malaria consortium
disease control, better health

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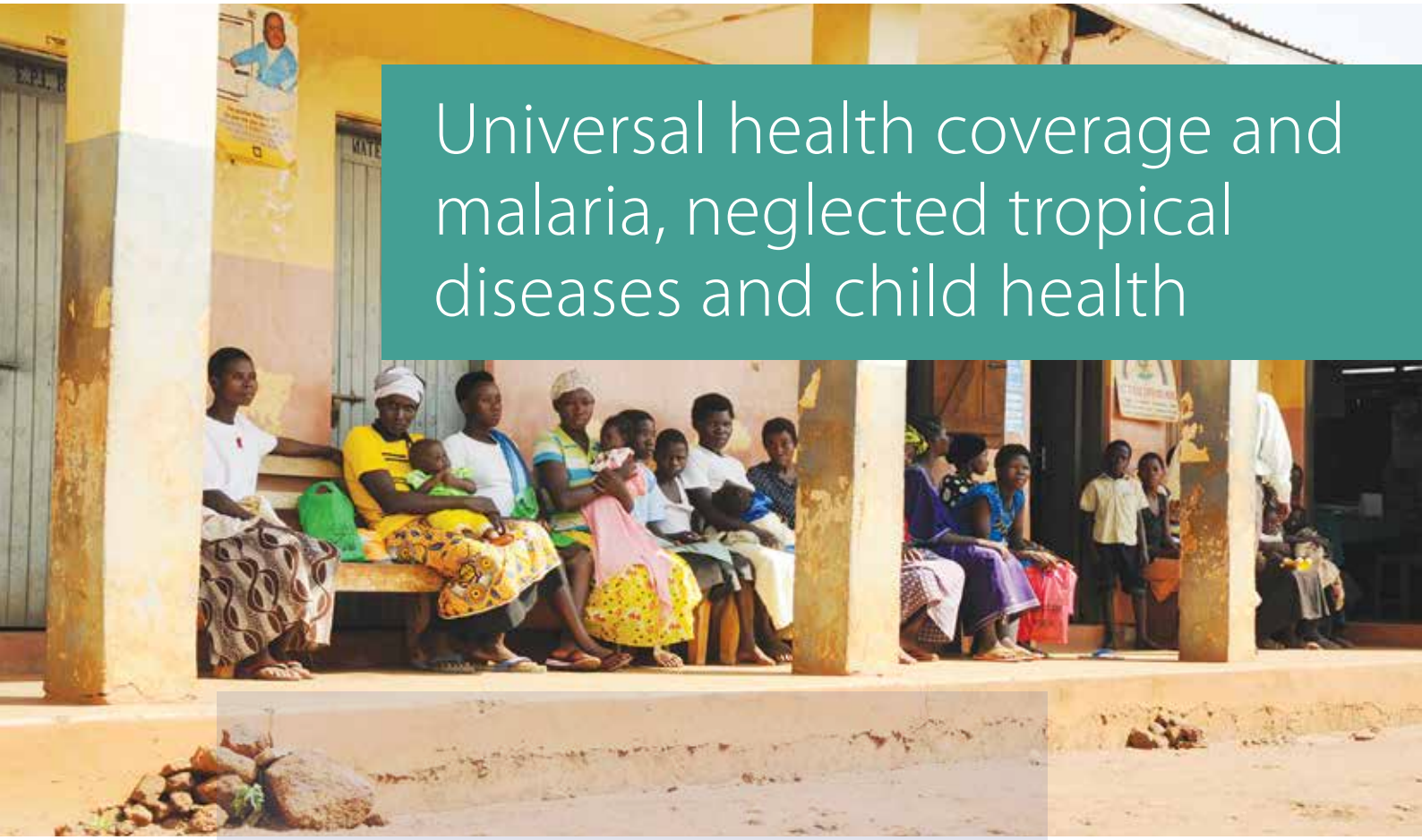
Universal health coverage and malaria, neglected tropical diseases and child health



► Patients waiting their turn at a health centre in Mpumwe, Uganda. *Photo: Malaria Consortium/Tine Frank*

- All governments should commit to achieving universal health coverage (UHC), which acts as a unifying sub-goal to drive improvements in the provision of quality services, health equity, and guaranteeing protection from financial-risk for individuals.
- If the Sustainable Development Goals (SDGs) are to be truly transformative for global health, UHC must be articulated as a means to achieve specific improved health outcomes, such as progress against malaria, neglected tropical diseases (NTDs) and childhood illnesses, the reduction of health inequalities, and increased access to and quality of healthcare.
- Malaria, NTDs and childhood illnesses impose a considerable burden on health systems. For UHC to be achieved, disease-focused interventions must be included in a basic package of healthcare.
- Lessons from the responses to malaria, NTDs and childhood illness can help support pathways to UHC. These include a focus on health promotion and prevention, multisectoral approaches, addressing the social determinants of health, and innovative, domestic financing mechanisms.

