by ensuring that all the population is insured, all needed services are covered and all insured people are financially protected. Some Member States are already taking measures to implement this vision.

4. The progress reported in this paper emphasizes the need for continuing commitment to the strategies for strengthening health systems agreed by the Regional Committee, including the regional roadmap for accelerating progress towards universal health coverage agreed at the Sixtieth session of the Regional Committee, and related resolutions EM/RC59/R.3 and EM/RC60/R.2. In line with the framework for action on advancing universal health coverage in the Eastern Mediterranean Region, four key interventions are proposed for Member States to consider and adapt for immediate action.

Introduction

5. Health system strengthening is one of five strategic priority areas¹ endorsed by the WHO Regional Committee for the Eastern Mediterranean for WHO's work with Member States in the Eastern Mediterranean Region 2012–2016 (resolution EM/RC59/R.1). Among the most important health system challenges facing many countries of the Region are inequities in health, rising exposure to health risks, increasing health care costs and unacceptably low levels of access to quality health care. It has been noted during the past two sessions of the Regional Committee that, in order to

¹ See: Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO. Cairo: WHO Regional Office for the Eastern Mediterranean; 2012 (http://applications.emro.who.int/dsaf/EMROPUB_2012_EN_742.pdf).

confront these challenges, and to achieve better health and universal health coverage, governments will need to develop a clear vision and strategies for their health systems.

6. In 2012, the Regional Committee, at its Fifty-ninth session, discussed these challenges together with strategies and options which provided a long-term agenda for Member States and WHO for 2012–2016 (EM/RC59/TechDisc.1). In 2013, as a step towards addressing a major component of the roadmap for health system strengthening, the Regional Committee, at its Sixtieth session, also discussed a strategy and roadmap to accelerate progress towards universal health coverage. The Regional Committee issued supporting resolutions EM/RC59/R.3 and EM/RC60/R.2.

7. This paper takes stock of the progress made by WHO and Member States in pursuing the priorities and actions agreed by the Regional Committee in 2012 and summarizes the challenges encountered in the process. It emphasizes the need for continuing commitment to the strategies agreed by the Regional Committee and outlines four key interventions for immediate action.

Summary of health system challenges and priorities

8. An in-depth analysis of the challenges facing health systems in the Region was presented to the Regional Committee in 2012. For the purpose of the analysis, countries were categorized into three groups based on population health outcomes, health system performance and the level of health expenditure.² This categorization was accepted by the Member States and has allowed for more focused WHO technical support to countries. Box 1 provides a summary of the health system challenges based on the analysis undertaken in 2012.

9. The analysis led to the identification of seven priority areas for improving health system performance in the Region (see Table 1). For each of the priorities, a range of options was recommended to both Member States and WHO.

Box 1. Key health system challenges for Member States

- Strengthening the capacity of ministries of health in formulating and evaluating evidence-informed policies and plans and regulating the health sector
- Achieving an adequate and sustainable level of financing and reducing the share of out-of-pocket payments on health in Group 2 and Group 3 countries.
- Strengthening the contribution of the private health sector towards public health goals and regulating it to ensure quality and prevent inappropriate practices.
- Developing a balanced, motivated, well-distributed and managed health workforce with the appropriate skills mix
- Adopting workable models of family practice for the delivery of primary care services
- Reinforcing health information systems, including civil registration and monitoring of risk factors, morbidity, mortality and health systems performance
- Improving access to and rational use of essential technologies (medicines, vaccines, biologicals and medical devices)
- Supporting priority public health programmes by overcoming system-wide barriers.
- Preparing health systems to respond to crises and disasters and strengthening their resilience in complex and extended emergencies.

² Group 1: Bahrain, Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates; Group 2: Egypt, Islamic Republic of Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Syrian Arab Republic, Tunisia; Group 3: Afghanistan, Djibouti, Pakistan, Somalia, Sudan, Yemen.

