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STRATEGY FOR UNIVERSAL HEALTH COVERAGE

Introduction

1. Universal health coverage means that all people and communities have equitable access to the comprehensive[1] and guaranteed quality services that they need, throughout the life course, without financial hardship. Universal health coverage reinforces the need to define and implement policies and interventions with an intersectoral approach to act on the social determinants of health, and to foster the commitment of society as a whole in order to promote health and well-being, placing emphasis on groups in conditions of poverty and vulnerability.

2. Universal health coverage is an overarching goal of the health systems and is based on the values of primary health care adopted by the Member States of the Pan American Health Organization (PAHO), namely the right of everyone to the enjoyment of the highest attainable standard of health, equity, and solidarity *(1-5)*.

3. The right to health is the core value of universal health coverage, to be promoted and protected without distinction of age, ethnic group, race, sex, gender, sexual orientation, language, religion, political or other opinions, national or social origin, economic position, birth, or any other status. Promoting and protecting the right to health requires interaction with other related human rights. The right to health is protected by the vast majority of national constitutions and by international and regional human rights treaties, including the constitution of the World Health Organization (WHO).[2]

4. Universal health coverage requires the elimination of a plethora of barriers to health services, whether geographical, cultural, financial, that exist due to unavailability of services or interventions, or because of stigma and discrimination in health services.

[1] Comprehensive services refers to the set of population-based and/or individual actions or interventions to promote health, prevent diseases, provide care for illness (diagnosis, treatment, and rehabilitation), and provide the necessary short-, medium-, and long-term care.

[2] See documents CD50/12 of the 50th PAHO Directing Council (2010), Health and Human Rights; and CD52/18 of the 52nd PAHO Directing Council (2013), Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) Persons.

The immediate expansion of access to health services for groups in conditions of poverty and vulnerability—prioritizing interventions that address unmet needs and health challenges such as maternal and child mortality, chronic diseases, HIV infection, tuberculosis, and violence—is an ethical imperative as Member States move towards universal health coverage.

5. Universal health coverage is central to human development and requires health policies and programs that are equitable and efficient. Equity in health refers to the absence of unjust differences in health conditions, access to services, financial contributions, access to healthy spaces, and the attention received from health care providers during the delivery of services. Gender, ethnicity, and race are specific structural determinants that contribute directly to inequity in health. Social and economic policies contribute to differences in opportunity and can impact the capacity of both men and women to assign priority to health (*3*, *6*).

6. Universal health coverage requires solidarity[3] in order to guarantee financial protection. It is necessary to pool resources[4] and to eliminate direct payments at the point of service *(7).*

7. Achieving universal health coverage requires the engagement of society, with clear mechanisms for inclusion and accountability, multisectoral participation, dialogue, and consensus building among the different social actors. It also requires firm, long-term political commitment from authorities responsible for formulating policies, legislation and regulations, as well as in the implementation of necessary strategies. This commitment should be expressed in a conceptual and legal framework that supports guaranteed, equitable access to services and that ensures that health remains a fiscal priority to ensure sufficient, sustainable, equitable, and quality financing. The evidence suggests that investment in health is a driver of human development *(3, 8, 9).*

8. The strategy presented here defines the conditions *sine qua non* that will allow countries to focus their policies and measure the success and speed of their progress toward universal health coverage. However, each country must define its own path, taking into account the social, economic, political, legal, historical, cultural context as well as current and future health challenges.

9. The Strategy identifies four simultaneous and interdependent strategic lines: *a)* expanding equitable access to comprehensive, quality, people- and community centered health services *b)* strengthening stewardship and governance; *c)* increasing and

[3] Solidarity is the degree to which the members of a society work together to define and obtain the common good. Solidarity is related to distributive justice, with contributions according to means, and use according to individual need.

[4] Pooling resources means unifying, in a single, pooled fund, all sources of financing (social security, government budget, individual contributions, and other funds); i.e. everyone contributes according to his/her means and receives services according to his/her needs. In this scheme, the public budget covers contributions for those individuals who do not have the means to contribute (poor and homeless people).

improving financing, promoting equity and efficiency, and eliminating out-of-pocket expenditure; and, *d)* strengthening intersectoral action to address the social determinants of health.

