

## **What is universal health coverage?**

Universal health coverage (UHC) means that all people can access the quality, essential health services they need without suffering financial hardship when paying for them<sup>12</sup>.

### **The need**

*'No health without a workforce'* was the rallying cry of the flagship report commissioned by the Global Health Workforce Alliance Secretariat and the World Health Organization and one which must be embraced if the aspiration for universal health coverage is ever to be realised. One in seven people will never see a qualified health worker in their lives. The world will be short of 12.9 million health-care workers by 2035. The figures speak for themselves. It has never been clearer that there has to be a major global effort to recruit, educate and train health workers<sup>3</sup>.

### **A new vision for development**

Health has intrinsic value but is also influenced by household income levels, poverty, education, water and sanitation, environment, food security, trade, transport and migration. Health can also positively influence other sectors with investments in health shown to positively impact on economic development<sup>4</sup>.

A sick parent unable to work often means that a child misses out on school to help supplement the family income. The family may have to sell property or land in order to pay for health care costs. And so the vicious cycle continues.

So how are we to break this cycle?

Many of the new Sustainable Development Goals (SDGs) relate to health but it is goal 3, with the stated ambition *to ensure healthy lives and promote well-being for all at all ages*, which sets out a vision of a world where universal health coverage becomes a reality.

Universal health coverage is first and foremost about equity and it is by addressing this goal that we can break the cycle of despair, ensure people centred health for all and so contribute to this new vision for development.

### **Health partnerships are transformative**

We can improve the chances greatly of achieving universal health coverage by actively championing new forms of development such as the health partnership approach which is truly transformative. Indeed, engaging in global health through health partnerships can transform and enrich the concept of partnership, as called for in SDG 17.

**January 2016**

*Health partnerships are transformative because they promote equity.*

Health partnerships move the focus from old paternalistic models of development to a world turned upside down where patient centred solutions to problems are mutually developed and knowledge flows both ways.

*Health partnerships are transformative because they train health workers and inspire these same health workers to train others over the long-term through trust and respect.*

Educating, training and supporting health workers in low income settings help these health workers to deliver higher quality health services. This means that more and more people will be able to access essential health services that are vital to their health and well-being. Many of these newly trained health workers also gain the skills and confidence to train their colleagues as well, and so by training one health worker we sow the seeds of a future workforce that can meet the challenge of delivering a health service that is available to all.

*Health partnerships are transformative because they benefit us all.*

UK health workers working through global health partnerships not only enable the UK to have a significant impact on people's health in low income settings they also become champions of development issues. The NHS also recognises the educational and learning opportunities of allowing UK health workers to engage in global health. Indeed there's an argument to be made around the cost benefits of allowing UK health workers to train in low income settings with appropriate supervision and quality standards<sup>5</sup>. Benefits can also be seen at the UK institutional and patient experience level as highlighted in a study which reviewed all available evidence<sup>6</sup>.

*Health partnerships are transformative because they can deliver at scale.*

Since the DFID-funded £30m Health Partnership Scheme (HPS) began four years ago, it has provided training to over 51,800 developing country health workers, with women accounting for over half of the participants. And many of these partnerships are working on multiple levels, with networks of partners, across sectors and in many countries. Taking the wisdom from this implementation practice will inform even greater networks of cross-sectoral partnership working.

*Health partnerships fit for the 21<sup>st</sup> Century*

Working hand in hand with colleagues in the south building trust over time to find solutions to seemingly intractable problems will remain at the heart of health partnerships. The face-to-face nature of these relationships, made more sustainable by anchoring them in institutions and networks, will continue to be the lifeblood of the approach. However, new mobile technology based learning environments can increasingly complement partnership work offering exciting scalable opportunities. And as more and more health workers are trained by this approach these same health workers will be increasingly able to share expertise with one another across borders.