Table 1. Activities in support of health system strengthening for universal health coverage 2012–2014

Priority areas	Major activities
Move towards universal health coverage	Regional consultations and framework for action on advancing universal health coverage in the Eastern Mediterranean Region National vision, strategy, roadmap development
Strengthen leadership and governance in health	Initiative to develop a leadership development programme Global learning programme developed to strengthen WHO capacity in national health policy and strategic planning Regional consultation on public health law
Strengthen health information systems	Robust assessment of civil registration and vital statistics conducted in all countries and a regional strategy developed and endorsed by the Regional Committee in 2013, with special emphasis on strengthening cause-specific mortality statistics Key components of health information systems agreed and a list of core indicators developed in collaboration with Member States Health system profiles for all countries developed and updated
Promote a balanced and well managed health workforce	Strategic framework for health workforce development drafted Situation analysis of medical education completed Regional consultations planned (November 2014)
Improve access to quality health care services	Analysis of family practice and training programmes conducted; regional consultation on family practice (November 2014) Toolkit for quality and safety in health care developed; regional meeting on quality and safety in health care (June 2014)
Engage with the private health sector	Mapping of private sector; studies on regulation, quality and cost; regional consultation on engaging the private sector for accelerating progress towards universal health coverage (June 2014)
Ensure access to essential technologies	Assessment and strengthening of national regulatory authorities; Eastern Mediterranean Drug Regulatory Authorities Conference (May 2014) Pharmaceutical country profiles developed Advocacy and capacity development for health technology assessment; regional consultation planned (December 2014) Good governance in medicines programmes implemented (15 countries)

Progress in implementing the strategies and options for health system strengthening

10. A progress report was submitted to the Regional Committee at its Sixtieth session in 2013 on the progress made by WHO in implementing Regional Committee resolution EM/RC59/R.3 on health systems strengthening. This paper focuses on implementation of the strategies and options agreed upon in the related technical paper (EM/RC59/Tech.Disc.1), in terms of achievements, work in progress and areas where insufficient progress has been achieved so far. These commitments, though non-binding, serve as a benchmark for assessing progress by both WHO and Member States in support of health system strengthening in the Region in 2012–2014.

a) WHO

11. A multi-year action plan was developed to implement the health system strengthening agenda in the Region. The plan, which is now being implemented, provides a step-by-step approach to fulfilling WHO's commitment to health system strengthening in the Region. Table 1 shows the key activities implemented by WHO in the seven priority areas.

Move towards universal health coverage

12. Supporting Member States to develop a strategy and roadmap to pursue universal health coverage has been a priority area for WHO over the past two years. A paper presented to the Regional Committee in its Sixtieth session assessed progress by the three groups of countries in regard to the

three dimensions of universal health coverage: financial protection, service coverage and population coverage. A strategy and roadmap to accelerate progress towards universal health coverage was discussed and a subsequent resolution (EM/RC60/R.2) called on Member States to ensure sustained political commitment towards universal health coverage. The resolution requested the Regional Director to provide technical support for the development of a country-specific vision, strategy and roadmap to move towards universal health coverage.

13. In December 2013, successful global and regional experiences in pursuing universal health coverage and lessons learned were shared in a regional meeting on accelerating progress towards universal health coverage, with high-level participation from Member States. The meeting resulted in a framework for action on advancing universal health coverage in the Eastern Mediterranean Region.³

14. Technical support was stepped up to several Member States to devise a national strategy and roadmap to pursue universal health coverage: Islamic Republic of Iran, Jordan, Morocco, Pakistan, Sudan, Tunisia and Yemen. National policy dialogues and focused discussions around health financing for universal health coverage were also facilitated in several countries.

15. In-depth analyses of the health financing system were conducted in Islamic Republic of Iran, Jordan, Morocco, Palestine, Sudan and Tunisia, using the OASIS (Organizational assessment for improving and strengthening health financing) approach. Technical support was provided to several countries in designing, conducting or completing national health accounts, and capacity-building was also supported. A regional meeting was held on strengthening the implementation of social health insurance towards universal health coverage.

Strengthen leadership and governance in health

16. Country-level inclusive policy dialogues around ONE national health strategy and plan were held in Afghanistan, Djibouti, Pakistan, Sudan, Somalia and Yemen, motivated by the GAVI health system strengthening and International Health Partnership initiatives. Advisory or capacity development missions were undertaken to support health systems strengthening in several countries.

17. Two initiatives were launched (see Box 2), led by the Regional Director, which are intended to have a direct impact on improving public health in Member States. The first is aimed at improving essential public health functions (EPHF) and the second is to establish a leadership development programme for public health.