Background

10. In recent decades, important policies and strategic initiatives have been taken to transform health systems at the national, regional, and global levels, many of them with the active participation and support of PAHO/WHO and other partners.[5] The most recent of these are the Rio Political Declaration on Social Determinants of Health (2011), the Rio+20 United Nations Conference on Sustainable Development (2012), the United Nations Declaration of December 2012, and the debate on the post-2015 development agenda, which proposes universal health coverage as a key objective for human development. The PAHO/WHO mandates, resolutions, strategies, and plans of action that back this strategy are cited in Annex IV of the PAHO Strategic Plan (*3, 10, 11, 12*).

11. The countries of the Region reaffirmed their commitment to universal health coverage at the 52nd PAHO Directing Council (2013) by giving the Pan American Sanitary Bureau (the Bureau) the mandate to prepare a strategy that will be presented at the 53rd Directing Council (2014). This commitment from the Member States is expressed in the PAHO Strategic Plan 2014-2019, which recognizes universal health coverage as a key pillar, together with the social determinants of health *(3).*

Current situation analysis: challenges in advancing toward universal coverage.

12. Significant advances in health in this Region have been achieved in part as a result of the economic and social development of countries (per capita GDP tripled between 1980 and 2012), the consolidation and strengthening of health systems, and the ability to incorporate and apply technology to improve health. The countries' political commitment to respond to the health needs of their populations has been an essential contributing factor to these achievements *(3, 4).*

13. Despite the advances and economic growth, poverty and inequities remain a challenge in the Region. Recent data suggests that Latin America and the Caribbean remains the most inequitable region in the world, with 29% of the population below the poverty line and 40% of the poorest population receiving less than 15% of the total income. Such inequities are reflected in health outcomes: for example, the Region of the Americas will not achieve the Millennium Development Goal (MDG) target for the reduction of maternal mortality by 2015; and despite significant reductions in infant mortality, very sharp differences exist between countries. Without specific interventions to transform health systems, economic growth is not sufficient to reduce inequities (*3, 4*).

[5] Other United Nations agencies, multilateral and bilateral cooperation agencies, financial cooperation agencies, and civil society.

14. Reducing inequities in health is made more complex by the emerging epidemiological and demographic patterns. The coexistence of communicable and noncommunicable diseases, violence (including gender violence), rising life expectancy, and urbanization, require health systems and services to respond in different and innovative ways. In 2012 there were over 100 million people over 60 years of age in the Region. By 2020 this figure is expected to double. It is calculated that between 1999 and 2009 over 5.5 million people died from external causes (those causes of death different from natural causes and recognized as avoidable such as suicides, homicides, and accidents) (*3*, *4*).

15. Simultaneously, problems of exclusion and lack of access to quality services persist for large sectors of the population.[6] The lack of appropriate coverage and universal access has a considerable social cost, with catastrophic effects on population groups in conditions of greatest vulnerability. The evidence indicates that where coverage plans are insufficient, ill-health not only results in higher expenditures but also in a loss of income, which creates a vicious cycle of disease and poverty in families. In the Region, 30% of the population does not have access to health care for financial reasons and 21% does not seek care due to geographical barriers. Populations in vulnerable conditions, very young and very old people, women, boys and girls, ethnic minorities, indigenous and Afro-descendant populations, migrants, and patients with chronic or incapacitating diseases are among the groups most affected by this problem *(3, 4)*.

16. The segmentation and fragmentation observed in the majority of health systems in the Region results in inequity and inefficiency that compromises universal access, quality, and financing. Segmentation and fragmentation is perpetuated by lack of regulatory capacity within health systems as well as the vertical nature of some public health programs and their lack of integration at the level of service delivery (*4*).

17. In the countries of the Region health care models do not respond appropriately to the different health needs of people and communities,[7] The predominant model of care in some countries is based on the episodic care of acute conditions in hospital centers, often with excessive use of technologies and specialized physicians. Health system investments and reforms have not always been targeted to meet new challenges nor has new technology and innovation been sufficiently incorporated into the management and delivery of services.

[6] As of 2010, 36 million people in the Region did not have access to drinking water fit for human consumption. Some 120 million lacked improved services for the disposal of wastewater and sewerage, and almost 25 million people in Latin America and the Caribbean defecate in the open.

[7] The *PAHO Gender Equality Policy* recognizes that there are differences between men and women with regard to health needs, and to the access and control of resources, and that these differences should be addressed in order to correct the imbalance between men and women.

