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Implementing Universal Health Coverage on the Ground:

The View from Four Countries



With the passage of the new Sustainable Development Goals, Universal Health Coverage (UHC) is quickly becoming the new North Star guiding global health development. UHC means everyone can get quality, affordable health care, even those who are traditionally marginalized or vulnerable. But reaching this destination won't be easy – for any country.

UHC is new territory with no clear roadmap: each country will forge its own route, which will be influenced by its politics, finances, health indicators, and competing priorities. Mobilizing domestic resources is key, especially given that donor assistance has plateaued and is projected to decrease in many countries.

Despite these challenges, countries are making headway. USAID's Health Finance and Governance Project (HFG), led by Abt Associates, is working in more than 30 countries, learning what implementing UHC looks like in practice. HFG's experiences in [Bangladesh](#), [Ethiopia](#), [Indonesia](#), and [Nigeria](#) offer valuable insights into what implementing UHC entails.

Bangladesh

The movement to achieve UHC is gaining momentum in Bangladesh, as evidenced by the Prime Minister's commitment at the World Health Assembly and the U.N. General Assembly, as well as such initiatives as the Health Care Financing Strategy 2012-2032 and the Health Workforce Strategy 2015.

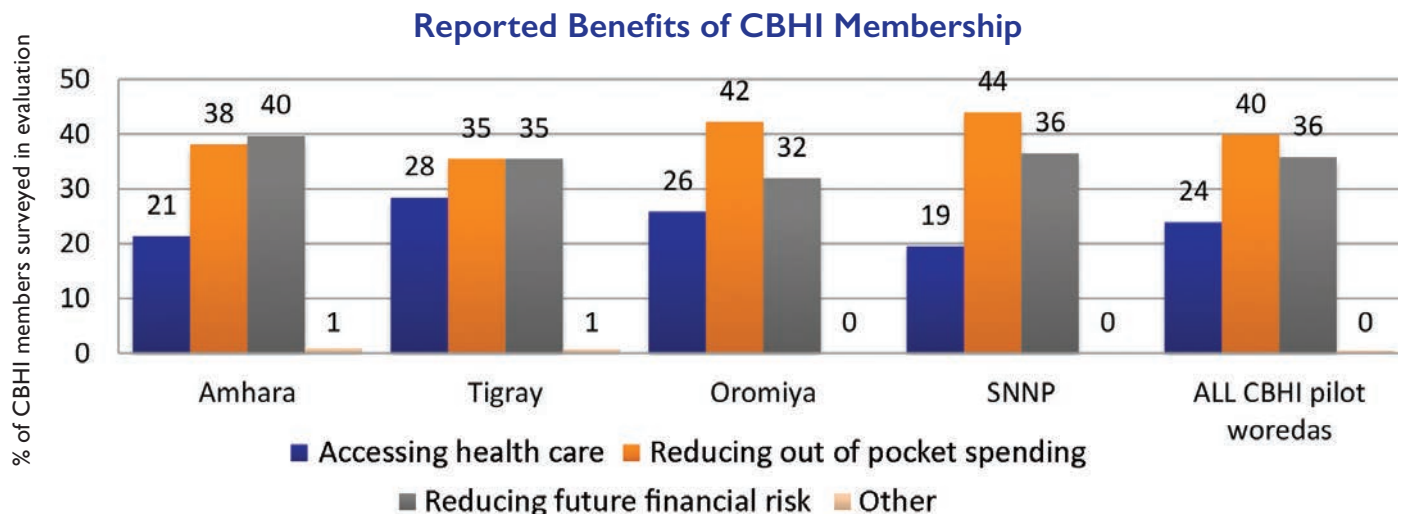
To move the UHC agenda forward, building awareness is critical. In partnership with the Health Economics Unit of the Ministry of Health and Family Welfare, HFG is working with local stakeholders to raise awareness on the importance of UHC. These policymakers and practitioners in both the public and private sectors can then advance the government's UHC agenda. A large group of well-placed stakeholders will be able to advocate for UHC at all levels of the health system. In parallel, the World Health Organization, Ministry of Health and Family Welfare, HFG, and the World Bank are improving the technical capabilities of key institutions, and conducted a flagship course on health systems strengthening and UHC for more than 40 government and non-government officials and practitioners.



Ethiopia

In 2015, the Ethiopian Government launched a 20-year strategic plan, "Envisioning Ethiopia's Path towards Universal Health Coverage through Primary Health Care." The new plan calls for strengthening health financing, including pooling mechanisms such as community-based health insurance (CBHI). CBHI pools members' premium payments into a locally-managed collective fund, and covers basic health care costs at local health centers. USAID has worked with the government for more than five years to design, pilot, and scale up CBHI through successive technical assistance projects led by Abt Associates.