Box 2. Initiatives for strengthening public health in Member States

Improve essential public health functions (EPHFs)

- Assessment of EPHFs to help countries identify strengths and weaknesses in public health and develop interventions to sustain good practices and bridge gaps
- A joint effort between Member States and WHO
- Eight EPHFs identified, and a framework and tool for assessment developed
- Pilot assessment conducted in Qatar
- Next steps: assessment in other countries followed by a regional conference and experience sharing.

Leadership Development Programme for Public Health

- Aimed at developing a critical mass of public health leaders who can address the challenges posed by global health imperatives and tackle national and local health problems
- Modules on public health leadership, health system strengthening and global public health issues
- Skills development in change management, health diplomacy, conflict resolution and public speaking
- Developed in collaboration with Harvard School of Public Health
- Targeted for launch in early 2015.

³ See: Report on the regional meeting on accelerating progress towards universal health coverage: experiences and lessons for the Eastern Mediterranean Region. Dubai, United Arab Emirates, 5-7 December 2013. Cairo: WHO Regional Office for the Eastern Mediterranean; 2014 (http://applications.emro.who.int/docs/IC_Meet_Rep_2014_EN_15369.pdf)

Strengthen health information systems

18. In addition to development of a regional strategy on civil registration and vital statistics, and a list of core indicators, a regional strategy to strengthen national health information systems was developed. The aim of the strategy is to ensure countries are able to report, on a regular basis, on the agreed list of regional core indicators.

19. Health system profiles for all countries were developed in 2013 and have been updated in 2014. The profiles present an overview of the performance of the health system based on a set of indicators, along with an analysis of the strengths, weaknesses, opportunities and challenges, and the emerging priorities for strengthening health systems.

Promote a balanced and well managed health workforce

20. A working paper on the strategic framework for strengthening the health workforce in the Region will be discussed in a consultative meeting in December 2014.

21. A study to assess the status of medical education in Member States countries is under way to assess aspects of medical education related to production, curriculum design, education and training methods, evaluation and continuing professional development. The results will be shared in a consultative meeting in November 2014 with the aim of identifying priorities for action in strengthening medical education in the Region.

22. Initiatives to strengthen nursing and midwifery education and training included support to develop national strategic plans. A consultation on nursing education was convened to update the regional standards for nursing and midwifery education and develop a framework for nursing specialization. Prototype curricula for pre-service nursing education and for post-basic specialty mental health nursing were developed.

Engage with the private health sector

23. A preliminary mapping of the private health sector in the Region was presented in a technical meeting prior to the Sixtieth session of the Regional Committee, along with assessments of private health sector regulation in Egypt and Yemen.

24. The quality and cost of selected interventions in the public and private sector were assessed in five countries. The results were shared in a regional consultation on engaging the private health sector for accelerating progress towards universal health coverage, which provided clear recommendations for further action. These include: ensuring political commitment from policy-makers to engage with private health sector partners; documenting the physical and financial size and scope of the range of services provided by the private sector; strengthening the institutional capacity of ministries of health to engage with the private health sector; and transforming perceptions regarding regulation.

Ensure access to essential technologies – medicines, vaccines, medical devices and diagnostics

25. Pharmaceutical sector profiles were developed for each Member State, based on the results of a global survey undertaken in 2011-2012 and other information sources, and will support countries in their efforts to address issues in the pharmaceutical sector. The profiles show that the areas in greatest need of action are regulatory system strengthening, rational selection and responsible use of medical products, pharmaceutical workforce development and access to controlled medicines.

26. In the area of health technology and medical devices, the status of and global experiences in health technology assessment were shared in a regional consultation. A step-by-step guide on designing and implementing a unified regulatory programme for medicines and medical devices was

developed based on site visits to regulatory bodies in Sudan, Jordan and Saudi Arabia. Over 70% of Member States responded to the second wave of the global survey on medical devices. Only 5% have established policies and coordination units for medical devices, 29% have regulation and inventory systems and 16% have developed national procurement and maintenance guidelines.

b) Member States

27. Most Member States have taken concrete steps to implement resolution EM/RC59/R.3 and the agreed strategies and options (EM/RC59/Tech.Disc.1). Table 2 summarizes the key actions taken as reported by Member States, although it does not do justice to the efforts made by countries to address the strategies and options for health system strengthening in order to accelerate progress toward towards universal health coverage.

