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STRATEGY FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

Introduction

1. In the Region of the Americas, millions of people lack access to the comprehensive health services required to live a healthy life and to prevent disease as well as to receive the health services they need when they are sick, including palliative care in the terminal phase of disease. This Region remains one of the most inequitable in the world *(1)*. Ensuring that all people and communities have access to the comprehensive health services they need is a fundamental challenge for the Pan American Health Organization (PAHO) and is the purpose of this strategy.

2. The countries of the Region have used different approaches and ways of organizing their health systems to respond to this challenge. Based on these experiences and the available evidence, this Strategy identifies guiding elements for continuous progress toward universal access to health and universal health coverage. However, each country, considering its national, historical, economic, and social context, will have to determine the most efficient way of organizing its own health system and using its resources to ensure that all people have access to comprehensive health services when they need them.

3. Access is the capacity to use comprehensive, appropriate, timely, quality health services when they are needed. Comprehensive, appropriate, timely, quality health services are actions directed at populations and/or individuals that are culturally, ethnically, and linguistically appropriate, with a gender approach, and that take into account differentiated needs in order to promote health, prevent diseases, provide care for disease (diagnosis, treatment, palliative care, and rehabilitation), and offer the necessary short-, medium-, and long-term care.

4. Universal access is defined as the absence of geographical, economic, sociocultural, organizational, or gender barriers. Universal access is achieved through the progressive elimination of barriers that prevent all people from having equitable use of comprehensive health services determined at the national level.

5. Health coverage is defined as the capacity of the health system to serve the needs of the population, including the availability of infrastructure, human resources, health technologies (including medicines) and financing. Universal health coverage implies that the organizational mechanisms and financing are sufficient to cover the entire population. Universal coverage is not in itself sufficient to ensure health, well-being, and equity in health, but it lays the necessary groundwork *(2).*

6. Universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability. Universal access to health and universal health coverage require determining and implementing policies and actions with a multisectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well-being.

7. Universal access to health and universal health coverage are the foundation of an equitable health system. Universal coverage is built on universal, timely, and effective access to services. Without universal, timely, and effective access, universal coverage is an unattainable goal: both are necessary conditions for achieving health and well-being *(3).*

8. Universal access to health and universal health coverage are necessary in order to improve health outcomes and other basic objectives of health systems, and they are based on the right of every person to the enjoyment of the highest attainable standard of health, equity, and solidarity, values adopted by the PAHO Member States *(1-6).*

9. The WHO Constitution states that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" and this is the core value of universal access to health and universal health coverage *(7).* This right should be promoted and protected without distinction of age, ethnicity, sex, gender, sexual orientation, language, national origin, place of birth, or any other condition.[1] Promoting and protecting this right requires linkages with other related rights. This and other health-related rights are included in many national constitutions and in international and regional treaties.

[1] 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.

10. As Member States advance toward universal access to health and universal health coverage, it is critical to expand access to health services for groups in conditions of vulnerability, prioritizing interventions that serve unmet needs and health challenges such as maternal and child mortality, chronic diseases, HIV infection, tuberculosis, violence, urbanization, lack of access to drinking water and environmental services, and the impact of climate change, among others.

11. Health is a key component of sustainable human development, and universal access to health and universal health coverage are essential for the achievement of better health outcomes in order to ensure healthy life and promote the well-being of all. Universal access to health and universal health coverage protect individuals against impoverishment resulting from health care expenditures.

12. This requires health policies, plans, and programs that are equitable and efficient and that respect the differentiated needs of the population. Equity in health refers to the absence of unfair differences in health status, access to comprehensive and timely health services of high quality, financial contributions, and access to healthy spaces. Gender, ethnicity, age, and economic and social status are specific social determinants that have a positive or negative impact on health inequities. Social and economic policies contribute to differences in opportunities and can affect the capacity of both men and women to make health a priority. Efficiency refers to the optimal use of resources to achieve specific social objectives.

