malaria consortium
disease control, better health

TECHNICAL BRIEF

Paving the way for universal health coverage

An approach to support national goals and health for all

Introduction

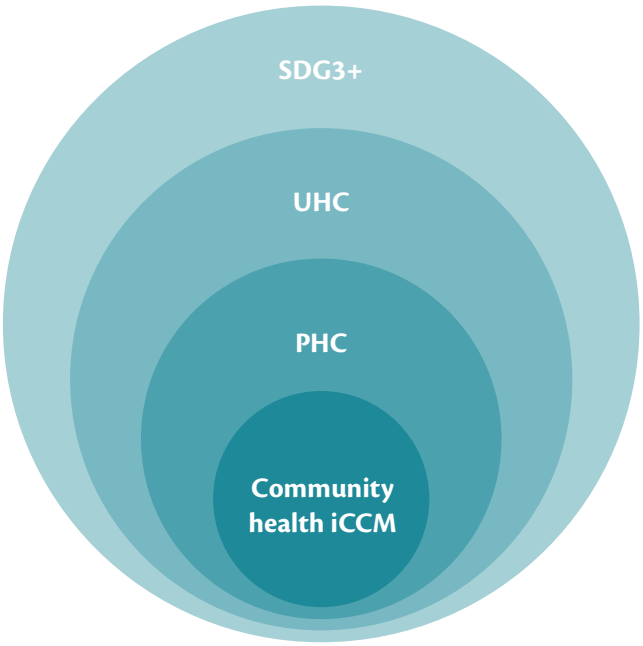
The goal of universal health coverage (UHC) is to ensure that everyone has access to the full range of quality health services they need, when and where they need them, without facing financial hardship.[1] This includes access to health promotion, prevention, treatment, rehabilitation and palliative care.[1]

UHC is recognised as one of the 2030 Sustainable Development Goals (SDGs). While progress has been made globally towards achieving UHC, at least 400 million people still lack access to one or more essential health services. Moreover, every year, 100 million people are pushed into poverty and 150 million people suffer financial catastrophe due to out-of-pocket expenditure on health services.[2]

The COVID-19 pandemic highlighted shortcomings in the resilience of health systems across the world. For example, disruptions to essential malaria services led to an additional 63,000 deaths from malaria between 2019 and 2021.[3] The pandemic also highlighted gaps in equity of access. As of June 2023, low-income countries reported vaccinations among just 34 percent of the population, compared to almost 73 percent in high-income countries.[1]

Primary healthcare (PHC) is a key component of all high-performing health systems and is essential for UHC.[4] For many patients, PHC is the entry point to the health system. In several low-income countries, PHC involves a community health worker (CHW) who delivers integrated community case management (iCCM) within the community. iCCM is a strategy used to train, support and supply CHWs to deliver health services. These services include providing diagnostic, treatment and referral services for common preventable and treatable childhood illnesses including malaria, pneumonia and diarrhoea.[5] Community health strategies such as iCCM are critical to achieving PHC, UHC and the SDGs (Figure 1).[6]

Figure 1: Investment in community health systems is the basis of primary healthcare, universal health coverage and and achieving the Sustainable Development Goals



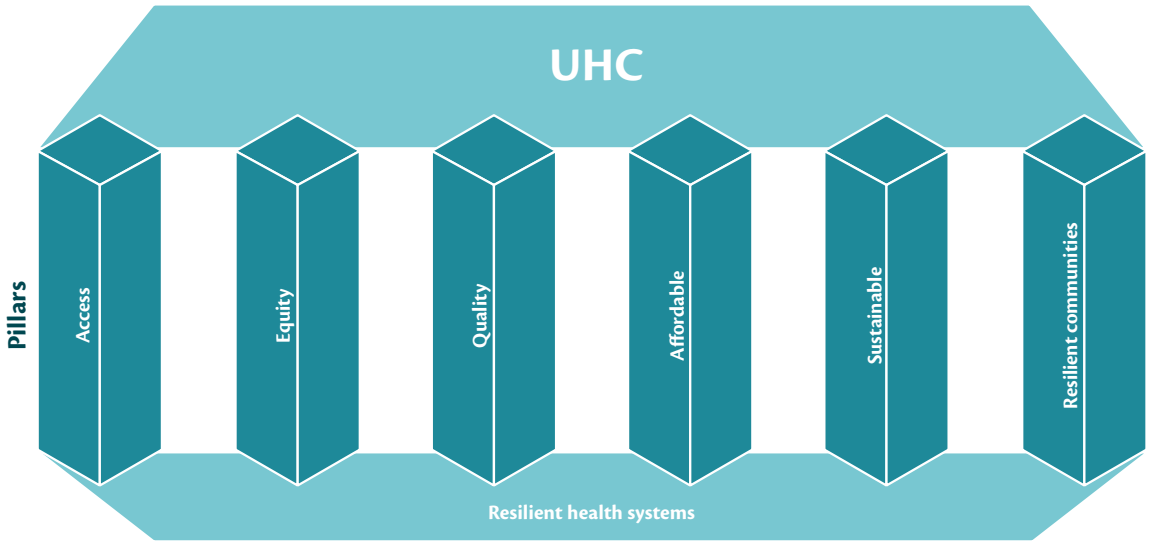
Source: World Health Organization and UNICEF