28. There have been significant developments by several Member States in transforming their commitments into actions. These commitments have been reflected in the national policies and strategic plans of various Member States. Several have developed a national vision and strategy for pursuing universal health coverage, although a lot more remains to be done. Other notable achievements can be seen in the form of: establishment of multisectoral mechanisms and reactivation of high-level multisectoral health councils; initiation followed by institutionalization of policy dialogue; and the development of white papers. All countries have recognized the adverse effects of a high share of out-of-pocket spending on health and many countries are taking steps to enhance financial risk protection through expansion of prepayment arrangements.

29. Countries are increasingly committed to family practice programmes in order to improve service provision, which is an important dimension of universal health coverage. The transition from a traditional service delivery model based on primary health care to one that is person-centered and based on family practice will require substantial financial investment and technical capacity and is unlikely to happen in the short term. Although sporadic, the efforts made by countries to pilot and roll out family practice models, increase the production of family physicians, strengthen the referral functions and partner with private providers need to be supported. Many countries are also making efforts to strengthen outreach services through home health care for the elderly and those suffering from chronic diseases (Groups 1 and 2) or by establishing and consolidating community health worker programmes for improving access (Group 3).

30. Member States are taking significant steps towards strengthening national regulatory authorities and fostering good governance in medicine and health technologies. Several countries have taken steps to establish pharmacovigilance programmes; promote safety, efficacy and rational use of health technologies; establish standard operating procedures for laboratory technologies, and develop a strategy for health technologies and medical devices.

31. Member States, particularly Groups 2 and 3, need to make greater efforts towards achieving an adequate and sustainable level of financing and reducing the share of out-of pocket payment in health. Adequate measures in the form of prepayment arrangements are needed in all countries to ensure reductions in the share of out-of pocket payment, catastrophic health expenditure and impoverishment.

32. Few Member States have taken concrete measures to improve regulation of the private sector with respect to the quality, cost and volume of services provided, and to effectively partner with the private sector for achieving public health objectives.

33. All countries, especially the ones classified as facing a workforce crisis situation, need to develop medium to long-term human resources plans focusing on strategic investment in education, workforce performance in both the public and private sectors, and policies for managing migration and attrition.

Table 2. Actions reported by Member States in support of health system strengthening for universal health coverage

Priorities and strategies for Member States' action	Member States that have taken action
1. Move towards universal health coverage	
Establish a high-level multisectoral health council	Djibouti, Egypt; Islamic Republic of Iran, Morocco, Qatar, Sudan
Expand prepayment schemes	Afghanistan, Djibouti, Egypt, Islamic Republic of Iran, Morocco, Oman, Pakistan, Qatar, Sudan, Yemen
Establish/strengthen the health economics unit	Egypt, Islamic Republic of Iran, Lebanon, Qatar
Undertake health expenditure review	Egypt, Islamic Republic of Iran, Iraq, Lebanon, Palestine, Qatar
Consider strategic purchasing/innovative provider payment mechanisms	Lebanon, Islamic Republic of Iran, Qatar, Yemen
2. Improve leadership and governance in health	
Establish/strengthen the health policy and planning unit	Afghanistan, Somalia, Pakistan, Qatar, Yemen
Review and update public health laws	Djibouti, Egypt, Qatar, Somalia, Tunisia
Develop a framework to monitor health system performance	Afghanistan, Egypt, Palestine, Qatar, Somalia
3. Strengthen health information systems	
Undertake rapid and comprehensive assessment of civil registration and vital statistics systems	Rapid assessment (All) Comprehensive (12 countries): Group 1: Kuwait, Oman; Group 2: Egypt, Lebanon, Iraq, Jordan, Morocco; Group 3: Afghanistan, Djibouti, Pakistan, Sudan, Yemen
Review national health information system	Egypt, Iraq, Lebanon, Oman, Palestine, Pakistan, Sudan, Yemen
Undertake periodic health surveys	Afghanistan, Lebanon, Tunisia, Djibouti
4. Promote a balanced and well managed health workforce	
Review and develop comprehensive health workforce plans	Afghanistan, Egypt, Islamic Republic of Iran, Iraq, Morocco, Palestine, Somalia, Tunisia, Pakistan
Collaborate with higher education institutions	Djibouti, Islamic Republic of Iran, Iraq, Lebanon, Qatar, Somalia, Sudan, Yemen
Institute measures for staff retention, motivation and performance	Afghanistan, Oman, Djibouti, Somalia
Launch/strengthen accreditation of academic institutions programmes	Afghanistan, Egypt, Islamic Republic of Iran, Iraq, Morocco, Qatar, Somalia, Sudan
5. Partner with the private health sector to achieve public health objectives	
Map private health care providers	Afghanistan, Yemen
Review/update laws and regulations relevant to private providers	Afghanistan
6. Ensure access to essential technologies – essential medicines, vaccines, medical devices and diagnostics	
Strengthen national regulatory authorities	Afghanistan, Islamic Republic of Iran, Iraq, Palestine, Somalia
Monitor availability in primary health care facilities	Lebanon, Yemen
Prioritize on the basis of health technology assessment	Egypt, Islamic Republic of Iran, Qatar, Sudan, Tunisia
7. Improve access to quality health care services	
Develop essential package of health services at PHC level	Afghanistan, Egypt, Lebanon, Oman, Somalia, Yemen
Review performance of public sector hospitals	Afghanistan, Lebanon, Palestine, Tunisia
Improve quality and patient safety in hospitals	Egypt, Pakistan, Palestine, Qatar, Sudan
Improve quality and safety of care in health facilities	Afghanistan, Lebanon, Morocco, Palestine, Qatar, Somalia, Pakistan, Sudan, Yemen