13. Health strategies that ensure timely, quality access for all people, within the framework of universal access to health and universal health coverage, require solidarity in order to promote and provide financial protection. To this end, it is necessary to pool resources[2] and to advance toward the elimination of direct payments that constitute a barrier at the point of service.

14. Efficient and participatory health systems require the commitment of society, with clear mechanisms for inclusion, transparency, and accountability, as well as multisectoral participation, dialogue, and consensus among the different social actors, and firm, long-term political commitment from authorities responsible for formulating policies, legislation, regulations, and strategies for access to comprehensive, timely, quality services.

15. This commitment should include, as appropriate, a conceptual and legal framework that allows equitable access to services and that makes health a fiscal priority, permitting a sufficient, sustainable, and efficient level of financing. The evidence suggests that investment in health acts as an engine for sustainable human development and economic growth *(8).*

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

16. The strategy presented here explains the conditions that will enable countries to focus and evaluate their policies and measure their progress toward universal access to health and universal health coverage. However, each country has the capacity to establish its own action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future health challenges.

17. This strategy establishes four simultaneous, interdependent strategic lines: *(a)* expanding equitable access to comprehensive, quality, people- and community-centered health services; *(b)* strengthening stewardship and governance; *(c)* increasing and improving financing with equity and efficiency, and advancing toward the elimination of direct payments that constitute a barrier to access at the point of service; and *(d)* strengthening multisectoral coordination to address the social determinants of health that ensure the sustainability of universal coverage.

Background

18. In recent decades, important policies and strategic initiatives have been taken to strengthen health systems at the national, regional, and global levels, many of them with the active participation and support of PAHO/WHO and other partners.[3] The most recent of these are the Rio Political Declaration on Social Determinants of Health (2011), the United Nations Conference on Sustainable Development (Rio+20) (2012), United Nations Resolution A/RES/67/81 (December 2012), the Panama Declaration on reducing inequities in reproductive, maternal, and child health (2013), and Resolution WHA67.14 on Health in the Post-2015 Development Agenda (2014), which states that universal health coverage and the unattained Millennium Development Goals are important factors for equity and human development. Current discussions focus on ensuring healthier lives and promoting well-being as key goals. The PAHO/WHO mandates, resolutions, strategies, and plans of action that underpin this strategy are cited in Annex IV of the PAHO Strategic Plan *(1, 3, 13, 14, 15)*.

19. 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 to be presented to the 53rd Directing Council (2014). This commitment by 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 *(1)*.

20. The political will and commitment of Member States to move toward universal access to health and universal health coverage is also clear in the highly participatory process that resulted in the drafting of this strategy document. Member States, with the Bureau's support, carried out 31 consultations with over 1,200 people from various institutions and sectors, enabling a quality discussion with different analytic perspectives.

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

The reports on the consultations reflect the richness and depth of the discussions in the Region, as well as the commitment of the various sectors to addressing the critical issues for the attainment of better health for the people of the Americas.

Current situation analysis: Challenges in advancing toward universal access to health and universal health coverage

21. Significant advances in health have been achieved in this Region as a result of the economic and social development of countries (per capita gross domestic product [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 factor contributing to these achievements *(1, 4)*.

22. Despite the advances and economic growth, poverty and inequities remain a challenge in the Region, both among and within countries. Recent data suggest that Latin America and the Caribbean remains one of the most inequitable regions in the world, with 29% of the population living 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 actions to improve health systems, economic growth is not sufficient to reduce inequities *(1, 5).*

23. Reducing health inequities is made more complex by the emerging epidemiological and demographic patterns. The coexistence of communicable and noncommunicable diseases, violence (including gender violence), increase of 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 estimated that between 1999 and 2009 over 5.5 million people died from external causes *(1, 5).*

24. At the same time, problems of exclusion and lack of access to culturally and linguistically appropriate quality services persist for large sectors of the population.[4] The lack of universal access and appropriate coverage has a considerable social cost, with catastrophic effects on population groups in conditions of greatest vulnerability. The evidence indicates that where access to services is compromised, poor 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

[4] 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 wastewater disposal and sewerage services, and almost 25 million people in Latin America and the Caribbean defecate in the open.