**January 2016**

## **THET Commitments**

THET welcomes the renewed focus on universal health coverage in the SDGs and commits to using its relationship with WHO and national governments to advocate for a rapid scaling-up in the recruitment, training and education of health workers in support of this goal. In addition,

### **Evidence**

- THET will work to identify and disseminate evidence of how health partnerships are enhancing the training and education of health workers for the benefit of health systems and host countries
- THET will work with UK government and the NHS to identify and disseminate evidence on how health partnerships benefit UK health workers, the NHS as well as the UK as a whole

### **Scale-up**

- THET will work with DFID, WHO and other organisations to explore how implementation practice can inform universal health coverage policy and strategy to inform significant cross-sectoral scale-up
- THET will look for opportunities to replicate this approach through south-south partnerships exploring the role middle income countries can play in the development of low income and fragile states.

### **Resourcing**

- As 'proof of concept' is achieved for the health partnership approach THET will seek further government funding to take the Health Partnership Scheme to the next level
- Official development assistance (ODA) has catalysed an enormous scale up of transformative health partnerships. THET will unlock funding to match ODA commitment and so deliver the step change we need to achieve universal health coverage.

## **THET Recommendations**

### ***UK health workers***

As part of our ongoing approach to quality improvement, THET has developed Principles of Partnership<sup>7</sup> to accelerate the quality and effectiveness of how health partners in UK and low and middle-income countries engage with one another.

*We call on all those engaged in global health through partnerships to adopt these Principles of Partnership, seek further support from their health institutions and so contribute to the achievement of universal health coverage.*

**January 2016**

### **Donors and governments**

Health partnerships offer a vision of the way in which learning and knowledge-exchange will take place in the future.

*In addition to supporting the partnership approach, we call on donors and governments to supplement their monetary contributions with consideration of the resources, expertise and technology that, if shared, could result in an upscale in efforts to achieve universal health coverage.*

### **UK Government**

*Health is Global, the UK government's global health strategy, has come to an end.*

*We call on DFID to root universal health coverage at the heart of their Health System Strengthening Framework and to champion the concept of universal health coverage at the forthcoming G7 negotiations.*

*We call on DFID and DH as part of the new Health System Strengthening Framework to articulate a clear strategy for how the UK government should actively support health partnerships between the NHS and low and middle income counterparts to support universal health coverage*

### **NHS**

*Engaging in Global Health, published by DH, DFID and NHS Confederation, provided guidance to bring greater clarity to how the UK health sector contributes effectively to improving health in low - and middle-income countries. It also set out standards of good practice to ensure that engagement was appropriate and effective.*

*We call on UK health institutions to adopt the standards of good practice set out in Engaging in Global Health highlighting in particular the need to adopt the Organisational Commitment standard to support the UK's contribution to achieving the goal of universal health coverage in low and middle income countries.*

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<sup>1</sup> Chan, Margaret, Acceptance speech to health ministers and representatives of WHO's Member States, 2012, available at [http://www.who.int/mediacentre/news/releases/2012/dg\\_appointment\\_20120523/en/](http://www.who.int/mediacentre/news/releases/2012/dg_appointment_20120523/en/)

<sup>2</sup> WHO, 2010, *World Health Report 2010, Health Systems Financing: The Path to Universal Coverage*, available at [http://www.who.int/whr/2010/10\\_summary\\_en.pdf](http://www.who.int/whr/2010/10_summary_en.pdf)

<sup>3</sup> Global Health Workforce Alliance and World Health Organization, 2013, *A Universal Truth: No Health Without a Workforce, Third Global Forum on Human Resources for Health Report*, available at <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>

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<sup>4</sup> The Lancet Commission on Investing in Health. Global Health 2035: A world converging within a generation. The Lancet. December 2013.

<sup>5</sup> Health Education England/Global Health Exchange, 2015, *Building Education Capacity Results Event*, available at <http://www.globalhealthexchange.co.uk/userfiles/file/Results%20Slides.pdf>

<sup>6</sup> Jones, Felicity AE, Knights, Daniel PH, Sinclair, Vita FE and Baraitser, Paula, Globalization and Health, 2013, *Do health partnerships with organisations in lower income countries benefit the UK partner? A review of the literature*, available at <http://www.globalizationandhealth.com/content/9/1/38>

<sup>7</sup> THET, *Principles of Partnership*, 2015, available at <http://www.thet.org/health-partnership-scheme/resources/principles-of-partnership>