# Governance
# for Improved Health of Migrants and Displaced Populations in the Eastern Mediterranean Region

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# Health System

**A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health.**

- This includes efforts to influence determinants of health as well as more direct health-improving activities.
  - A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services.

# THE WHO HEALTH SYSTEM FRAMEWORK

**SYSTEM BUILDING BLOCKS**

**OVERALL GOALS / OUTCOMES**

| SERVICE DELIVERY |
|---|

| HEALTH WORKFORCE |
|---|

| INFORMATION |
|---|

| MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES |
|---|

| FINANCING |
|---|

| LEADERSHIP / GOVERNANCE |
|---|

**ACCESS**

**COVERAGE**

**QUALITY**

**SAFETY**

| IMPROVED HEALTH (LEVEL AND EQUITY) |
|---|

| RESPONSIVENESS |
|---|

| SOCIAL AND FINANCIAL RISK PROTECTION |
|---|

| IMPROVED EFFICIENCY |
|---|

# THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

# Health Systems Governance
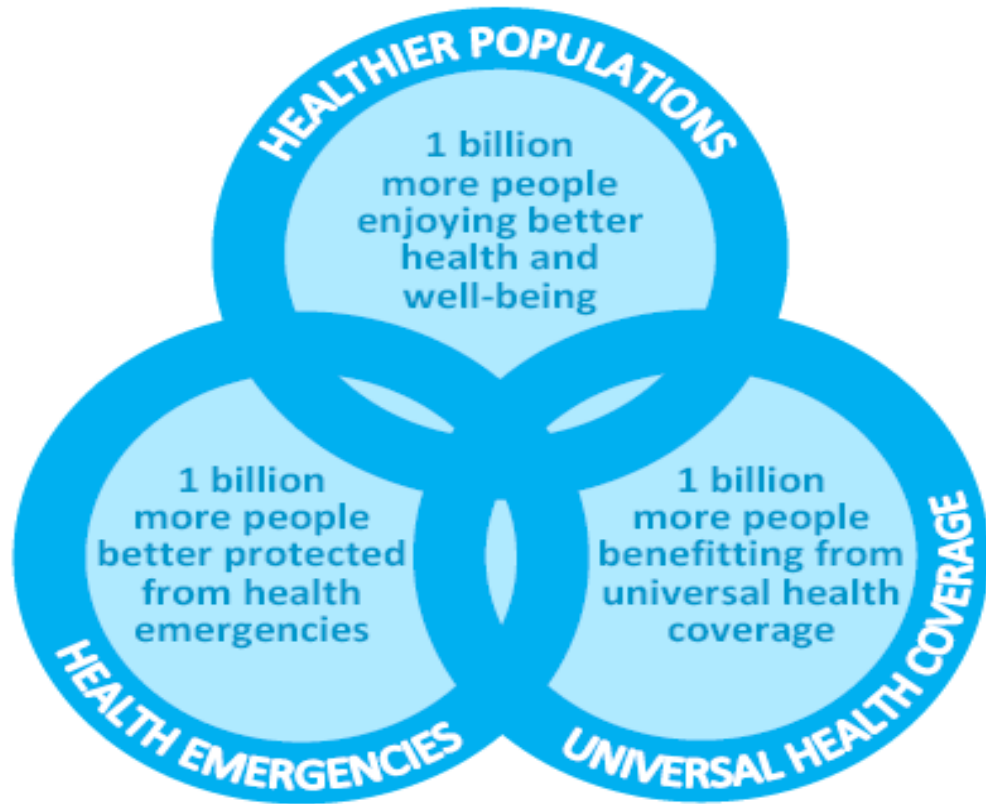## A salient theme on the development agenda

Governance and leadership in building a health system involve *ensuring that strategic policy frameworks exist and are combined with*:

- effective oversight
- coalition-building
- Regulation
- system design
- accountability.