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 *(1, 5).*

25. The segmentation and fragmentation observed in the majority of health systems in the Region result in inequity and inefficiency that compromises universal access, quality, and financing. Segmentation and fragmentation are perpetuated by a lack of regulatory capacity within health systems and by the vertical nature of some public health programs and their lack of integration at the service delivery level *(5).*

26. In the countries of the Region health care models often do not respond appropriately to the different health needs of people and communities.[5] The predominant model of care in some countries is based on 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.

27. The response capacity[6] and the organization of services, with particular regard to the first level of care, are limited and do not respond to emerging health needs, especially the ever-growing needs of an aging population and the growing burden of noncommunicable diseases throughout the Region.

28. 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 remain below it, causing serious problems with access to comprehensive health services.

29. 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 quality generic drugs, weak regulatory systems, inadequate procurement and supply management systems, taxes on medicines, higher than expected drug prices, and the inappropriate and ineffective use of medicines and other health technologies are additional challenges to achieving universal health coverage *(1, 5)*. Regulatory capacity

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

[6] Response capacity, in this context, is defined as the ability of health services to provide health-care responses adapted to people's needs and demands, in line with current scientific and technical knowledge, resulting in improved health.

for medicines and health technologies, although improving Region-wide, remains a challenge, in particular for newer and more complex health technologies.

30. A lack of adequate financing and inefficient use of available resources are major challenges in moving towards universal access to health and universal health coverage. While the average public expenditure on health in the countries of the Organization for Economic Cooperation and Development (OECD) was 8% of GDP in 2011, public expenditure on health in Latin American and Caribbean countries stood at only 3.8% of 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 point of service. This type of financial strategy creates barriers to service access and directly impacts health outcomes for people and communities. It also increases the risk of people incurring catastrophic expenditures when accessing health services, which in turn can result in impoverishment *(10)*.

31. Many countries of the Region have provisions in their constitutions and/or are signatories to international instruments linked to the right of every person to the enjoyment of the highest attainable standard of health. However, additional efforts are needed to strengthen and develop national policies, plans, and strategies that will allow progress toward universal access to health and universal health coverage.[7]

32. It is a challenge for health authorities to effectively coordinate with other sectors and to develop leadership capacity to successfully implement intersectoral initiatives addressing social determinants of health.[8] Some of the most successful examples of transforming health systems towards universal access to health and universal health coverage have been based on open debate and dialogue that involves the participation of all of society *(14)*.[9]

33. In light of the above, there is an urgent need for the majority of countries to strengthen their health systems including from the perspective of the right to health, where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health with the fundamental goals of achieving universal access to health and universal health coverage. There is a need for strategic and comprehensive actions implemented in a progressive and sustained manner. Furthermore, as democratic processes are consolidated in the Region, there is a growing and increasingly organized demand for universal access to health and universal health coverage *(1)*.

[7] Some countries of the Region have advanced toward universal access to health and universal health coverage without making constitutional changes; however, their policies, plans, and legislation clearly state their commitment to universal access and coverage.

[8] This problem is worse in countries where financing of the health system and other social sectors depends on international cooperation: in order to advance toward universal health coverage in these situations, it is essential for the national health authority to effectively coordinate external assistance.

[9] 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.

Strategy for Universal Access to Health and Universal Health Coverage

34. Recognizing that there are many ways to achieve universal access to health and universal health coverage and that each country will need to establish its own action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as its priorities and current and future health challenges, the proposed strategic lines are intended for use by the Member States, in collaboration with the Bureau and other partners, to guide, as appropriate, the strengthening of their health systems with a view to achieving universal access to health and universal health coverage. It should be noted that all the elements of the proposed lines of action are applicable at the national level as appropriate, depending on the national context.