18. The resolution capacity[8] and the organization of services, in particular related to the first level of care, is limited and does not respond to emerging health needs, in particular to the growing needs of an aging population and the growing burden of noncommunicable diseases throughout the Region.

19. Serious imbalances and gaps persist in the availability, distribution, composition, competency, and productivity of human resources for health, particularly at the first level of care. In 11 countries of the Region, there is an absolute deficit of health workers (less than 25 physicians, nurses, and certified midwives per 10,000 population). Even in the countries that are above this threshold, many non-metropolitan areas and health jurisdictions are below it, causing serious problems of access to comprehensive health services.

20. Access to and rational use of safe, effective, quality medicines and other health technologies, as well as respect for traditional medicine, continue to present challenges for most of the countries of the Region, affecting quality of care. Supply problems, the underuse of generic drugs, higher than expected drug prices, and the inappropriate and ineffective use of medicines constitute additional barriers to universal health coverage *(3, 4)*. Regulatory capacity for medicines and health technologies, although improving region-wide, remains a challenge in particular for newer and more complex health technologies required by health systems.

21. Lack of adequate financing and inefficiencies in the use of available resources are major challenges in moving towards UHC. While the average public expenditure on health in the countries of the Organization for Cooperation and Economic Development (OECD) is 8% of gross domestic product (GDP), total expenditure on health in most of the countries of the Region is around 6–7% of their GDP. In 2011, public expenditure on health stood at only 3.8% of the GDP. Attempts are often made to solve the persistent lack of financial resources for the health sector through the use of direct payment at the time of service. Such a financial strategy create barriers to access services and directly impacts heath outcomes for people and communities. In addition it increases the risk for people to incur catastrophic expenditures in accessing health services, and can correspondingly result in impoverishment *(7)*.

22. Many countries of the Region have provisions in their constitutions or other universal and/or regional human rights instruments that guarantee the right to health. However, these legal frameworks do not always result in policies, plans, and national strategies that guarantee universal access to quality health services.

23. Health authorities are challenged to effectively coordinate with other sectors, and to develop leadership capacity to successfully implement intersectoral initiatives

[8] Resolution capacity in this context is defined as the ability of health services to provide health care responses adapted to people needs and demands, in line with current scientific and technical knowledge, resulting in an improvement in health status.

addressing the social determinants of health.[9] Some of the most successful examples of health systems transformation towards Universal Health Coverage have been based on open debate and dialogue that involves the participation of all of society *(11)*.[10]

24. In light of the above, there is an urgent need to accelerate the transformation of health systems—with universal health coverage as the overarching goal. Comprehensive strategic actions implemented in a progressive and sustained manner are required. As democratic processes in the Region are consolidated, with increasing decentralization and greater decision making power being transferred to people and their communities, there is an increasingly large and structured social demand for universal health coverage *(3).*

Strategy for Universal Health Coverage

25. The proposed strategic lines guide the transformation of health systems toward universal coverage.

Strategic line 1: Expanding equitable access to comprehensive, quality, people- and community-centered health services.

26. Define the comprehensive, universal package of legally guaranteed services to be progressively expanded in accordance with health needs, system capacities, and national context. The package of services is an essential element in guaranteeing the right to health and should therefore extend equally to all people, regardless of their ability to pay, without differences in quality and without financial risk. It should take into account the differential and unmet needs of all people, and address the specific needs of groups in conditions of vulnerability. This requires an adaptation of the legal and regulatory frameworks in accordance with the international human rights instruments applicable to health. Decision-making concerning the universal package of services should be evidence-based, with ethical, cultural and gender perspectives. A multidisciplinary approach in the assessment of health technologies and the economic evaluation of health interventions is needed. Mechanisms for social transparency in the different stages of the process are required. *(13, 14)*.[11]

27. Transform the organization and management of health services through the development of health care models that focus on the needs of people and communities, increasing the resolution capacity of the primary level of care through integrated health services networks (IHSNs), based on the primary health care strategy *(15).*

[9] This problem is worsening in countries where financing of the health system and other social sectors depends on international cooperation: in these situations, effective coordination of external assistance by the national health authority is indispensable in order to advance toward universal health coverage.

[10] In particular, tools that facilitate effective public participation in the development and implementation of health policies, such as councils, conferences, health forums and other joint solutions.