# Governance and Accountability

o Accountability is an intrinsic aspect of governance that concerns the demonstration of the results and management of relationships between various stakeholders in health.

o Accountability involves, in particular:
- financing to ensure that adequate resources are available;
- delegation or an understanding of how services are supplied;
- performance around the actual supply of services;
- receipt of relevant information to evaluate or monitor performance;
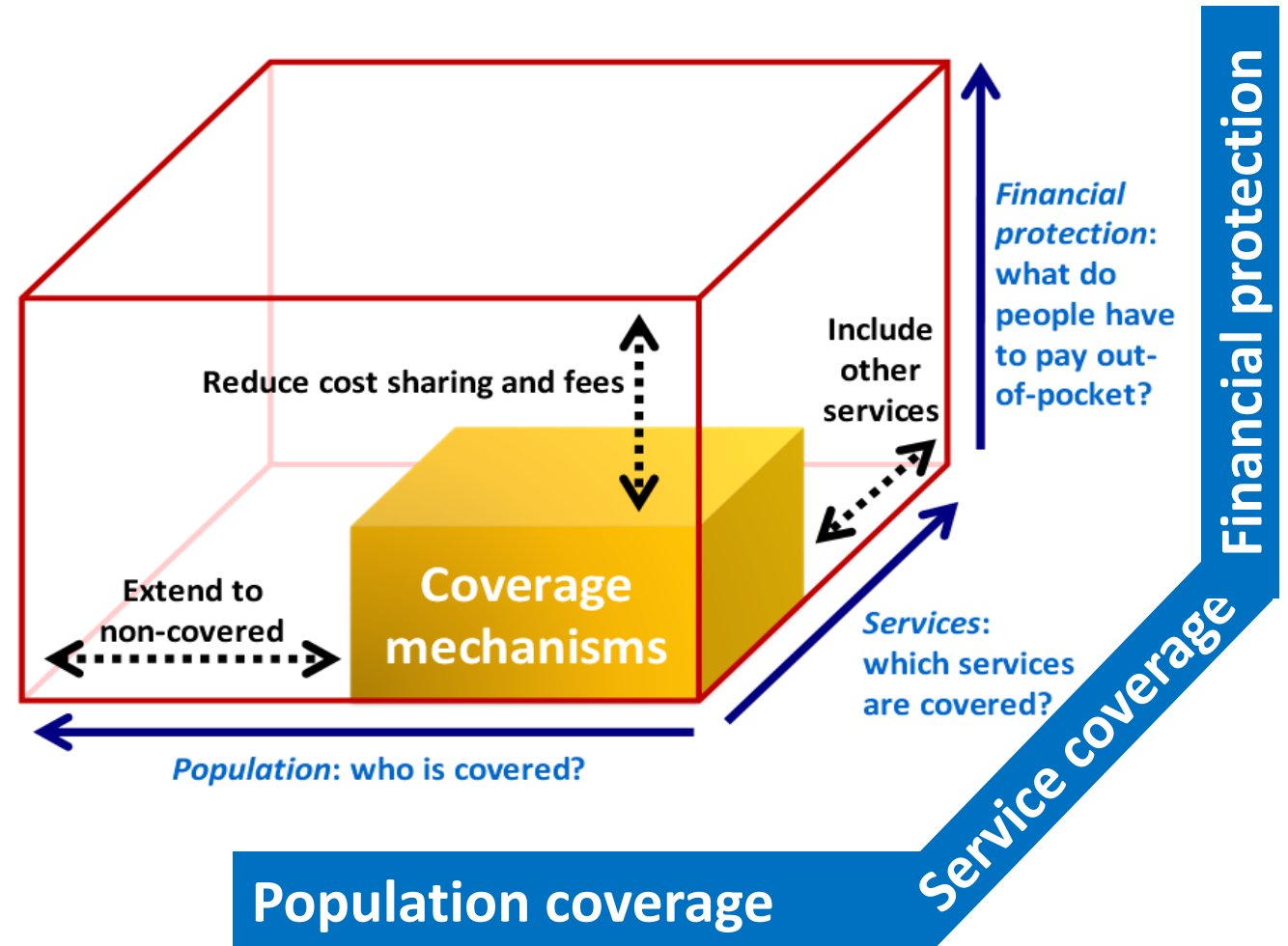- enforcement, imposition of sanctions or provision of rewards for performance.