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

35. Strengthen or 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 response capacity of the primary level of care through integrated health services networks (IHSNs), based on the primary health care strategy *(18).* It is essential to identify health inequities between population groups through detailed health situation analyses, surveys, and specific studies, and to delve further into their determinants. This requires solid information systems, as is indicated in strategic line 2.

36. Move toward designing comprehensive, quality, universal and progressively expanded health services,[10] in accordance with health needs and priorities, system capacity, and national context. These comprehensive, quality health services are important with the aim of promoting the right to health where nationally recognized and the right to the enjoyment of the highest attainable standard of health. Consequently, these services should be available to all people, with no difference in quality without distinction of their economic or social condition. Furthermore, these services should be designed with due regard to the differentiated and unmet needs of all people and the specific needs of groups in conditions of vulnerability.

37. Increase investment in the first level of care, as appropriate, in order to improve response capacity, increase access, and progressively expand the supply of services in order to meet unmet health needs in a timely fashion, in accordance with the services that should be accessible to everyone in order to achieve universal access to health and universal health coverage.

[10] Comprehensive, quality services should be designed to include health technology assessment, as required. Mechanisms for social participation and transparency are needed in the different phases of the process, as well as guidelines for networked health care, in order to reduce variability, lack of integration in clinical practice, and lack of coherence between needs, decisions, and investments, thereby ensuring the technical quality, effectiveness, and continuity of care.

38. Increase employment options, especially at the first level of care, with attractive labor conditions and incentives, particularly in underserved areas. Structure or consolidate collaborative multidisciplinary health teams and strengthen response capacity through access to health information and telehealth services (including telemedicine). Strengthen professional and technical human resources for health profiles and/or introduce new profiles consistent with the transformation or strengthening of the care model to be implemented in order to achieve universal access to health and universal health coverage *(19-21).*

39. Essential medicines and health technologies are a fundamental part of universal access to health. It is important to identify processes that will systematically and progressively improve the availability and rational use of medicines (including vaccines) and other health technologies and also to develop regulatory and assessment capacity in order to ensure safe, effective, quality medicines.

40. Facilitate the empowerment of people and communities so that they are more knowledgeable about their health situation and their rights and obligations and can make informed decisions, as appropriate in their context, through the implementation of formal participation mechanisms and health-related promotion, prevention, and education programs. The participation of people and communities can strengthen solid policy-making processes related to universal access to health and universal health coverage.

41. It is important to recognize the special importance of the contribution and value of the unpaid work done by women in providing health care services in the home for sick, disabled, and older persons who cannot take care of themselves. This situation is worsening with the aging of the population in the Region and the growing prevalence of chronic and degenerative diseases. This strategy identifies the need for a multisectoral approach to assessing and measuring unpaid health care work in the home and the need for greater attention to specific health needs. This strategy cannot ignore the contribution and value of unpaid health care work *(22).*

Strategic line 2: Strengthening stewardship and governance.

42. Strengthen the stewardship capacity of national authorities, ensuring essential public health functions and improving governance to achieve universal access to health and universal health coverage.

43. Strengthen the leadership capacity of health authorities by establishing new mechanisms or using existing ones, as appropriate, for social participation and dialogue with responsible health authorities and other relevant government sectors in order to promote the formulation and implementation of inclusive policies and to ensure accountability and transparency in the work undertaken to achieve universal access to health and universal health coverage. In order to promote equity and the common good, the policy-making process should include dialogue and social participation to ensure that

all groups are represented and that special interests do not prevail at the expense of public health interests.

44. Formulate policies and plans that clearly and explicitly state the will of the State to strengthen or transform its health system, as appropriate, in order to advance toward universal access to health and universal health coverage. These plans should include defined targets, which should be monitored and evaluated. Establish mechanisms for social participation in monitoring and evaluation, thereby promoting transparency. Mechanisms should also be established to expand monitoring capacities.

