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The following is part of a training exercise for MSc Students in International Health and Tropical Medicine, University of Oxford

Overview of Universal Health Coverage (UHC), Water, Sanitation and Hygiene (WASH) and Neglected Tropical Diseases (NTD's) – Recommendations for the United Kingdom

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Introduction

This policy brief aims to outline the World Health Organisation (WHO) policies and World Health Assembly (WHA) resolutions that support national level decision-making with regards to Universal Health Coverage (UHC), Neglected Tropical Diseases (NTD's) and Water, Sanitation and Hygiene (WASH). We have included country-specific examples for each and then go on to highlight forthcoming opportunities/recommendations for the United Kingdom in supporting national health ministries to progress towards UHC and Sustainable Development Goal 3.

Background

The WHA is the supreme decision-making body of the WHO. Delegations from all WHO Member States attend this meeting and focus on a specific health agenda prepared by the Executive Board. The purpose of the meeting is to form key health resolutions and urge Member States and request the WHO Director General to undertake particular actions related to these key health issues. It is here that the WHO's work is reviewed, new goals are set, and tasks assigned.[1]

The WHA is held annually in Geneva, Switzerland with the 72nd meeting taking place in May 2019. At this last meeting, the WHA adopted 16 resolutions, including primary health care, antimicrobial resistance, and water sanitation. To follow the progress made in implementing the resolutions, the resolutions require submission of a report on a regular basis to WHA.[2]

Universal Health Coverage

1. WHO and UHC definition

The WHO defines Universal Health Coverage as follows:

'Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship'.[3]

By providing access and use of health services, people can retain their health and by financial risk protection, people can avoid being pushed into poverty after paying for health service out of their own pockets. Therefore, UHC is an essential component of sustainable development and poverty reduction as well as a key element of any effort to reduce social inequities.[4]

The WHO offers several factors for a community or country to achieve universal health coverage:[5]

- **A strong, efficient, well-run health system** that meets priority health needs through people-centred integrated care by:
  - informing and encouraging people to stay healthy and prevent illness;
  - detecting health conditions early;
  - having the capacity to treat disease; and
  - helping patients with rehabilitation
  - ensuring sensitive palliative care where needed.
- **Affordability** – a system for financing health services so people do not suffer financial hardship when using them.
- **Availability of essential medicines and technologies** to diagnose and treat medical problems.
- A sufficient capacity of **well-trained, motivated health workers** to provide the services to meet patients' needs based on the best available evidence.
- Actions to **address social determinants** of health such as education, living conditions and household income which affect people's health and their access to services.

(Taken from: https://www.who.int/contracting/documents/QandAUHC.pdf?ua=1)

2. WHA resolutions on UHC

Primary Healthcare Approach to achieve UHC[6]

Following on from the 72nd WHA, the Director-General's report highlights the need for a primary health care approach towards achieving UHC and the SDGs. This is underpinned by the Declaration of Alma-Ata as well as the more recent Declaration of Astana, the latter of which called for a renewal of primary health care. Focusing on primary health care is seen as the only sustainable way to achieve UHC and as the most effective and efficient way to address causes of ill health through health promotion and prevention and a 'people-centred approach'.

Strengthening the role of Community Health Workers[7]

Underlining the fact that health workers are core to achieving UHC and strengthening primary health care, this resolution emphasised the importance of health care workers to build strong, resilient and safe health systems. The resolution urges the member states to implement health policy and systems based on WHO's guidelines to optimise community health worker programmes and requires the Director-General to submit a report every three years in addition to a regular progress report to monitor progress.

Non-communicable diseases (NCDs)[8]

As part of the efforts toward UHC, tackling NCD's is recognised as key, identifying that health systems need to

improve NCD prevention, diagnosis and management as well as strengthening effective health promotion over the life course, including in the context of population ageing. There is a large emphasis placed on community-level prevention, health services delivery and access to essential NCD medicines and technologies for all as part of the UHC package that needs to be in place.

Outbreaks and health emergencies[8]

With regards to outbreaks and health emergencies, the WHO has reaffirmed their commitment to targeted investments for preventing, detecting and responding to these in order to safeguard security and international collaboration under the International Health Regulations (2005) as essential public health functions of health systems. The Secretariat is currently developing a common framework for harmonizing these core capacities and to support long-term sustainability of these systems. There are also multiple health systems strengthening strategies planned under the WHO Health Emergencies Programme.