# WHO's thirteenth general programme of work 2019–2023 – Strategic priorities
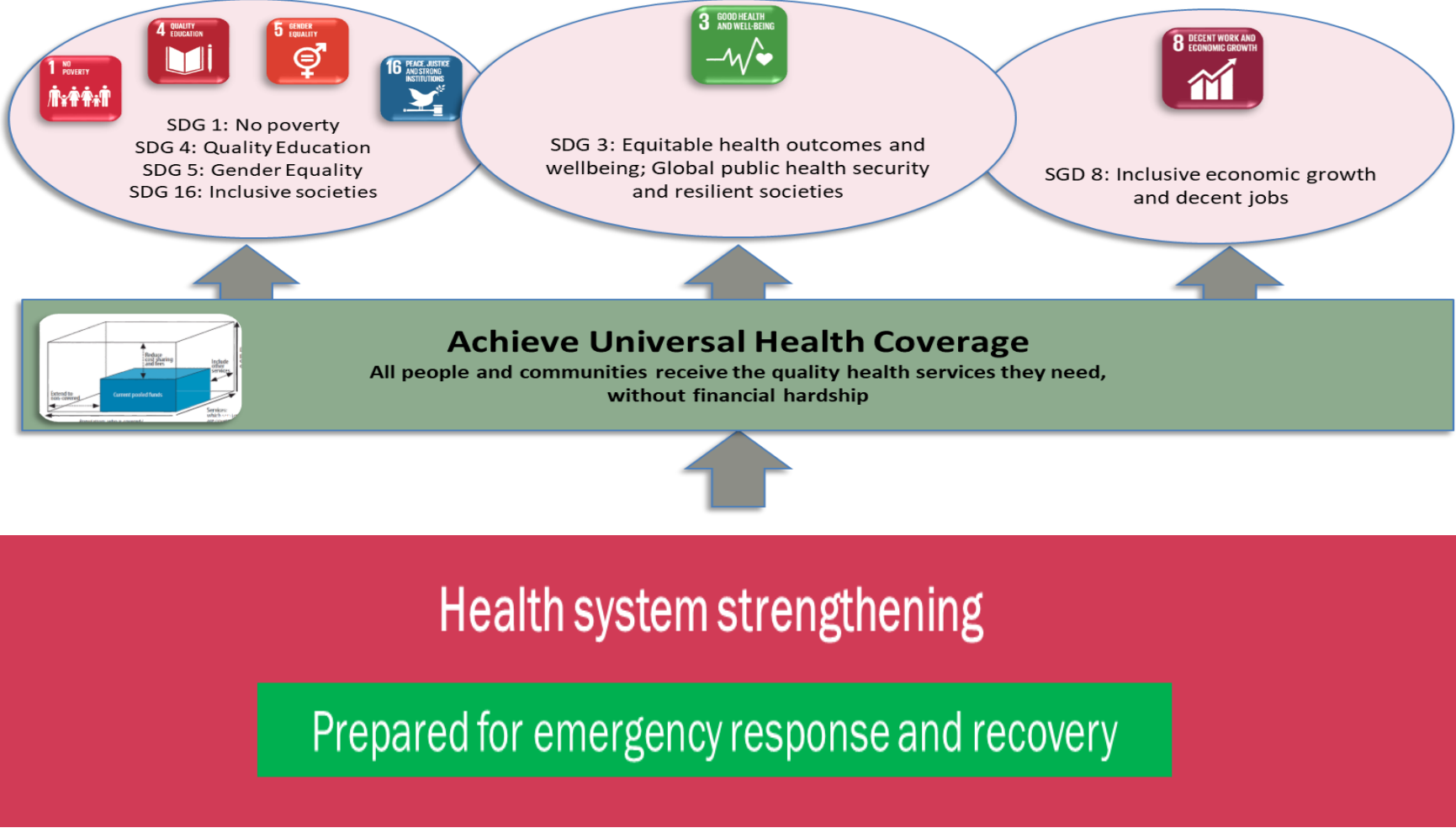


GPW 13's targeted 3 billion people must include migrants, refugees and displaced populations to ensure that the pledge of the 2030 Agenda for Sustainable Development – to leave no one behind – is fulfilled.