[11] The design of this guaranteed package of services for all should be accompanied by guidelines for health care practices in the network, in order to reduce the variability, poor clinical practice, and lack of coherence between needs, decisions, and investment, thereby ensuring a good level of technical quality, efficiency, and continuity of care.

28. Immediately increase investment in the first level of care to improve resolution capacity, increase access and progressively expand the supply of services to quickly address unmet health needs, in accordance with the universal package.

29. Increase employment options at the first level of care, with attractive labor conditions and incentives, particularly in underserved areas. Consolidate collaborative multidisciplinary health teams and ensure sufficient response capacity with access to health information and telehealth services (including telemedicine). Introduce new professional and technical profiles coherent with the universal package of legally guaranteed services and with the care model *(16-18).*

30. Essential medicines and health technologies are part of the universal package of guaranteed services. It is critical to define processes that systematically and progressively improve the availability and rational use of medicines and other health technologies in health services, and develop regulatory capacity to ensure that such medicines are safe, efficacious and are of quality.

31. Implement programs for the empowerment of people, including promotion, prevention, and educational activities that enable people to know more about their health situation and their rights and obligations. The participation of people and communities is fundamental for universal health coverage and people should be empowered to make informed decisions about their own health and the health of their family. It is important to recognize the role of women as (formal and informal) providers of health services and care *(3).*

Strategic line 2: Strengthening stewardship and governance.

32. Establish formal mechanisms for participation and dialogue to promote the development and implementation of inclusive policies, and ensure accountability on the road towards universal health coverage. Dialogue and social participation in the development of policies should ensure that certain interests do not predominate over others, except in the interests of equity and the common good.

33. Develop policies and plans that explicitly and clearly state the intention of the State to transform its health system to advance toward universal health coverage. These plans should have defined targets that are monitored and evaluated. Institute mechanisms for the participation of people and civil society, and the private sector in evaluation and monitoring.

34. The legal and regulatory framework should reflect society's commitment to universal health coverage. It establishes the measures and guarantees needed to achieve all the elements of the aforementioned right to health, thereby contributing to the enjoyment of all other health-related rights. In order to achieve universal health coverage, national authorities must strengthen their stewardship capacity in the health sector, guaranteeing the essential public health functions, and strengthening governance.

35. Develop regulation as an effective instrument to ensure; access and quality of care in health services; the training, distribution, and appropriate conduct of human resources; the generation and allocation of financial resources to promote equity and access, and to ensure financial protection; the quality and use of technologies to benefit people; and the participation of all sectors including the private sector in moving towards universal health coverage *(19).*

36. Strengthen national information systems to monitor and evaluate progress toward universal health coverage. Data needs to be disaggregated to facilitate the monitoring of advances in equity. Develop a research agenda and improve knowledge management is essential. *(20).*

Strategic line 3: Increasing and improving financing, promoting equity and efficiency, and eliminating out-of-pocket expenditure.

37. Increase public financing for health, in an efficient and sustainable manner. Public expenditure on health equivalent to 6% of GDP is a necessary though not sufficient condition for reducing inequities within the framework of universal health coverage. An increase in public resources for health[12] should increase equity in resource allocation, prioritizing the primary level of care and boosting its response capacity and its capacity to articulate integrated networks of services *(7).*

38. Eliminate direct payment at the point of service that acts as a financial barrier to access[13] to guaranteed health services. This will increase financial protection by reducing inequity and exposure to catastrophic expenditures and impoverishment.[14] A pre-paid integrated pool based on the principle of solidarity, that allows cross-subsidies from healthy to sick, from rich to poor, and from young to the elderly, should replace direct payments. This is an effective strategy to increase equity and the efficiency of the health system. [15] *(7).*

[12] This increase in public expenditure should commence with improved collection of funds (reducing and combatting tax avoidance and evasion). Then, recognizing that the Region has a relatively low tax burden, consideration should be given to developing innovative sources of financing, given the current low fiscal priority assigned to health. In the short term public expenditure should be increased to at least 6% of GDP with a medium-term goal of reaching the 7-8% average reported in the countries that have advanced further toward universal health coverage in Europe and the OECD.

