

Outcome document from the Action for Global Health technical meeting: “Strengthening Universal Health Coverage Measurement and Accountability”

Brussels, April 2015

This document outlines the recommendations drawn from a roundtable discussion in Brussels, Belgium, which took place from 23 - 24, April 2015. The meeting brought together health experts from 11 countries across five continents, including government and multilateral representatives, academia and civil society.

Given the global momentum around Universal Health Coverage (UHC) and its likely inclusion in the sustainable development goals (SDGs), attention has now shifted towards its measurement. The way in which UHC is measured, and the monitoring and accountability mechanisms that are put in place, will have huge impact on how UHC is implemented, and whether or not it prioritises equity and human rights. The outcomes of the ‘Measurement and Accountability for Results in Health’ process will provide vital input towards defining this agenda and the longer term success of health reforms.

In this context, the meeting discussed how monitoring and accountability mechanisms can be shaped, building on both existing best practices and innovative ideas. Participants produced a set of key recommendations to strengthen UHC indicators and develop a monitoring framework that ensures national and global accountability of many different stakeholders.

We, participants of this meeting, urge all stakeholders to take into consideration the following recommendations:

Regarding post 2015 global health indicators:

1. Health service coverage should be included in the set of UHC indicators next to a financial protection indicator in order to reflect a complete interpretation of the concept of UHC.
2. Overall progress towards the health SDG should be measured by an additional overarching indicator on healthy life expectancy across all countries.
3. Delivering a successful sustainable development agenda demands taking the social determinants of health into account and designing appropriate indicators for monitoring the linkages between health and other development issues. This is especially relevant for the reduction of inequalities and the building of effective, accountable and inclusive institutions at all levels.

Regarding national UHC monitoring:

4. Decisions on national health strategies and defining essential health services must be done by broad based participatory and democratic decision-making processes, which are based on epidemiological evidence and the needs of people. To this end, process and participation indicators should be included in UHC monitoring.
5. As governments collect health-related data, they must make it accessible to all stakeholders to facilitate evidence-based advocacy and decision-making, and ensure participation in decision-making and accountability processes.
6. Due to the substantial role of non-state actors in health service delivery, governments need to establish effective and transparent mechanisms to collect quality data for inclusion in national monitoring systems.
7. Governments should commit to complying with their international or regional commitments on domestic public health financing (e.g. the Abuja Declaration).

8. Domestic health spending should be monitored through the collection of disaggregated data, to enable cross-country and cross-regional comparison, using the Kakwani progressivity index¹.
9. Current approaches to measuring quality in health care delivery are limited, and therefore, adequate resources are needed for sustained and rigorous research on the measurement of provision and experience of health services.

Regarding international public financing for health:

10. International public funders should be held accountable for their commitments to deliver 0.7 percent of Gross National Income (GNI) to Official Development Assistance (ODA), and compulsory reporting requirements should support a review of progress against these targets. We also urge them to increase their allocation of at least 0.15 percent of their GNI to health to assist countries with insufficient domestic capacity.²
11. International public funders must report against robust performance indicators related to health systems strengthening and the right to health. Reporting should incorporate contributions from local participants, especially those most in need.

Regarding meaningful engagement of all stakeholders:

12. Civil Society Organisations (CSOs) and Community Based Organisations (CBOs) should be supported to participate and meaningfully engage in the design, implementation, monitoring and evaluation of health policies, programming and budgets.
13. Governments should strengthen transparency and co-decision-making based on existing best practices of CSO and affected communities' policy participation in global health initiatives, such as the Global Fund and IHP+.
14. There must be collective action to strengthen the capacity of leadership and interactions amongst all stakeholders, including CSOs, communities, technical experts and parliaments to deliver, monitor and demand accountability on health commitments.
15. Parliaments have responsibilities related to health policy formulation, the development of legislation, defining budgetary regimes, representation and oversight. Parliaments should play a key role in holding governments to account and be formally included in all references to accountability. Parliamentarians should be engaged and represented in important policy and decision-making entities, like the High Level Political Forum on Sustainable Development, and additionally, should be encouraged to contribute to the related national reviews.

Regarding the accountability of health providers:

16. National governments should make appropriate use of accredited non-state health care providers, such as CSOs, CBOs and private sector providers. To discharge their obligation to regulate, they must set up robust systems to ensure health providers fulfil national licensing requirements regarding basic standards, and secure an environment with minimal risks to health and safety, before being granted permission to operate in the country.
17. Governments need to maintain high standards for service delivery by non-governmental health care providers on quality, accessibility, affordability, efficiency and effectiveness of health care. This must be a minimal condition for becoming accredited as a partner in the public health system and to receive financial support of the government.
18. Both licencing and accreditation procedures should be utilised by the government to improve health information systems and make appropriate use of data from non-governmental health care providers to ensure greater transparency and comprehensive health sector monitoring.

¹ Kakwani, N. , Measurement of tax progressivity: An international comparison. *Economic Journal*, 1977. 87: 71-80

² Chatham House, *Shared Responsibilities for Health: A Coherent Global Framework for Health Financing*, 2014

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