Beginning in 2011, the Ethiopian Government, with technical assistance from USAID projects, piloted CBHI in 13 districts in Ethiopia's four largest regions: Amhara, Oromia, SNNP, and Tigray. On average, more than 50 percent of eligible households enrolled in the CBHI schemes. Based on the impressive results as evidenced in the HFG-supported evaluation of the pilot in 2014, the government scaled up CBHI to 185 districts with technical support from HFG. This will eventually cover the entire country, including those who are poorest and most in need. Today more than nine million people now have health insurance.



Indonesia

When Indonesian President Joko Widodo began his five-year term as leader of the world's third largest democracy in 2014, his stated priorities included poverty reduction, education, and health. The health priority includes achieving UHC by successfully rolling out *Jaminan Kesehatan Nasional* (JKN). JKN is a social health insurance (SHI) scheme intended to cover the entire population. When fully implemented, it will be the largest SHI program in the world.

As with any ambitious health reform, implementation of JKN will include challenges. HFG is supporting national- and district-level leaders and providers to carry out implementation research (IR) to learn what works and what does not, and to identify policies and processes that need refinement. IR focuses on practical, actionable issues in complex, real-world settings.

USAID and HFG recently launched the first round of IR, engaging stakeholders in identifying priority challenges. Participants came to a consensus on the focus for the first cycle of IR: investigating how various policies and regulations affecting primary care are currently understood and implemented at the district level. The initiation of the first cycle of IR is timely, given the Ministry of Health's plans to discuss JKN policy revisions in July 2016. HFG is capturing this learning in a series of briefs, the first of which is available on www.hfgproject.org.



Nigeria

Nigeria's National Health Act was passed in 2014 with massive support and pressure by civil society organizations. It aims to achieve UHC by increasing health coverage and making quality services more affordable and accessible. Fueled by its oil exports, Nigeria became the biggest African economy in 2014, but this wealth has not yet translated into significant increases in health budgets.

In particular, Nigeria's states are facing the challenge of sustaining current funding levels for the HIV and AIDS response. Donor funding accounts for over 70 percent of the financing need for the response. As international financial support for health plateaus and donors re-focus their assistance, ensuring the sustainability of donor-established services is of paramount importance.

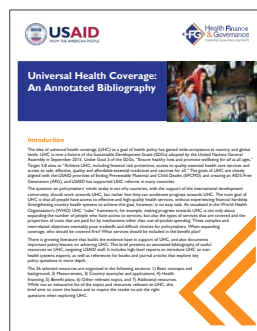
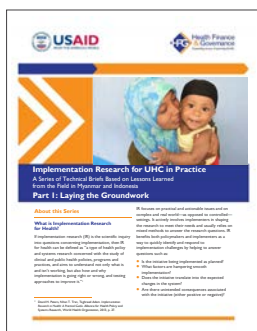
HFG is building a broad constituency, beyond just the health sector, to support domestic resource mobilization efforts to sustain HIV and AIDS programs in several states. This is part of a broader effort to improve domestic resource mobilization for health. In collaboration with the State Agencies for the Control of AIDS and USAID's Strengthening Integrated Delivery of HIV/AIDS Services Project, HFG helped develop resource mobilization strategies in four states: Akwa Ibom, Cross River, Lagos, and Rivers. These strategies are being implemented with the goal of increasing public budget allocations, increasing the releases and effective spending of those allocations, and identifying opportunities for private sector investment. Budget increases have already been achieved despite recent pressure from falling oil prices.

HIV/AIDS Budgets in Select States in Nigeria, in which HFG is Working

State	2014 HIV/AIDS Funds Budgeted (Nigerian Naira)	2014 HIV/AIDS Funds Released (Nigerian Naira)	2015 HIV/AIDS Funds Budgeted (Nigerian Naira)	Percentage Increase in HIV/AIDS Budgets (2014 to 2015)
Cross Rivers	58m (US\$ 292,559)	5.5m (US\$ 27,743)	184m (US\$ 928,121)	317.2% increase
Rivers	60m (US\$ 302,648)	Nil	200m (US\$ 1.00m)	333.3% increase
Akwa Ibom	500m (US\$ 2.52m)	Nil	500m (US\$ 2.52m)	Stable high budget
Kwara	55m (US\$ 277,427)	49.62m (US\$ 250,290)	320m (US\$ 1.61m)	581.8% increase

1US\$ = 198.250 Naira (Oanda exchange rate, June 11, 2015)

Visit HFGproject.org to find UHC resources, including policy briefs, case studies, technical reports, and tools.



Visit HFGproject.org and follow HFG on Twitter [@HFGproject](https://twitter.com/HFGproject).



The Health Finance and Governance (HFG) project works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Designed to fundamentally strengthen health systems, the HFG project improves health outcomes in partner countries by expanding people's access to health care, especially priority health services. The HFG project is a five-year (2012–2017), \$209 million global project funded by the U.S. Agency for International Development under Cooperative Agreement No: AID-OAA-A-12-00080. The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

For more information visit www.hfgproject.org.

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