IDS Institute of Development Studies

MUTUAL LEARNING FOR UNIVERSAL HEALTH COVERAGE

Health BRIEFING

Accelerating progress towards the goal of achieving Universal Health Coverage (UHC) by 2030 is an essential component of equitable, sustainable and resilient development. 60 per cent of all deaths are caused by chronic health conditions such as diabetes, cancer and heart disease, which disproportionately affect poor and marginalised communities with limited access to vital health services. The prospect of the next pandemic, growing ageing populations, antimicrobial resistance (AMR) and rapidly evolving technologies present new challenges and opportunities. Innovative ideas and solutions are being conceived and implemented to increase access to health services. However, mutual learning between those involved – governments, civil society, philanthropic organisations, tech companies and researchers from countries around the world – about what works is essential if we are to translate these efforts into changes at scale and meet the UHC ambition.

2018 and 2019 – A moment for UHC

> **"All roads lead to universal health coverage – and this is our top priority at WHO "**
> Dr Tedros Adhanom Ghebreyesus, Director-General of WHO (WHO, 2017)

UHC is currently riding high on national and international political agendas. Not least, because 2018 marks 40 years since the Alma-Ata Declaration, otherwise known as the global commitment to achieve 'Health for All by the Year 2000'. It has also been 70 years since the creation of the UK's National Health Service (NHS), conceived to provide free healthcare for all at the point of use and which it is struggling to do in the face of increasing demand and limited resources. In 2019 the Alma Ata Declaration 2.0 will be put before the World Health Assembly (WHA) for adoption in May and countries including the UK, Sierra Leone and Pakistan are due to report, through the Voluntary National Review (VNR) process, on progress against the Sustainable Development Goals (SDGs) including health targets. These and other milestones provide a focus locally and globally to galvanise action on health and progress towards UHC.

Mutual learning and power shifts in global health

Understanding the power shifts that are occurring on the global health landscape and how they shape the types of policies, partnerships and mutual learning necessary to make UHC a reality is essential. Mutual learning is an important way to action the 'how' of development cooperation, particularly in the context of today's interconnected global health challenges where the richest populations tend to benefit more than the poorest from public spending on health.

The current local and global health landscape has an increasingly diverse set of players, with social entrepreneurs and large and small private organisations applying their knowledge, alongside influencers that include major philanthropic organisations such as the Bill and Melinda Gates Foundation, national governments and international development frameworks. This is impacting significantly on development globally. Civil society and activists have also created movements to have their voices heard, including the People's Health Movement, which, amongst other things, has sought to drive up accountability of the overwhelmingly private health care provision in India. How these different forces interact and shape priorities around health, as well as share learning matters for tackling health inequalities, building resilient health systems and strengthening accountability for health equity.

Case Study 1: Tackling health inequalities in Brazil and Mozambique

Brazil has made significant progress in tackling health inequalities in the thirty years since it established its national Unified Health System. In the country's largest and most unequal city, São Paulo, intense competition for the votes of people living in poorer boroughs has given politicians an incentive to commit to improving access to services in these areas. At the same time, a cross-party drive to outsource public health services while institutionalising systems and processes to hold health providers to account, including health oversight committees with strong citizen representation, has improved the ability of the health system to deliver on those commitments. The result has been a significant decrease in the disparities between the levels of health services provided in different parts of the city.

In contrast, Mozambique has struggled to translate economic growth into improved health services for all in the country. For example, TARSC/EQUINET research shows that the gap in infant mortality between the best-performing and worst-performing areas in Mozambique actually increased between 1997 and 2008. Mozambican NGOs are pioneering new social accountability strategies ranging from facility-level community scorecards to data-driven national policy advocacy to push for improvements in the health services available to poorer and more marginalised groups of Mozambican citizens.

An Economic and Social Research Council (ESRC) and Department for International Development (DFID) funded project, Unequal Voices: The Politics of Accountability for Equity in Health Systems, is supporting the mutual learning processes between the two countries on how better quality health services for all can be achieved by working closely with organisations that are engaged in efforts to promote social accountability through tools such as community scorecards, and through strengthening health oversight committees.

Case Study 2: Meeting the health and care needs of an ageing population in China and UK

Like many other countries, China and the UK face the challenge of meeting the health and care needs of an ageing population. In China's cities the combination of rapid economic growth, increased life expectancy and the one-child policy has meant that the proportion of people over the age of 60 years has grown rapidly, putting great strain on family members who have traditionally been responsible for caring for the elderly. This, in turn, is leading to growing pressure on the health and welfare systems. In 2018 the UK is marking the 70th anniversary of its National Health Service (NHS) and is aiming to evolve and adapt the NHS to cope with a population that is living for longer with multiple health needs during a time of reduced public finance.

Researchers from the Chinese Academy of Social Sciences (CASS), Chinese government officials and members of a large social enterprise shared insights and knowledge on how to tackle these challenges with the Brighton and Hove Clinical Commissioning Group (CCG), GPs, community services and Brighton and Hove City Council. Examples included the formal care services offered, either by the Brighton and Hove local council, pilot projects in China encouraging older people to become more active participants in their health and social care, and how health and care providers in China and the UK were using new technologies and effectively mixing government provided services and private market solutions.

Policy Implications

- The Alma Ata Declaration 2.0 should reflect an increasingly diverse set of players who interact as part of the modern global health landscape. Build on the principle of partnership articulated in the original declaration it should make clear the roles and responsibilities of these different actors in achieving UHC.
- Development research funders should seek to promote both greater understanding of what works in achieving UHC in different national contexts as well as supporting the strengthening of networks and relationships to share learning across these contexts.
- The VNR SDG reporting process should be used more effectively to strengthen mutual learning across countries on meeting specific global ambitions such as UHC, building on recommendations made within previous VNR Reports.

Further reading

Nelson, E.; Bloom, G. and Shankland, A. (2018) 'Accountability for Health Equity: Galvanising a Movement for Universal Health Coverage', *IDS Bulletin* 49.2 http://www.ids.ac.uk/publication/accountability-for-health-equity-galvanising-a-movement-for-universal-health-coverage

Ministry of Health Mozambique, TARSC/EQUINET (2010) *Equity Watch: Assessing Progress towards Equity in Health in Mozambique,* Maputo and Harare http://www.equinetafrica.org/sites/default/files/uploads/documents/Moz_EW_Eng_Oct2010.pdf

World Health Organization (1978) *Declaration of Alma-Ata International Conference on Primary Health Care,* Alma-Ata, USSR, 6-12 http://www.who.int/publications/almaata_declaration_en.pdf?ua=1

IDS Project: Unequal Voices: The Politics of Accountability for Equity in Health Systems http://www.ids.ac.uk/project/unequal-voices-the-politics-of-accountability-for-equity-in-health-systems

IDS Project: Changing health and welfare in China and the UK http://www.ids.ac.uk/project/changing-health-and-welfare-in-china-and-the-uk

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