[13] Out-of-pocket expenditure not only has negative effects on equity, affecting both the populations in conditions of vulnerability and those who have managed to cross the poverty line and enter the middle class; furthermore, it has negative effects in terms of efficiency, since it can delay the decision to seek services, with a resulting deterioration in health and the need for more expensive services of greater complexity.

[14] Individual contributions to financing should be focused on replacing all forms of direct payment at the time of the service delivery with prepayment methods based on the pooling of joint funds.

[15] By having a greater number of people, a joint fund with pooled financing better redistributes resources from healthy people to sick people, from young people to older adults, and from those who have the most to those who have less. Furthermore, pooling helps to fight segmentation by reducing transaction costs and increasing the efficiency of the health system.

39. Improve efficiency in financing and the organization of the health system.[16] With regard to efficiency in the organization of services, it is necessary, among other steps, to: align pay incentives and payment mechanisms with the results in terms of progress toward universal health coverage; rationalize the introduction and use of drugs and other health technologies with an integrated and multidisciplinary approach;[17] improve the procurement of inputs, essential drugs, and other health technologies by taking advantage of economies of scale and adopting transparent procurement processes; and fight corruption *(7).*

Strategic line 4: Strengthening intersectoral action to address the social determinants of health

40. Establish intersectoral coordination mechanisms and strengthen the capacity of the national health authority to successfully implement public policies that address health determinants.[18] Strengthen the capacity of health authorities to influence legislation, regulations, and interventions beyond the health sector that address the social determinants of health (*10*).

41. Generate evidence to support interinstitutional actions that have an impact on the health of people and communities; in particular, by assessing the health-related implications of policies, programs, and development projects, with civil society and community participation.

42. Promote universal health coverage in social protection programs. Strengthen the participation of the health sector in defining the health-related components of social programs, including programs for conditional cash transfers, as appropriate.

43. Strengthen the links between health and community, promoting the role of municipalities and local grassroots organizations in improving living conditions and healthy spaces. Empower people and communities by training leaders, women, young people, and other community members in order for them to understand health determinants and to play an active role in health promotion and protection.

[16] According to the WHO *World health report 2010*, lost efficiency is responsible for 30–40% of all health expenditure. It is therefore an ethical imperative to ensure that financial resources for universal health coverage are spent correctly and transparently in order to offer more services of better quality to the entire population and, in particular, to the most vulnerable groups.

[17] Ensure that they respond to the needs of the population, that they are consistent with the model of care, and that they are included in the universal package of guaranteed services.

[18] Issues essential to health, including education, the environment, water and sanitation, housing, urban growth, migration, and the informal job market. Some examples of intersectorial mechanisms are: national committees to fight HIV, TB and Malaria, national committees to fight obesity, etc.

Action by the Executive Committee

44. The Executive Committee is requested to consider the adoption of the *Strategy for Universal Health Coverage* and to consider adopting the resolution included in Annex A.

Annexes

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Organización Panamericana de la Salud
Organización Mundial de la Salud
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Annex A
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PROPOSED RESOLUTION

STRATEGY FOR UNIVERSAL HEALTH COVERAGE

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposal of the *Strategy for Universal Health Coverage* (document CE154/12),

RESOLVES:

To recommend that the Directing Council adopt a written resolution in the following terms:

THE 53rd DIRECTING COUNCIL,

Having considered the *Strategy for Universal Health Coverage* presented by the Director (CD53/__);

Recognizing that Universal Health Coverage is central to human development and means that all people and communities have equitable access to the comprehensive and guaranteed quality services that they need, throughout the life course, without financial hardship;

Recognizing that policies and interventions that address the social determinants of health and foster the commitment of society as a whole to promote health and well-being, with an emphasis on groups in conditions of poverty and vulnerability, are an essential requirement to advance toward Universal Health Coverage;

Recognizing that Universal Health Coverage encompasses the values and principles of primary health care: the right of everyone to the enjoyment of the highest attainable standard of health, equity and solidarity;

Observing that the countries of the Region reaffirmed their commitment to Universal Health Coverage at the 52nd PAHO Directing Council (2013) by approving the PAHO Strategic Plan 2014-2019, and through their active participation in other international forums such as the Rio Political Declaration on Social Determinants of Health (2011), the Rio+20 United Nations Conference on Sustainable Development (2012), the United Nations Declaration of December 2012, and the debate on the post-2015 development agenda, which proposes universal health coverage as a key objective for human development;