# Universal Health Coverage (UHC)

**UHC** means that all people and communities *(including migrants and displaced populations and other vulnerable groups)* can use the ***promotive, preventive, curative, rehabilitative and palliative health services*** that are appropriate to their needs and of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to **financial hardship.**

# Links between Health System Resilience, Universal Health Coverage (UHC) and Sustainable Development Goals

SDG 1: No poverty
SDG 4: Quality Education
SDG 5: Gender Equality
SDG 16: Inclusive societies

SDG 3: Equitable health outcomes and wellbeing; Global public health security and resilient societies

SGD 8: Inclusive economic growth and decent jobs

**Achieve Universal Health Coverage**
All people and communities receive the quality health services they need, without financial hardship

Health system strengthening

Prepared for emergency response and recovery

# WHO Regional Health Finance Atlas:
## Low public spending, High OOP payments result in financial hardship and impoverishment



How much is too much?

**55.5** million people

spend more than 10% of household budget on healthcare

www.who.int

World Health Organization



Mind the tipping point

**7.7** million people

fall into extreme poverty each year due to health expenses

www.who.int

World Health Organization

# WHO's strategy for the Eastern Mediterranean Region, 2020–2023

Turning *Vision 2023* into action

# Framework for action on advancing universal health coverage (UHC) in the Eastern Mediterranean Region

(Updated September 2016)

**World Health Organization** — Regional Office for the Eastern Mediterranean

| Strategic component | Actions for countries | Support from WHO and other development partners |
|---|---|---|
| **Developing a vision and strategy for universal health coverage** | • Formulate a vision to transform the national health system towards UHC<br>• Establish a multisectoral mechanism for UHC at the highest level<br>• Institutionalize a mechanism for public involvement in the development and promotion of a UHC vision and strategy, e.g. through public representative assemblies and civil society<br>• Undertake an evidence-informed health system review for UHC to assess the status of and gaps in financial protection, service and population coverage<br>• Develop a roadmap for health system strengthening to achieve UHC with short, medium and long-term goals<br>• Strengthen reliable monitoring and evaluation system to track, evaluate and report UHC progress<br>• Enhance public investment and public–private partnership for UHC<br>• Promote implementation research for UHC | • Facilitate convening of stakeholders for dialogues on UHC vision and strategies<br>• Share global experience, evidence and good practices in strengthening health systems towards UHC<br>• Develop national capacities in health system strengthening and leadership for UHC<br>• Provide technical support to strengthen national health information systems to effectively monitor and evaluate equitable progress towards UHC<br>• Provide support for improving public investment, public–private partnership, resource mobilization and aid-effectiveness |
| **Improving health financing system performance and enhancing financial risk protection** | • Develop and implement an evidence-informed health financing strategy for UHC<br>• Analyse health expenditure patterns and health financing arrangements using household surveys, health accounts and other diagnostic tools to identify gaps and underlying causes<br>• Track the incidence of catastrophic health expenditures and impoverishment, differentiated along socioeconomic and demographic dimensions<br>• Engage with national finance authorities to promote predictable public financing for health and ensure alignment with health sector requirements for UHC<br>• Explore creative revenue raising mechanisms for health<br>• Establish/expand prepayment arrangements, e.g. social health insurance and general government revenue arrangements, to limit out-of-pocket payments<br>• Reduce fragmentation in pooling arrangements across different schemes to avoid negative consequences for equity and efficiency<br>• Move from passive to strategic purchasing arrangements (by linking decisions on resource allocation to information on providers' performance and health needs)<br>• Unify national information systems for provider payment<br>• Identify sources of health sector inefficiencies and ensure value for money | • Assist in development of health financing reform options for advancing UHC<br>• Support the development of national health care financing strategies towards UHC<br>• Support the "health budget dialogue" for UHC, covering issues of fiscal sustainability and public financial management<br>• Build capacities on health expenditure surveys, health accounting, economic evaluation and other health financing system diagnostic tools<br>• Develop guidance on prepayment arrangements including social health insurance<br>• Facilitate exchange of knowledge and experience between policy-makers and financial managers on health financing reform<br>• Build regional and national consensus on health financing reforms for UHC |
| **Expanding the coverage of needed health services** | • Improve quality, safety and continuity of care by expanding person-centred integrated health service delivery<br>• Design and implement a service package of highest priority evidence-informed person- and population-based interventions<br>• Improve health workforce availability, accessibility, quality and performance to meet current and future health service requirements<br>• Ensure reliable access to, and regulation, quality, safety and affordability of essential medicines and health technologies, as part of the services package, appropriately employing health technology assessment (HTA)<br>• Integrate emergency health care in service delivery to enhance health system resilience<br>• Strengthen engagement with and regulation of for-profit and not-for-profit private sector for service provision in support of UHC | • Facilitate national planning for accelerating implementation of integrated quality health services, including progressive adoption of the family practice model<br>• Develop guidance on designing, costing and implementing a service package of highest priority interventions<br>• Support development and implementation of national strategic plans in the context of the regional strategic framework for health workforce development<br>• Assist in the development of national policies and strategies for quality of care and patient safety<br>• Support national efforts in improving access to essential medicines and health technologies, including promoting the use and institutionalization of HTA<br>• Build capacity in assessing, regulating and partnering with the private sector |
| **Ensuring expansion and monitoring of population coverage** | • Prioritize expansion of service coverage and financial protection for vulnerable and informal groups as part of the Sustainable Development Goals<br>• Collect data, disaggregated by socioeconomic and demographic factors, to monitor equity in progress towards UHC | • Share experience from countries on mechanisms to cover informal and vulnerable groups<br>• Develop a framework for monitoring population coverage and UHC |

