

# Making the Case: Integrating Global Health Security with Universal Health Coverage

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## BACKGROUND

Episodic and unpredictable disease outbreaks such as the 2014-2016 Ebola virus disease epidemic in West Africa and the current Ebola outbreak in Democratic Republic of Congo, and avian influenza in Southeast Asia, are recent examples of epidemics that have either strained country health systems, affected food chains, and/or impeded communities across the continents from building the resilience needed to bounce back from such shocks. While consensus on the need for strong health systems and global health security (GHS) prevails, less agreement exists around how to go about strengthening systems in resource-constrained settings that experience multiple or sustained stresses. This analysis examines how to strengthen health systems in order to achieve Universal Health Coverage<sup>1</sup> (UHC), and proposes that broadening the definition of the health system to explicitly include health security by strengthening capacities stipulated by the International Health Regulations<sup>2</sup> (IHR), rather than addressing it separately, is an effective way to approach this challenge.

This poster:

- Outlines the two existing approaches - UHC and GHS/IHR
- Explores the potential impact of current global policies and international funding around low-income country health systems
- Identifies areas of potential coordination & outline specific components of a robust public health-integrated health system
- Proposes how to invest in and ensure sustainable national health systems
- Provides concrete recommendations for the next steps toward a robust, unified and resilient health system

## METHODOLOGY

Analysis of concepts of GHS, UHC and IHR; expert opinions; scientific literature; policy review; and international discussions

## UHC

Promotes primary health care based on the WHO Health Systems Framework

### CORE CAPACITIES

- Health workforce
- Information & technologies
- Medical products
- Vaccines
- Financing, leadership & governance

### GAPS

- Population level services: emergency preparedness, surveillance, diagnostics, trust & surge capacity

## GHS/IHR

Reinforces national health system functions that prevent, detect and rapidly respond to public health risks and emergencies of international concern

### CORE CAPACITIES

- National legislation, policy and financing
- Coordination and National Focal Point communications
- Surveillance
- Response
- Preparedness
- Risk communication
- Human resources
- Laboratory

### GAPS

- Curative services
- Patient management
- Clinical surge capacity during outbreaks

## ROBUST, UNIFIED & RESILIENT HEALTH SYSTEM

UHC service delivery

+

IHR capacities to prevent, detect and respond to public health threats

## ROLE OF GOVERNMENTS

- Increase domestic funding for health
- Strengthen internal collaboration (both vertical and horizontal)
- Strengthen multisectoral collaboration

## ROLE OF DONORS

- Contribute stable funding to fill gap between government spending and amount needed for UHC
- Work with governments to develop new funding strategies

## RECOMMENDATIONS & CONCLUSIONS<sup>3</sup>

1. Conceptualize a **robust, unified & resilient health system** that incorporates **IHR & public health functions within UHC**. Provision of population-level and preventive services, surveillance, disease detection, emergency response, and available surge capacity, as well as strong and resilient patient management for routine and endemic diseases before, during, and after outbreaks.
2. Renewed efforts and coordination to **strengthen the national health workforce** in all countries, especially **low-income countries**, including **proactive measures** to ensure an adequate health workforce for the future. **Collaboration**: ministries of education, finance, and planning. **Purpose**: to quantify population health needs and forecast future estimates for sufficient health staffing, institutional support and reinforcement of **all-times infection risk reducing policies and strategies** for front-line health workers.
3. **Review Joint External Evaluation (JEE) & Service Availability and Readiness Assessment (SARA)** for their utility in domestic and international health system performance appraisal for joint assessments.
4. New **funding strategies** with **local & international commitments to sustain** this model for **one national unified health system**. Low-income countries must raise domestic funding and overseas development aid should cover the gap between this amount and health financing levels compatible with attaining universal health coverage.

## COMPREHENSIVE GLOBAL HEALTH SECURITY

<sup>1</sup> "Universal Health Coverage (UHC)." World Health Organization, World Health Organization, [www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

<sup>2</sup> "International Health Regulations (2005)." World Health Organization, World Health Organization, 20 Mar. 2017, [www.who.int/ihr/publications/9789241580496/en/](http://www.who.int/ihr/publications/9789241580496/en/).

<sup>3</sup> Erondu, Ngozi A, et al. "Building the Case for Embedding Global Health Security into Universal Health Coverage: a Proposal for a Unified Health System That Includes Public Health." *The Lancet*, vol. 392, no. 10156, 2018, pp. 1482-1486., doi:10.1016/s0140-6736(18)32332-8.