Noting the recent improvements achieved in health throughout the Americas due in part to the economic and social development of the countries, the consolidation of democratic processes, the strengthening of health systems, and the political commitment of countries to address the health needs of their populations;

Recognizing that despite the advances made, major challenges exist; that the Region remains the most inequitable in the world; that reducing health inequities is made more complex by the new epidemiological and demographic patterns; that different and innovative responses are required from health systems and services; and that problems of exclusion and lack of access to quality services persist for large sectors of the population in the Region, especially those groups in conditions of greatest vulnerability;

Observing that the efforts to strengthen and transform health systems in the Region have generated considerable knowledge and experience that will facilitate continued progress toward Universal Health Coverage;

Recognizing that as long as exclusion and barriers to access comprehensive health services persist, it will be very difficult to advance toward universal coverage;

Recognizing the urgent need to accelerate the transformation of health systems—with Universal Health Coverage as the overarching goal—to address inequities and ensure access to health;

Observing that the Strategy defines the essential conditions that will allow countries to focus their policies and measure the success and progression toward universal health coverage;

Recognizing that each country should define its own path towards Universal Health Coverage, taking into account its social, economic, political, legal, historical, and cultural context;

Recognizing the participatory process implemented for the development of the Strategy, including national consultations by the Member States in coordination with the Pan American Sanitary Bureau, and subregional and regional consultations coordinated by the Bureau and the country working groups,

RESOLVES:

1. To adopt the *Strategy for Universal Health Coverage*.

2. To urge the Member States, as appropriate to their context, to:

a) establish formal mechanisms for participation and dialogue to promote the development and implementation of inclusive policies, and ensure accountability in moving towards Universal Health Coverage;

b) establish national targets and goals, and define national roadmaps toward universal health coverage; set national priorities for the period 2014-2019, in accordance with the commitments established in the PAHO Strategic Plan;

c) define and implement a set of interventions to strengthen governance and stewardship capacity of the health sector; exercise leadership to impact on policies, plans, legislation, regulations, and interventions beyond the health sector that address the determinants of health;

d) define and provide a universal package of legally guaranteed services that is comprehensive and consistent with health needs, system capacities, and the national context; identify unmet and differentiated needs of the population as well as specific needs of groups in conditions of vulnerability, and expand access to services in order to respond to these needs;

e) define and implement actions to transform the organization and management of health services through the development of health care models that focus on the needs of people and communities, increasing the resolution capacity of the primary level of care through integrated health services networks (IHSNs);

f) increase employment options at the first level of care, with attractive labor conditions and incentives, particularly in underserved areas; consolidate collaborative multidisciplinary health teams; ensure sufficient response capacity with access to health information and telehealth services (including telemedicine); introduce new professional and technical profiles coherent with the universal package of legally guaranteed services;

g) increase the priority afforded to health through efficient, sustainable public expenditure on health, increasing public expenditure on health to at least 6% of GDP; assign increases on a priority basis to the primary level of care to expand the supply of services and quickly address unmet health needs, in accordance with the universal package of services;

h) eliminate direct payment at the point of service that acts as a financial barrier to access, replacing them with a pre-paid, integrated, and pooled financing

mechanism, that promotes solidarity and facilitate cross-subsidies from the healthy to sick, from rich to poor, and from young to the elderly;

i) identify and implement a set of interventions to improve the efficiency of health system financing and organization;

j) implement programs for the empowerment of people and communities, including promotion, prevention, and education activities that enable individuals and the community to know more about their health situation, their rights and obligations, as well as the social determinants of health.

3. To request the Director to:

a) use the Strategy to increase advocacy and to promote the mobilization of national resources to support the transformation of health systems toward universal health coverage;

b) prioritize technical cooperation that support countries in the development of participatory processes to define targets and national goals, as well as action plans to advance toward universal health coverage;

c) develop, with the participation of the Member States, a monitoring and evaluation system to measure the progress toward universal health coverage, both at the country and regional levels; and report on the advances through the biennial assessment reports on the implementation of the Strategic Plan;

d) develop actions, technical resources, and tools to support the different strategic lines of the Strategy;

e) promote innovation in technical cooperation in health systems transformation towards UHC, updating the Bureau's mechanisms to support cooperation among countries, establishing expert and knowledge management networks, facilitating the documentation and communication of country experiences, and making use of technological platforms, in a manner consistent with country needs and current capacities, and the lessons learned;

f) strengthen interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations system, the Inter-American system, and with other stakeholders working toward universal health coverage, in particular the World Bank, the Inter-American Development Bank, and subregional integration mechanisms.