45. The legal and regulatory framework should reflect the national commitment of each Member State to universal access to health and universal health coverage, as appropriate. It should establish the measures and resources needed to meet this commitment. This requires adapting the regulatory and legal framework in accordance with international instruments that deal with rights, including human rights, and other applicable health-related instruments.

46. Decisions made with respect to the progressive and universal implementation of comprehensive, appropriate, timely, quality health services should be evidence-based and should consider ethical, cultural, and gender perspectives, in accordance with the national context.

47. Strengthen and develop regulations and entities as effective instruments and mechanisms to promote access and quality in health services; training, distribution, and satisfactory performance of human resources; mobilization and allocation of financial resources to promote equity and access and to offer protection against financial hardship; quality and use of health technologies to benefit people; and the participation of all sectors in the move toward universal access to health and universal health coverage *(23)*.

48. Strengthen national information systems in order to conduct monitoring and evaluate progress toward universal access to health and universal health coverage, including the measurement of health outcomes, comprehensive health services, and inequities and social determinants of health. It is necessary to ensure the quality and reliability, completeness, and timeliness of data, which calls for interoperability with other entities and the development of indicators that allow the monitoring and evaluation of health conditions and of equity and its determinants. Data should be disaggregated to facilitate the monitoring of progress toward equity. Data analysis should be used to develop and focus policies and plans with a view to advancing toward universal access to health and universal health coverage.

49. Developing an adequately financed research agenda and better knowledge management are essential elements in order to address social determinants of health, ensure access to quality services, incorporate technology, and evaluate the effectiveness of implemented actions and programs *(24)*.

Strategic line 3: Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service.

50. Improve and strengthen the efficiency of health system financing and organization.[11] Efficiency in the organization of services implies, among other things, implementing people- and community-centered care models and delivering quality services; aligning payment mechanisms with the objectives of the system; rationalizing the introduction and use of medicines and other health technologies with an integrated, multidisciplinary, evidence-based approach;[12] improving supply mechanisms for medical devices, medicines, and other health technologies; optimizing supply management; taking advantage of economies of scale; adopting transparent procurement processes; and fighting corruption *(10)*.

51. Increase and optimize public financing for health in an appropriate, efficient, sustainable, and fiscally responsible manner in order to expand access, reduce health inequities, increase financial protection, and implement efficient interventions. Efficient allocation of public spending for health[13] is a necessary condition for reducing inequities within the framework of universal access to health. Recognizing the special characteristics of countries, appropriate allocation of resources should be aimed at increasing equity by prioritizing the first level of care, seeking to improve its response capacity and its capacity to organize service networks. Public expenditure on health equivalent to 6% of GDP is a useful benchmark in most cases and is a necessary—though not sufficient—condition to reduce inequities and increase financial protection within the framework of universal access to health and universal health coverage *(10).*

52. Advance toward the elimination of direct payment, understood as the costs that individuals face for health service fees, that constitutes a barrier to access at the point of service, avoiding impoverishment and exposure to catastrophic expenditures. Increasing financial protection will reduce inequity in the access to health services. The replacement of direct payment as a financial mechanism should be planned and achieved progressively. Advancing toward pooling [14] mechanisms based on solidarity, in accordance with the national context, that consider diverse sources of financing such as social security contributions, taxes and fiscal revenues, may be an effective strategy for

[11] According to the WHO *World Health Report 2010*, efficiency losses account for 30%–40% of all health expenditure. It is therefore an ethical imperative to ensure that financial resources for universal health coverage are spent in an appropriate and transparent manner in order to offer more services of better quality to the entire population and, in particular, to groups in conditions of vulnerability.

[12] Ensure that they respond to the needs of the population, are consistent with the care model, and are included in the provision of comprehensive quality services.

[13] This increase in public expenditure should commence with improved tax collection (reducing and combatting tax avoidance and evasion). Recognizing that the Region has a relatively low tax burden and given the current low fiscal priority *assigned* to health, immediate consideration should be given to developing innovative sources of financing.

