

Sideevent application / Formulaire de demande de réunion parallèle

Inclusive formulation of evidence-based policies & programmes for Universal Health Coverage

Contact

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Delegation(s)/Délégation(s): Uganda, Ethiopia, EU Delegation It is expected that additional co-sponsors from other Regions will join in the second round	
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Concept

Description of proposed side event, including objective, expected results, proposed programme and speakers*

The concept of Universal Health Coverage (UHC), endorsed by the UN General Assembly in 2012 and included in the Sustainable Development Goals in 2015, is gaining unprecedented momentum, as countries around the world have begun defining their own paths towards achieving it by 2030.

UHC would ensure that all people and communities receive good quality services corresponding to their needs, and that the financial protection is ensured for all. Achieving this ambitious goal requires the mobilisation of sustained amount of resources for health, and their redistribution for better health, greater equity and increased social cohesion (WHO 2017, Together on the road to UNH: a call to action). Transforming this aspiration into something that can be adapted in their context is the challenge faced by all countries.

Despite their different contexts, countries find themselves grappling with the same fundamental questions: where and how to find the financial resources; how to protect people from the financial consequences of ill health; and how to make the most optimal use of resources? UHC has also mobilised many vital stakeholders to contribute to the goal at country level and globally. Questions regarding how to coordinate the networks and contributions from the private sector and other sectors of government are emerging at national and sub-national levels. How to balance investments to expand community level PHC services and investments towards specialised services with insurance options for countries. These questions require evidence generation with particular concern to context realities and feasibility space. Policy analysis, development and implementation analyses grounded in national realities is vital to spur innovative and sustainable solutions. Emerging experiences show that stakeholder engagements in particular especially inclusive dialogues and processes if blended with evidence-generation can help to galvanize feasible solutions and multi-sectoral actions for national UHC policy developments.

Uganda started in 2015 the pathway of prioritising activities for achieving UHC, led by the National Planning Agency. In this process many stakeholders are included, e.g. Parliament, other ministries, research institutes, non-government organisations, international agencies. In a series of consultations, interim reports, priorities are formulated, and strategic choices are discussed. Four areas have been selected for elaboration in the policy: determinants of health, health financing, service delivery, and human resources. The process will lead to a set of evidence-informed policy priorities, to be presented to Parliament for adoption, that has broad support from all stakeholders.

Ethiopia has embarked on a series of pro-poor strategies over the last years, which together will lead to UHC. Scaling up community health insurance schemes and initiating social health insurance for the formal sector are important steps in the process. At the same time Ethiopia is redefining its package of essential health services, prioritising existing and upcoming health conditions. The country is strengthening community-led primary health care, where quality services will be provided as close to the family as possible. Linkage of the initiatives will lead to affordable, accessible and acceptable healthcare for the population.

After its transition of the International Health Partnership + to the IHP for Universal Health Coverage 2030 in 2016, the renewed Alliance has begun to assist countries in answering precisely the above questions with the establishment of and cooperation with various working groups under its auspices, such as the Health Data Collaborative Working Group with the aim to provide evidence answers to the most pressing challenges at hand in resources constrained countries. One of the successful examples of how to put the strategy to achieve UHC into action is the UHC Partnership programme, funded by the EU, Luxembourg and Ireland, through which more than 30 countries are supported by WHO to strengthen health financing systems, mobilize human resources and coordinate the policy dialogue in the health sector

The purpose of this session is to share experiences in developing strategies and roadmaps for achieving UHC that are appropriately benchmarked and contextually adapted, and shared experiences in setting up strategic mechanisms to address the key drivers of UHC, such as increasing costs of UHC programming, growing populations and health needs, regulating new and expensive technologies, investing in preventive health and working in collaboration with private sector.

Panelists will also discuss issues of ensuring financial risk protection using government financing as well as risk sharing and pooling of funds through insurance, leveraging health benefits from investments in other sectors, strategic purchasing and results benefits packages, global health initiatives and innovative financing.

The examples of policies recently adopted by Uganda and Ethiopia will

Session objectives:

1. To share experiences on inclusive approaches for formulation of a national policies and strategies for Universal Health Coverage in low income countries.
2. To illustrate the importance of building UHC policies and system changes for sustainable implementation within the national resource constraints of member states;
3. To encourage Member State to support contextually adapted evidence to advance UHC through inclusive approaches to knowledge generation and customization to national problems and capabilities
4. To encourage Member States to gain an understanding of the critical success factors for UHC Policy and programming; and the general approaches to customising these factors to their context and capabilities.

Meeting outline

This side meeting will be a 90-minute session. The format consists of three parts and is a combination of presentations and interactive discussions.

1. Part 1: Statements by the Hosting Ministers – outlining the major UHC policies, strategies and undertakings in their country.
2. Part 2: Statements by Regional and global partners that are working with Member State to speed up the programmes, policies and strategies for realizing UHC.
3. Part 3: Presentation from regional and country level efforts to support Member States to create UHC awareness and policy evidence for UHC across government and among other stakeholders;

Time	Speaker
12.30 – 12.40 (20 mins)	Welcome and introduction from Chair Minister of Health, Uganda Welcome and introduction from Chair Minister of Health, Uganda
12.50 - 13.00 (30 mins)	Country Approaches to UHC: sharing experiences and drawing common lessons for Policies, Programs and Implementation arrangements Moderated panel discussion Chaired: Minister of Health -Ethiopia <ol style="list-style-type: none"> 1. Delegate from Uganda MOH 2. Delegate from EthiopiaMOH 3. Delegate from European Union
13.00 – 13.45 (45 mins)	Critical success factors for Policy development and implementation of UHC Discussion moderated by the Chair:Minister of Health - Uganda <ol style="list-style-type: none"> 1. Policy Priorities for the UHC: Experiences from the SPEED Project 2. Policy consultations, formulation and Planning, National Planning Authority 3. Close to community programming: lessons from Ethiopia 4. Developing the UHC governance framework: Experience of WHO Afro 5. Role of Public Health Institutes in evidence generation: Plenary discussions/Q&A
13.45 – 14.00	Wrap up and closing remarks by Regional Director WHO AFRO and EU Ambassador

Event details / details de la réunion

Expected number of participants/Nombre de participants attendus : 100

Exact title of the meeting/Titre exact de la réunion: **Inclusive formulation of evidence-based policies & programmes for Universal Health Coverage**

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L'interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues-2561 CHF; 3 langues-5123 CHF; 6 langues-11953 CHF.

Are interpretation services requested? / L'interprétation est-elle requise ? Yes/Oui <input type="checkbox"/> No/Non <input type="checkbox"/>	
(If yes, which languages)/(Si oui, en quelle langue) <input type="text"/>	
English/Anglais <input type="checkbox"/>	French/Français <input type="checkbox"/>
Russian/Russe <input type="checkbox"/>	Spanish/Espagnol <input type="checkbox"/>
Chinese/Chinois <input type="checkbox"/>	Arabic/Arabe <input type="checkbox"/>
Other language/autre langue: <input type="text"/>	

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*Badges/ Badges d'accès

WHA side events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l'Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

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