Our UHC approach

UHC is a national commitment in the countries where Malaria Consortium works and is a central theme in our 2021–2025 strategy. We recognise resilient health systems as the foundation of UHC and have identified six pillars that support achieving universal health coverage: access, equity, quality, affordability, sustainability and resilience (Figure 2).

Resilient health systems are those that have the adaptive capacity to continue to deliver services even in the face of unanticipated events, such as outbreaks and epidemics. A description of the six pillars is provided in Box 1.

Figure 2: Pillars supporting universal health coverage and the foundation of resilient health systems



Box 1: Definitions of the six pillars that support the achievement of universal health coverage

Access: Overcoming geographic, physical, financial, administrative or cultural barriers that could impede people's access to healthcare. Ensuring that services and commodities are available, and that people can physically reach these services.

Equity: Healthcare that is available to all individuals, regardless of their age, gender, sexual orientation, gender identity, ability, origin, affiliation or any other status, identity, location or behaviour that may put them at risk or result in marginalisation.

Quality: Healthcare must be effective, safe, people-centred, timely, integrated and efficient. It should be considered of high quality by both best practice standards and in the eyes of the individuals seeking treatment.

Affordability: Healthcare must not create financial hardship for a household. While healthcare may not be free, households should not be forced into poverty or greater vulnerability, or be driven to use detrimental coping mechanisms to obtain healthcare.

Sustainability: While affordable to the consumer, the provision of healthcare must be sustained without long-term dependence on external funding. This can be achieved through different financial mechanisms, while also ensuring the efficiency and effectiveness of health services.

Resilient communities: Communities are not passive recipients of healthcare. They should be willing and able to practise preventive and health-promoting behaviours for their own physical and mental health and wellbeing, and to demand the care they need from service providers.