[14] Pooling funds helps to fight segmentation by reducing transaction costs and increasing the efficiency of the health system.

replacing direct payment as a financing mechanism and increasing equity and efficiency in the health system. *(10)*.

Strategic line 4: Strengthening intersectoral coordination to address social determinants of health.

53. Establish or strengthen intersectoral coordination mechanisms and the capacity of the national health authority to successfully implement public policies[15] and promote legislation, regulations, and actions beyond the health sector that address social determinants of health *(13).*

54. Evaluate national policies, plans, programs, and development projects, including those of other sectors, that have an impact on the health of people and communities, which will generate evidence supporting coordination of multisectoral action with civil society and social participation for universal access.

55. Strengthen the leadership of the national health authority in defining the health-related components of public social protection policies and social programs, including conditional cash transfers programs, as appropriate; share best health practices and experiences from programs implemented by governments and institutions of the Region to reduce poverty and increase equity.[16]

56. Strengthen links between health and community by promoting the active participation of municipalities and social organizations in improving living conditions and developing healthy spaces to live, work, and play. Facilitate the empowerment of people and communities through training, active participation, and access to information for community members, in order for them to take an active role in policy-making, in actions to address social determinants of health, and in health promotion and protection.

Action by the Directing Council

57. The Directing Council is requested to consider the adoption of the *Strategy for Universal Access to Health and Universal Health Coverage* and to consider adopting the resolution included in Annex A.

Annexes

[15] With respect to matters essential to health, including education, the environment, water and sanitation, housing, urban growth, migration, and the informal labor market. Some examples of intersectoral mechanisms are: national committees to fight HIV, tuberculosis, and malaria and national committees to fight obesity.

[16] Through established mechanisms such as the Inter-American Dialogue on Social Protection and other regional and subregional initiatives aimed at enhancing synergies between social and health programs (social protection network).

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Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

53rd DIRECTING COUNCIL

66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

CD53/5, Rev. 2
Annex A
Original: Spanish

PROPOSED RESOLUTION

STRATEGY FOR UNIVERSAL ACCESS TO HEALTH AND UNIVERSAL HEALTH COVERAGE

THE 53rd DIRECTING COUNCIL,

Having considered the *Strategy for Universal Access to Health and Universal Health Coverage* presented by the Director (Document CD53/5, Rev. 2);

Bearing in mind that the Constitution of the World Health Organization establishes as one of its basic principles that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition";

Recognizing that universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability;

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 access to health and universal health coverage;

Recognizing that universal access to health and universal health coverage are framed by the values and principles of primary health care in the spirit of Alma-Ata;

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 United Nations Conference on Sustainable Development (Rio+20) (2012), United Nations General Assembly Resolution A/RES/67/81 (2012), the Panama Declaration on reducing inequities in reproductive, maternal, and child health (2013), and the World Health Assembly Resolution WHA67.14 (2014) on *Health in the Post-2015 Development Agenda*; and noting that current discussions focus on ensuring healthier lives and promoting well-being as key goals;

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 one of the most inequitable in the world; that the process of reducing health inequities is made more complex by the new epidemiological and demographic patterns that require different and innovative responses 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 countries of the Region have generated considerable knowledge and experience that will facilitate continued progress toward universal access to health and universal health coverage;

Recognizing that advancing toward universal access to health and universal health coverage requires efforts to overcome exclusion, inequity, and barriers to access and to the timely use of comprehensive health services;

Recognizing the importance of prioritizing the strengthening of health systems, and adopting integrated, comprehensive policies to address the social determinants of health and health inequities, with universal access to health and universal health coverage as fundamental goals;

Considering the urgent need for the majority of countries to strengthen their health systems including from the perspective of the right to health where nationally recognized and promoting the right to the enjoyment of the highest attainable standard of health with the fundamental goals of achieving universal access to health and universal health coverage; considering the need for strategic and comprehensive actions implemented in a progressive and sustained manner; and also considering that as democratic processes are consolidated in the Region, there is a growing and increasingly organized demand for universal access to health and universal health coverage;