Note. Developed in consultation with Member States, expert groups and partners.

WHO-EM/HEC/042/E

Assessing Refugees and Migrants' Health in the Eastern Mediterranean Region

# Indicators for measuring health system governance

- **Rules-based indicators**
  - measure whether countries have appropriate policies, strategies and codified approaches for health system governance.

- **Outcome-based indicators**
  - measure whether rules and procedures are being effectively implemented or enforced, based on the experience of relevant stakeholders.

Do your country's national health policies and strategies adequately addressed the refugees' and migrants' health based on following guiding principles?

- Right to enjoyment of the highest attainable standard of health
- Equality and non-discrimination health services
- Equitable access to health services
- Refugee and migrant sensitive health systems
- Non-restrictive health practices based on health conditions
- Participation and social inclusion of refugees and migrants
- Partnership and cooperation of all stakeholders and actors
- Leading role of MoH in the context of broader government policy

# Examples of governance from the Public Health Assessments of Displaced Populations, Migrants and Host Communities in 4 EMR Countries

- In Jordan, there is an explicit political commitment to population health as a national priority, which includes refugees and migrants.

- In Libya, there is an explicit political commitment to population health as a national priority, including migrants and internally displaced persons.

- In Somalia, there is an explicit political commitment to population health as a national priority, including internally displaced persons.

- In Sudan, there is an explicit political commitment to population health as a national priority within the national health strategy for all those living in Sudan.
    - Article 46 of the Sudan's constitution states (Public Health Care): "The State shall promote public health, establish, rehabilitate, develop basic medical and diagnostic institutions, provide free primary health care and emergency services for all citizens."

# Jordan

- Health insurance covers 85% of the population under 6. Over 60 years old, and those that require surgeries and are uninsured can receive an exception from the Royal Court.

- The uninsured in Jordan comprise of 15% of the population, while basic maternal and child care is free, and treatment of infectious and hematological diseases are also for free, other ailments are not covered which means that preventive services will not be offered.

- Refugees (Syrians must pay 80%, Palestinians pay 20% and all others pay 100%) and low income migrants are not covered under any national insurance scheme.

# Strategic country mission to Libya advances health of migrants and displaced people



World Health Organization

Ministry of Health of Libya

**Migrants and IDPs Health Unit**

*2018 Plan of Action*

# Supporting health financing reforms to improve governance of national health insurance fund and extend insurance to poor and refugee populations

# Assessing Refugee and Migrant Health in the Eastern Mediterranean Region

- WHO assessment's results show that mainstreaming refuges and migrant into the **Universal Health Coverage** dimensions is more affordable in the long run and allows for greater social cohesion or refugees and migrants within host communities.