"I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary healthcare."

- Dr Margaret Chan, World Health Organization Director-General

The importance of universal health coverage

Throughout the world, governments are struggling to provide good healthcare to every citizen. Every year, around one billion people do not receive the care they need, while 100 million people are falling into poverty because they have to pay for healthcare they cannot afford[1].

Decades of underinvestment in health has resulted in health systems that are not fit for purpose and cannot meet the reality of need. High disease burdens in many developing countries put health systems under considerable strain. Malaria, for example, can account for up to 40 percent of public health spending in highly endemic countries[2].

At the same time, it is becoming increasingly clear that improvement in health around the globe is critically important to sustainable economic development. Over the past decade, health improvements – measured by the value of life-years gained – constituted 24 percent of income growth in low- and middle-income countries[3]. This makes investing in disease control and health systems some of the most profitable investments a country can make, and is important in alleviating poverty and reducing social inequities. A healthy population is a happier, more productive and more prosperous one.

The Ebola crisis and health systems

The Ebola crisis in West Africa has demonstrated the devastating effect that a large scale disease epidemic can have on weak health systems. In addition to over 10,000 deaths, there has been a significant economic and social impact, as many health services treating other illnesses had largely ground to a halt during the crisis. Resilient health systems, though, have shown to be able to appropriately respond to crises. In contrast to Sierra Leone and Liberia, whose health systems struggled to function under the strain of the epidemic, more robust health systems, such as in Senegal, were able to contain and manage imported cases of Ebola.

UHC and malaria in the Sustainable Development Goals

Under the Millennium Development Goals, significant progress has been made in improving the health of women and children, people living with HIV and AIDS, and tackling tuberculosis and malaria. Since 2000, malaria deaths worldwide have decreased by 60 percent, translating into an estimated 6.2 million lives saved[4].

As we enter the SDG era, there is a significant shift underway in the focus of global health. Targets for controlling diseases and improving child health, as well as universal health

coverage, have been brought under an overarching health goal (SDG 3). As a sub-goal of SDG 3, UHC has the potential to unify and bring harmony to a fragmented health agenda, and ensure that adequate attention is paid to equity and human rights. At the same time, to achieve the sub-goals for malaria, NTDs and child health, a continued political commitment is needed to address the underlying social determinants of poor health and these diseases and illnesses.

It is also important to avoid artificial competition between UHC and health system strengthening on the one hand, and disease-specific programming on the other. Rather, the complimentary aspects of each should be utilised, as both are necessary to achieve the health goal of ensuring healthy lives and promoting well-being for all.

Due to the underlying causes of poor health, poverty and underdevelopment, and the interconnectedness of the SDGs, action beyond the health sector is needed in order to meet the ambitious health goal.

Moving towards universal health coverage

The aim of universal health coverage is to ensure all people obtain quality health services, without suffering financial hardship in the process. This requires:

- a strong, efficient, well-run health system
- a system for financing health services
- access to essential medicines and technologies
- a sufficient number of well-trained and motivated health workers

The path to UHC is highly complex and no single policy solution exists. Simply put, there is no 'one-size fits-all' approach to achieving UHC. However, these approaches should all involve:

- political will and commitment by governments to meet the health needs of their people
- putting resources in place (financing and health services) to ensure that services are accessible to all
- ensuring that mechanisms/systems are in place to protect people from financial catastrophe
- using available resources as wisely as possible

Given the scale of incidence and geographic scope of malaria, NTDs and childhood illnesses, tackling these will pose both challenges and opportunities in designing and implementing UHC in most countries. In the highest-burden countries, reducing the incidence and mortality rates associated with these diseases and illnesses will be a necessary first step to achieving UHC and an effective health system. In turn, the pathway to UHC presents a significant opportunity to scale up cost-effective, quality-assured services targeting malaria, NTDs and childhood illness to populations and communities in need.

However, the scale of the challenge means that in many cases, specialised and specific interventions that target malaria, NTDs and childhood illnesses such as severe acute malnutrition, will continue to be necessary.