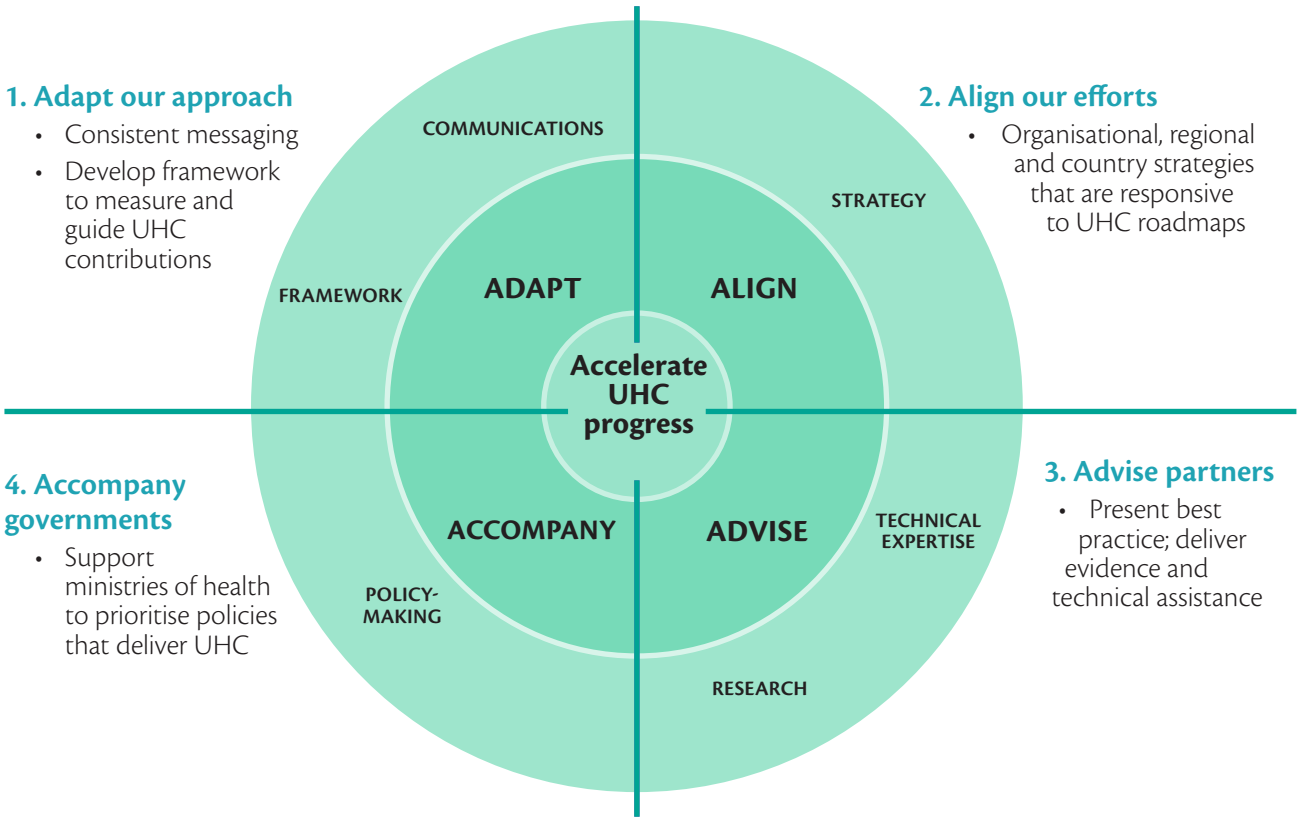
Malaria programming for UHC

For the last two decades, Malaria Consortium has worked in partnership with governments to deliver programmes and undertake research to reduce the occurrence of malaria and other diseases. Through these programmes, we have contributed to strengthening the foundation and pillars of UHC. Examples of this work can be found in our UHC capacity statement.[7]

Advancing our UHC vision

To help ensure our programmatic efforts continue to progress UHC in the countries in which we work, Malaria Consortium has developed the UHC Action Plan (Figure 3). The action plan includes four elements: adapting our approach to UHC at an organisational level, aligning our efforts through strategies that are responsive to country UHC roadmaps, advising partners on best practices to achieve UHC, and accompanying governments to prioritise those policies that best support the delivery of UHC.

Figure 3: Malaria Consortium's UHC Action Plan



The UHC Country Assessment Tool

Malaria Consortium has developed its UHC Country Assessment Tool[8] to promote, and help achieve, the UHC Action Plan. This tool can be used during the project cycle to intentionally align our approach to support the UHC goals of the country where the project will be delivered. The tool helps our teams and partners to identify opportunities to further efforts that support progress towards UHC. Given that each country and its context are different, the tool serves as guidance, recognising that there is no one-size-fits-all approach to UHC.

Self-assessment

The first step is a rapid review of organisational capacity, expertise and strengths in the country or region where the tool is being used. This helps to identify where the greatest opportunities for impact and influence exist. The self-assessment is split into two areas:

- Implementation — geographies and expertise
- Influence — connections and positions of influence.

Landscape analysis

The second step is a landscape analysis, which is designed to gain an understanding of the country's UHC context. During this step, teams will identify existing gaps and potential opportunities. The landscape analysis can be carried out as a rapid review or a more comprehensive assessment. This analysis can cover some or all of the UHC pillars, as well as assess health system resilience.

Stakeholder mapping

The third step involves stakeholder mapping, which is carried out to identify the key actors that need to be engaged to improve UHC.

When compiling a list, teams can consider a stakeholder's importance or influence, as well as organisational ability to engage them. This helps to prioritise which stakeholders to target, particularly when there are limited resources.

Programme identification and design

From the information gathered in the first three steps, teams should then identify gaps in the country's UHC approach and determine which can be filled by organisations through future or current programmes. This fourth step should be completed by a diverse group to gather a variety of perspectives across the team. If feasible, partner organisations can be invited to contribute.

Possible stakeholders

Policy Makers	Coordinating bodies and members	Pharmaceutical companies	Donors
Strategists and planners	Technical working groups	Healthcare workers	Community groups
Health programme leaders	National government officials	Implementing partners	Civil society groups
Related ministries (finance, labour, immigration)	Private healthcare providers or representative bodies	Technical partners	Subnational government officials

A village health team member reviews documents during a quarterly review meeting as part of the Supporting Uganda's Malaria Reduction and Elimination Strategy project, Uganda

Putting the UHC Action Plan into practice

Malaria Consortium has applied the UHC Country Assessment Tool in a variety of ways. For example, we include UHC in our country strategies, document experiential knowledge on UHC, build and maintain networks with UHC actors, and embed UHC in project design.