Observing that the Strategy articulates the conditions that will allow countries to focus and evaluate their policies and measure progress toward universal access to health and universal health coverage;

Recognizing that each country has the capacity to define its plan of action, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future challenges in health;

Recognizing the participatory process implemented for the development of the Strategy, including consultations by the Member States in coordination with the Pan American Sanitary Bureau, which led to quality debate with different analytic perspectives, as well as the contributions made by the Member States Working Group;[1]

RESOLVES:

1. To adopt the *Strategy for Universal Access to Health and Universal Health Coverage.*

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

a) establish formal mechanisms for participation and dialogue to promote the development and implementation of inclusive policies, and ensure accountability in moving toward the objectives of universal access to health and universal health coverage;

b) establish national targets and goals, and define their plans of action toward universal access to health and universal health coverage; and set national priorities for the period 2014-2019, in accordance with the commitments established in the Strategic Plan of the Pan American Health Organization (2014-2019) and the Twelfth WHO General programme of work (2014-2019);

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

d) advance toward providing universal access to comprehensive, quality, progressively expanded health services that are consistent with health needs, system capacities, and the national context; and identify the unmet and differentiated needs of the population as well as specific needs of groups in conditions of vulnerability;

[1] The Member States Working Group, established by decision of the 154th Session of the Executive Committee, held 16-20 June 2014, was comprised of technical representatives of the countries that make up the Executive Committee in 2014, and representatives of countries participating as observers in the session.

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

f) improve human resource capacity at the first level of care, increasing employment opportunities with attractive labor conditions and incentives, particularly in underserved areas; consolidate collaborative multidisciplinary health teams; ensure that these teams have access to health information and telehealth services (including telemedicine); and introduce new professional and technical profiles and strengthen existing ones, coherent with the model of care to be implemented to achieve universal access to health and universal health coverage;

g) increase efficiency and public financing of health, as appropriate, noting that in most cases, public expenditure of 6% of GDP is a useful benchmark and that these resources should be allocated, as appropriate, on a priority basis to the primary level of care to expand the supply of quality services and quickly address unmet health needs;

h) advance toward eliminating direct payment, understood as the costs that individuals face for health service fees, that constitutes a barrier to access at the point of service, avoiding impoverishment and exposure to catastrophic expenditures; the replacement of direct payment as a financing mechanism should be planned and achieved progressively, replacing it by pooling-mechanisms, based on solidarity, as appropriate to the national context, that consider diverse sources of funding such as social security contributions, taxes, and fiscal revenues, in order to increase the financial protection, equity, and efficiency of the health system;

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

j) implement plans, programs, and projects to facilitate the empowerment of people and communities, through training, active participation, and access to information for community members, in order for them to know their rights and responsibilities, and for them to take an active role in policy-making, in actions to identify and address health inequities and the social determinants of health, and in health promotion and protection.

3. To request the Director to:

a) use the Strategy to facilitate the leadership of the health authorities in order to promote the mobilization of national resources to support the transformation or strengthening of health systems toward universal access to health and universal health coverage;

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

c) measure the progress toward universal access to health and universal health coverage using the indicators identified in the Strategic Plan of the Pan American Health Organization 2014-2019 and report on the advances through the biennial assessment reports on the implementation of the Strategic Plan;

d) develop actions and tools to support the implementation of the Strategy;

e) promote innovation in technical cooperation in health system transformation or strengthening toward universal access to health and universal health coverage, 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, and the Inter-American System, and with other stakeholders working toward universal health coverage, in particular with subregional integration mechanisms and relevant international financial institutions.

CD53/5, Rev. 2
Annex B

Report on Financial and Administrative Implications

1. Agenda item: 4.3-Strategy for Universal Access to Health and 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 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 already 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 Access to Health and 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 healthcoverage. 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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