34. Efforts to improve access to and rational use of essential technologies need to be intensified. Despite the existence of national regulatory authorities in 90% of Member States, performance continues to be inadequate. Focus is largely on regulation of medicines, and there is inadequate monitoring of the private sector and protection of public goods from commercial interests.

35. While the status of civil registration and vital statistics is well established, countries now need to implement measures that improve the percentage of births and deaths recorded as well as the quality of the cause of deaths reported.

36. Many countries face complex emergencies and most health systems are not well prepared to respond to these situations. Greater attention needs to be directed towards collaboration, coordination and planning; communications and information exchange; capacity-building; legislation and regulation; and health system surge capacity.

The way forward

37. Taking into account the progress made so far in implementing the strategies and options for strengthening health systems in the Region agreed by the Regional Committee in 2012, it is clear that substantial work has been done. While there is no unique pathway for pursuing universal health coverage, which is the overarching priority for health system strengthening, any proposed national vision, strategies and roadmap should be aligned to country specificities, including level of socioeconomic development, overall expenditure on health and performance of the health system. Irrespective of the strategies and options followed, a shared vision for accelerated progress towards universal health coverage in all Member States would embrace the concept that all the population is insured, all needed services are covered and all insured people are financially protected.

38. Member States are therefore recommended to continue to implement the strategies and options for health system strengthening appropriate to country specificities, including the regional roadmap for accelerating progress towards universal health coverage agreed at the Sixtieth session of the Regional Committee. Four key interventions to strengthen health systems for Member States to consider and adapt (Box 3) are proposed for immediate action. These are in line with the framework for action on advancing universal health coverage in the Eastern Mediterranean Region³, which reflects the evolution in thinking that has followed from the experience gained in the past two years, and complements the strategies already agreed upon by the Regional Committee.

1. Develop a national vision, strategy and roadmap for universal health coverage that is fully integrated within the national policy framework

39. A national vision for universal health coverage and its associated strategy and roadmap should be home-grown and ensure effective and inclusive policy dialogue to guarantee ownership of all stakeholders. It needs to provide clear objectives with regard to the three dimensions of universal health coverage (financial protection, service coverage and population coverage) in a time-bound manner and should be fully aligned with the national policy framework.

Box 3. Key interventions for Member States to strengthen health systems towards universal health coverage

- Develop a national vision, strategy and roadmap for universal health coverage that is fully integrated within the national policy framework
- Expand social health insurance coverage, increase financial protection and limit out-of-pocket payments
- Enhance coverage by expanding essential health care and providing quality health services
- Strengthen national health information systems and monitor progress towards universal health coverage

40. Member States need to:

- review the health system to identify the challenges hindering progress towards universal health coverage as well as the gaps, based on a health system performance assessment (HSPA) framework;
- assess performance of the health financing system using OASIS, and identify bottlenecks in the three health financing functions of: collection, pooling and purchasing;
- allocate more money for health in government budgets, and identify innovative new sources of domestic funding, including sin taxes that can be earmarked for health;
- engage in an effective and inclusive policy dialogue with all stakeholders in order to develop a national vision for pursuing universal health coverage through multisectoral action.