We have 12 offices across sub-Saharan Africa and Asia, and each country has its own national health policy. The UHC tool has informed and supported the development of country strategies by ensuring we consider each of the UHC pillars systematically during development.

Village health teams participate in a review meeting in Kwania district, northern Uganda

Maintaining relationships with UHC stakeholders in Uganda

Malaria Consortium has a longstanding relationship with the Ugandan Ministry of Health, serving as a key actor in the review and rollout of the national CHW strategy. The new strategy aims to improve health outcomes at the community level by strengthening the existing community health system to deliver services as outlined in the Uganda National Minimum Care Package.

We have played an active role in the design and delivery of community health programmes in Uganda,[9] delivering evidence of best practice to support the operationalisation of the new CHW strategy, including the digitalisation of CHW-led services.[10] By using the UHC tool to support stakeholder mapping, we proactively engage with influential stakeholders — the Ministry of Health, non-governmental organisations (NGOs) and community-based organisations — to prioritise policies and guidelines that support progress towards UHC.

Embedding the UHC pillars in programme design in Ethiopia

Using the UHC tool, Malaria Consortium has supported the development of the Action Plan to Improve the Control of Pneumonia and Diarrhoea through the Integrated Management of Newborn and Childhood Illnesses (IMNCI) Approach, in partnership with Ethiopia's Ministry of Health. The IMNCI action plan promotes an integrated approach to pneumonia and diarrhoea control through multi-sectoral action.

We first conducted a qualitative assessment to identify gaps in how the integrated management of newborn and childhood illnesses was being implemented. We then used these findings, together with consultations and review, to develop the IMNCI action plan.

Taking these steps has ensured the IMNCI action plan is aligned with, and builds on, existing national strategies. These strategies include the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition Strategy, the IMNCI protocol, and the national protocol for integrated community case management of newborn and childhood illnesses.

A health extension worker weighs a caregiver's child, Ethiopia

Conclusion

While there are many pathways to UHC, an integrated approach can effect systemic change, impacting both immediate and long-term health outcomes. Increasingly, as NGOs, we need to be thinking more about how our work can align with and support countries on their journey towards UHC.

Malaria Consortium's UHC Action Plan and UHC Country Assessment Tool help to better align organisational strategies with countries' UHC priorities. These resources have resulted in greater intentionality in programmatic design and implementation, supporting countries to make tangible progress towards UHC.

References

1. World Health Organization. Universal health coverage (UHC). Geneva: World Health Organization; 2023. Available from: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc).
2. World Health Organization Africa Region. Universal health coverage. Brazzaville: World Health Organization Regional Officer for Africa; no date. Available from: www.afro.who.int/health-topics/universal-health-coverage.
3. World Health Organization. World malaria report 2022. Geneva: World Health Organization; 2022. https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022.
4. Needham C. Realising the potential of co-production: Negotiating improvements in public services. Social policy and society. 2008 Apr;7(2):221-31.
5. Child Health Task Force. Integrated Community Case Management (iCCM). Child Health Task Force; no date. Available from: https://www.childhealthtaskforce.org/hubs/iccm.
6. World Health Organization and UNICEF. Institutionalizing integrated community case management (iCCM) to end preventable child deaths: A technical consultation and country action planning, 22–26 July 2019, Addis Ababa. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF); 2020. https://www.who.int/publications/i/item/9789240006935.
7. Malaria Consortium. Universal health coverage. Capacity statement. London: Malaria Consortium; 2022. Available from: https://www.malariaconsortium.org/resources/publications/1657/universal-health-coverage.
8. Malaria Consortium. UHC country tool. London: Malaria Consortium; 2022. Available from: https://www.malariaconsortium.org/pages/uhc-framework.htm.
9. Malaria Consortium. Supporting Uganda's Malaria Reduction and Elimination Strategy (SUMRES): Working towards malaria-free districts in Uganda. Project brief. London: Malaria Consortium; 2022. Available from: https://www.malariaconsortium.org/resources/publications/1535/supporting-uganda--s-malaria-reduction-and-elimination-strategy-sumres--working-towards-malaria-free-districts-in-uganda.
10. Malaria Consortium. Optimising a digitised community health toolkit in Buikwe, Uganda: Improving equitable healthcare access through digital technologies. London: Malaria Consortium; 2022. Available from: https://www.malariaconsortium.org/resources/publications/1587/optimising-a-digitised-community-health-toolkit-in-buikwe-uganda.

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