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

CE154/12
Annex B

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 4.3 - Strategy for Universal Health Coverage

2. Linkage to Program and Budget 2014-2015:

a) Category: 4 - Health Systems and Services

b) Program areas and outcomes:

4.1 Health Governance and Financing

4.2 People-Centered, Integrated, Quality Health Services

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

4.5 Human Resources for Health.

c) It is important to note that universal health coverage is a central pillar of the Strategic Plan and therefore articulates and requires coordinated action with other categories, in particular, Category 3, which includes the social determinants of health, cross-cutting issues (gender, equity, ethnicity, and human rights), and the life course. In addition, strengthening services warrants coordination with priority programs, including noncommunicable diseases.

3. Financial implications:

a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US$ 10,000, including staff and activities):

The resolution falls within the period 2014-2019 of the PAHO Strategic Plan. There is no estimated additional cost beyond the cost already estimated for the implementation of the Strategic Plan.

b) Estimated cost for the 2014-2015 biennium (estimated to the nearest US$ 10,000, including staff and activities):

The Health Systems approved budget for the biennium 2014-2015 is US$ 97,474,000, including the regular budget and other sources. This amount includes expenditures on personnel and activities. There is a funding gap that is expected to be covered through resource mobilization (actions now in progress).

c) Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities?

The technical cooperation actions for the implementation of the Strategy can and must be integrated into the programmed activities, further clarifying the criteria for prioritizing resource allocation and allowing greater efficiencies.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

All levels of the Organization need to carry out actions to implement the Strategy, according to the defined responsibilities.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

No additional personnel needs are expected; however, it will be necessary to develop innovative solutions for technical cooperation, establishing networks of experts and formal collaboration with institutions of excellence, using the capacities existing in the Member States.

c) Time frames (indicate broad time frames for implementation and evaluation):

The time frames for implementation and evaluation activities are totally aligned with those established in the Organization's Strategic and Operational Planning, that is, with its programs and budgets, and with the Strategic Plan, in accordance with the schedule established by the Governing Bodies.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.3 - Strategy for Universal Health Coverage

2. **Responsible unit:** Health Systems and Services/Health Services and Access (HSS/HS)

3. **Preparing officer:** Dr. James Fitzgerald and Dr. Amalia Del Riego

4. **List of collaborating centers and national institutions linked to this Agenda item:**

   The Strategy will require strengthening collaboration with national and academic institutions, and expanding the collaborating centers in the area of Health Systems and Services. To date, the following collaborating centers have been identified:

   a) PAHO/WHO Collaborating Center on Health Workforce Planning and Information, State University of Rio de Janeiro, Brazil.

   b) PAHO/WHO Collaborating Center on Health Workforce Planning and Research, Dalhousie University, Canada.

   c) PAHO/WHO Collaborating Center on Health Science Education and Practice, University of Sherbrooke, Canada.

   d) PAHO/WHO Collaborating Center for Innovative Health Workers Education, Service and Research Models, University of New Mexico, Health Sciences Center.

5. **Link between Agenda item and Health Agenda for the Americas 2008-2017:**

   The Health Agenda for the Americas is based on and supports PHC and the commitment to health and well-being as key elements in the development of the Region. It also prioritizes governance and the stewardship of national health authorities to guide health systems toward the reduction of inequities.

6. **Link between Agenda item and the PAHO Strategic Plan 2014-2019:**

   Universal health coverage is one of the pillars of the PAHO Strategic Plan 2014-2019.

7. Best practices in this area and examples from countries within the Region of the Americas:

Several countries in the Region of the Americas have made recent efforts to transform their health systems with the necessary components to advance toward universal health coverage. These countries include Brazil, Chile, El Salvador, Jamaica, Mexico, the United States of America, and Uruguay.

8. Financial implications of this Agenda item:

No financial impact for the Bureau has been identified for this agenda item. However, the Strategy and its accompanying resolution call upon the Member States to define national goals for universal health coverage, as well as action plans that will have a financial impact, including the call for increased investment in health, particularly primary health care.

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