► Health staff distributes malaria medication at an antenatal clinic in Nigeria. *Photo: Malaria Consortium/ Susan Schulman*

The sections that follow describe the three objectives of UHC and recommendations for achieving each:

- **Provision of quality health services** – providing good enough services to improve the health of those receiving them
- **Ensuring equity in access to health services** – making services accessible to all those who need them, and not only those who can pay for them
- **Financing that provides financial-risk protection** – ensuring that the cost of using care does not put people at risk of financial hardship

Provision of quality health services

Typically, UHC programmes comprise of a core package of health services most relevant to the country's health needs, state of the health system, and the social, cultural and political specificities of the country. These services should be of a high quality and be available to the whole population as needed. Determining this core package of services is the key component of UHC design.

UHC often requires reforms across the entire health system — including in areas of governance, financing, health workforce, medical products and technologies, information and research, and service delivery. Therefore, a comprehensive health systems approach is required to maximise the impact of UHC and ensure it is sustainable.

One of the main barriers to achieving UHC is the global shortage of over seven million health workers, which is forecast to rise to 12.9 million by 2035[5]. In malaria programmes, for example, there is a lack of trained and supported health workers, and they are unevenly distributed across countries. Despite this challenge, there has been progress in improving available human resources across health systems and in empowering community health workers, particularly in remote areas and in times of humanitarian crisis. It is, therefore, crucial to strengthen human resources for health through targeted recruitment, increased training, and improved resource pooling and health worker retention strategies.

Recommendations

Adequate human resources for health

- Malaria Consortium views a **strong enabling environment for health workers** as crucial for maintaining the required levels and quality of human resources to run an effective health system. This includes ensuring health workers are adequately trained, incentivised and supported.
- **Effective health systems require appropriate physical capital, including adequate facilities, capacity, equipment and consumables** such as artemisinin combination therapies and other medicines.
- In order to achieve UHC, **there needs to be strong health facilities and supply systems to facilitate the resources to implement interventions at the community level, where access to a facility is difficult.** If this does not happen, and the health system is weak, the effectiveness of community-based approaches to fight malaria, NTDs and other childhood illnesses will be diminished.

High-level commitment from governments

- **High-level government commitment and strong sector governance are crucial for effective health systems strengthening and the realisation of UHC.** However, few countries in Africa have fully met their commitment under the Abuja Declaration of 2001 to spend 15 percent of GDP on health. Political instability, civil unrest and natural disasters have further exacerbated existing systemic weaknesses. It is also rare to find systems that match the principles of good governance in health systems, which include mechanisms for citizens to provide feedback on the effectiveness of services and to register complaints.

Integrated health service delivery

- **People-centered and integrated health services are critical for reaching the health needs and expectations of communities.** People-centred care prioritises the participation and empowerment of patients and communities in their health services, thereby providing a better focus on the user across all levels of the health system.
- Integrated health services encompass the management and delivery of quality and safe health services **so that people receive a continuum of care throughout their lives** that is relevant to their needs and through the different levels of care within the health system.
- **Service delivery outlets should be equipped with essential medicines and commodities to provide people with diagnosis and treatment when and wherever they need it.** Challenges in procurement and supply chain systems are widespread; this is due, in part, to ill-equipped human resources for health, poor forecasting and tracking systems, logistical issues, and inadequate quality assurance processes. These challenges can negatively impact on the availability of prevention, testing and treatment products. If products are overstocked, this can lead to waste; if they are out of stock, this undermines confidence in public health systems and, at worst, result in patient deaths.

Strengthened information systems

- For health systems to be governed and managed effectively, **accurate and timely information about illness burdens, the performance of health facilities and staff and stock levels are critical.** Therefore, all countries require strong health information and surveillance systems, including the development of standardised tools for data collection and analysis, and the regular collation and dissemination of national and international health statistics.

- To effectively monitor and evaluate the impact of health interventions and services, **strong population-based information and surveillance systems are necessary.** In particular, accurate and robust national-level data depends on regular, effective, stratified (community, district and regional) data collection and analysis. In low-income countries, this often requires significant investment in financial, technical and human capacity to develop an effective health management information system (HMIS). Technology, and in particular mHealth, which makes use of mobile phones, can play a key role in strengthening data management systems, especially when linking community-based services to the central health system.
- **Research into what aspects of health system strengthening are effective in extending services, improving quality and contributing to UHC is critical**, particularly to decision making in resource-constrained situations. Strong HMIS are crucial for collecting the evidence basis for effective research.

Ensuring equity in access to health services

UHC cannot be considered to have been achieved unless it is truly universal; meaning that there is equity in access to health services. This will be challenging in many contexts and require 'pro-poor' approaches to UHC that specifically target the poorest and most vulnerable, who are often excluded from accessing services due to social exclusion or costs.