2. Expand social health insurance coverage, increase financial protection and limit out-of-pocket payments

41. Expanding social health insurance coverage involves enrolling all population groups under equitable and sustainable arrangements. This requires classifying and grouping different population categories and identifying viable coverage arrangements to ensure full population coverage.

42. Member States need to:

- identify the functions required to implement social health insurance (e.g. fund management, information management, membership management, benefit design and provider payment mechanism) and adapt these to the national context in order to expand universal health coverage;
- identify who is covered and who is not under current social health insurance arrangements and identify mechanisms to reach out to population groups that are not covered;
- develop objective measures to identify vulnerable population groups who are unable to contribute to existing social health insurance arrangements;
- ensure integration and complementarity between social health insurance contributions and government subsidies to ensure effective cross-subsidization and coverage of all population groups;
- unify prepayment arrangements into a single or limited number of social health insurance scheme(s) to ensure an adequate pool of insured members and sustainability;
- introduce/strengthen strategic purchasing to become the main vehicle for purchasing needed health services for the population by social health insurance.
- develop a communication strategy to ensure population buy-in and ownership of the adopted vision and the proposed arrangement for social health insurance.

3. Enhance coverage by expanding essential health care and providing quality health services

43. Ensuring access to health services of good quality calls for the strengthening of all health system components. Based on the values and principles of primary health care, family practice is recommended as the principal approach for the provision of person-centred and integrated health services. This would require a competent health workforce, access to essential medicines and other technologies selected on the principles of efficacy and cost-effectiveness, functioning health information systems and effective governance structures.

44. Member States need to:

- develop an essential package of health services and explore different options for implementation of the package, whether through an integrated network of primary health care facilities, community health workers, outsourcing to nongovernmental organizations, or a combination of these;

- review the performance of public sector hospitals and develop an action plan to improve the quality, safety and efficiency of services provided;
- improve quality and patient safety in hospitals by launching a nationwide programme, estimating the prevalence of adverse events, assessing bottlenecks and instituting measures to address these; and by developing national or regional accreditation programmes for all levels of health facilities;
- institute measures to improve the retention, motivation and performance of staff by developing performance-based incentive schemes;
- launch and/or strengthen programmes for the accreditation of academic institutions in order to ensure high quality training programmes for all cadres of the health workforce;
- improve access to essential medicines and other technologies by monitoring availability in primary health care facilities and by adopting approaches to improve affordability of essential medicines.

4. Strengthen national health information systems and monitor progress towards universal health coverage

45. Strong national health information systems are essential to generate the evidence needed to inform the national roadmap for universal health coverage and to enable effective monitoring of it. Of particular importance will be joint action on the part of regional partners to support capacity-building activities.

46. Member States need to:

- develop a national plan based on the regional strategy for civil registration and vital statistics and ensure a sound regulatory framework;
- improve coordination and alignment among stakeholders by establishing national multi-stakeholder civil registration and vital statistics coordination committees;
- strengthen national strategies by advocating among policy-makers the benefits of a reliable civil registration and vital statistics systems.

Conclusions

47. Taking into account the progress made so far in implementing the strategies and options for strengthening health systems in the Region agreed by the Regional Committee in 2012, it is clear that good work has been done. The focus on health system strengthening for universal health coverage is a significant one and offers Member States a clear instrumental goal to work towards. It also serves as a reminder that universal health coverage should be integral to health goals in the post-2015 agenda. Although there has been progress by several Member States in accelerating progress towards universal health coverage a lot more still needs to be done.

48. WHO has developed a list of core health indicators in consensus with countries. These include the important indicators that monitor progress towards universal health coverage. Every country is expected to report progress on these indicators annually. In time these will be the basis for monitoring progress in the five strategic priority areas of WHO's work and in Member States.

49. The progress reported in this paper emphasizes the need for continuing commitment to the strategies for strengthening health systems agreed by the Regional Committee, including the regional roadmap for accelerating progress towards universal health coverage agreed at the Sixtieth session of the Regional Committee, and related resolutions EM/RC59/R.3 and EM/RC60/R.2. In line with the framework for action on advancing universal health coverage in the Eastern Mediterranean Region, four key interventions are proposed for Member States to consider and adapt for immediate action.