Recommendations

100 percent universal coverage

- UHC must be **pro-poor and make equity and universality explicit** from the outset. The temptation to start with the 'easiest-to-reach' in the formal sector must be avoided, as this will exacerbate health inequalities – governments must commit to aim for 100 percent coverage. To achieve this, governments should consider capturing and adopting a user-side perspective to their health systems; designing services and measuring success based on the experiences of their people and communities. This would help to ensure that the poorest, most vulnerable and those living in rural communities are not excluded from health service delivery, and that services are appropriate and sufficiently utilised.

Enabling policies, regulations and laws

- Because access to health services is influenced by social, cultural and economic determinants, efforts to reduce inequalities need to focus on the broader enabling environment. **Comprehensive, multisectoral and 'whole-of-society' approaches are required**, with action coordinated across a wide range of sectors and stakeholders. Roll Back Malaria Partnership's *Multisectoral Action Framework for Malaria* employs this approach by making actions outside the health sector essential components of malaria control and elimination. It calls for action at global and national levels, in multiple sectors and by different organisations to accelerate both socio-economic development and malaria control and elimination.

► Mother and child at Banlung Hospital, the only referral hospital in Banlung district in Cambodia. *Photo: Malaria Consortium/Peter Caton*

Financing that provides financial-risk protection

Achieving UHC will be a long-term and costly endeavour for many countries, and will require donors and governments of developing countries to work working in partnership to succeed. There are numerous funding models in existence for a health system, but whichever a country chooses, it is crucial that a level of financial-risk protection is provided for the poorest and most vulnerable. Diseases such as malaria and NTDs, as well as childhood illnesses, place a huge economic burden on national and household budgets. These diseases collectively impede economic growth by impacting on labour productivity, resulting in reduced national income, and trapping people in a cycle of poverty.

Recommendations

Financial risk protection

- The burden of funding healthcare and services should not fall upon the poorest and most vulnerable. **Financing for health systems should aim to reduce financial barriers to access, and ideally eliminate impoverishing health expenditure and out-of-pocket payments for the poorest**. To ensure health coverage is truly universal, targeting packages directly to the poorest may be necessary. Funds should also be allocated in a way that promotes efficiency and equity.
- Furthermore, there needs to be **a system for controlling and regulating the price and cost of commodities and services in the private sector** to avoid fluctuations in pricings for drugs.

Domestic and donor funding

- **Donor funding models will need to adapt to support the transition to increased domestic funding of health systems.** Domestic funding is expected to play an increasingly large role in funding health systems, and the estimated economic growth of low and middle-income countries over the next twenty years is likely to be largely sufficient to cover much of these costs[6].
- **Donor funding mechanisms will need to change in order to provide longer-term, predictable and sustainable financing of health systems.** Some countries with particularly high disease burdens will require continuing direct budgetary support.

Conclusion

Achieving UHC represents a central component of the SDG 3 vision to realise "healthy lives for all". UHC can only be deemed to have been achieved if it is truly universal, with health services made available to everyone, including the poorest and most vulnerable. Sufficient financial risk protection must be put in place so that the costs of healthcare do not continue to trap households and communities in poverty. Progress needs to be sustained and accelerated in tackling diseases such as malaria and NTDs, which place such huge burdens on governments and families alike. There is no one-size fits-all health system; UHC will look different in each country. Therefore, it is important that donors work closely with governments in developing countries to build health systems that are people-centred and respond to the specific needs of their population.

Reference

1. World Health Organization. *Universal health coverage: Report by the Secretariat.* 2013.
2. Narasimhan, V. and Attaran, A. 'Roll back malaria? The scarcity of international aid for malaria control'. *Malaria Journal,* 2(8). 2003.
3. Jamison, DT, Summers, LH, Alleyne, G et al. 'Global health 2035: A world converging within a generation', *The Lancet,* 82(9908). 2013.
4. World Health Organization and UNICEF. *Achieving the malaria MDG target: reversing the incidence of malaria 2000–2015*. 2015.
5. Global Health Workforce Alliance and World Health Organization. *Universal truth: No health without a workforce: Third Global Forum on Human Resources for Health report.* 2013.
6. Jamison, DT, Summers, LH, Alleyne, G et al. 'Global health 2035: a world converging within a generation', *The Lancet,* 82(9908). 2013.

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Malaria Consortium

Malaria Consortium is one of the world's leading specialist non-profit organisations focused on health. Our mission is to improve lives in Africa and Asia through sustainable, evidence-based programmes that combat targeted diseases and promote child and maternal health. Our uniqueness is in our ability to consistently design and apply tailored, technically excellent, evidence-based solutions, fit for effective implementation, with impact on the wider health system and economy.

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