Tuberculosis[8]

Improving TB prevention, diagnosis and care as part of the WHO End TB strategy should be part of the goal of UHC, with the aim of public and private health care providers achieving detection of at least 90% of cases and successful treatment of at least 90% of those detected through use of rapid diagnostics, appropriate treatment, patient-centred care and support and harnessing digital health. Urgent support for high multi-drug resistant tuberculosis (MDR-TB) burden countries are also underlined as it is a potential threat to public health security. This will also be supported by the global action plan on antimicrobial resistance, which includes tuberculosis-specific actions globally.

Assistive and Digital Health Technologies[8]

In order to address inequities, there is a large emphasis placed Member States to include and improve access to assistive technologies within UHC and social service coverage. There is also a move towards encouraging use and improvement of digital health technologies in information systems and beyond and their scale-up as part of UHC and promoting equitable access for all, also keeping in mind vulnerable groups who may require special needs within digital health.

3. Challenges to achieving UHC

According to the WHO UHC fact sheet, at least half of the people in the world do not have access to essential health care. The payment for health care causes about 100 million people to fall into extreme poverty. In addition, around 12% of the people in the world (about 930 million people) spend over 10% of their income in health care payment.[9]

The proportion of DALY's lost to NCDs has grown from 47% to 60% globally between 2000 and 2016, with the fastest increases in low and middle-income countries. The burden of mental health has also increased and largely goes untreated in the developing world. Antimicrobial resistance also represents an increasing threat. Strengthening primary health care would be able to in some part address all the above, with a further focus on community engagement and education, rational prescribing and medication provision.[10]

4. Country-specific UHC example: Ethiopia

Ethiopia is one of the poorest countries in the world, yet has made great strides towards Universal Health Coverage through its Health Extension Programme (HEP) since 2003. These have been supported by both the WHA resolutions on Primary Health Care and strengthening Community Health Worker Programmes. HEP revolves around free primary care access at a community (village) level. HEP has four health subprograms: disease prevention, family health, environmental hygiene and sanitation, and health education and communication.[11] The Ethiopian Government has also attempted to provide financial protection through piloting Social Health Insurance for formal sector employees and their family members and Community-Based Health Insurance among informal sector employees and rural residents.[12] The HEP combined with strengthening of the health system have contributed towards Ethiopia achieving most of the health-related MDGs.[13] There has also been a government initiative to develop a Health Development Army as a platform to involve the community in planning and implementing health programs. This involves neighbouring households coming together and leading change.[14] The HEP is now in its second generation and being recalibrated to address geographic inequities, changing demographic trends and vulnerable populations. Several challenges remain to be addressed such as staffing and infrastructure of health posts and motivating health workers.[15] The United Kingdom was second only to the USA in providing Ethiopia with the largest value of health disbursement for the period 2014-2015.[16]

Neglected Tropical Diseases

1. Overview and WHO role

The WHO recognises 17 major parasitic and related infections as the neglected tropical diseases (NTDs). NTDs cause immense human suffering, disability and death. They pose an overwhelming obstacle to health and remain a serious impediment to poverty reduction, socio-

economic development and UHC, which in turn cause immense human suffering, disability and death in tropical and subtropical areas. They affect more than one billion people and cost developing economies billions of dollars per year.[17] The WHO coordinates and supports policies and strategies to enhance global access to interventions for the prevention, control, elimination and eradication of NTDs. With the help of international partners, WHO supports Member States in the coordination and integration of national control programmes with sectors such as education, agriculture, the environment, water, hygiene, gender equity, sanitation and veterinary public health.[18] Key activities include formulating recommendations and setting norms and standards; coordinating the distribution of donated medicines, promoting WHO's role in partnership involvement, strengthening country-level capacity and leveraging the contribution of stakeholders to the elimination and eradication of these diseases.

2. WHA resolutions on NTDs

The main NTD policy information and driver for governments are the WHO policies rather than WHA resolutions. For example, WHO has created the NTD Roadmap 2021–2030 [18] to end the epidemic of NTDs. Criteria to measure the achievement of the goal: A 90% reduction in the number of people requiring interventions against NTDs by 2030.

Year	Number of people requiring interventions against NTDs
2020	1500million
2023	1100million
2030	200million

3. Challenges to achieving NTD elimination

Despite recent gains in the understanding of the nature and prevalence of NTDs, as well as successes in recent scaled-up preventive chemotherapy strategies and other health interventions, the NTDs continue to rank among the world's greatest global health problems.

One of the factors contributing to this is that the WHO has been slow to adopt and promote vaccines and there has been a lack of engagement of certain major multinational pharmaceutical companies to develop vaccines. There has also been slow progress on diagnostic tools such as tests that differentiate various causes of fever or classes of pathogens. Furthermore, there is also a need for policymakers to define and prioritize NTD diagnostic needs. With regards to drug provision there needs to be new R&D incentive mechanisms and innovative financing instruments.[19]

4. Country-specific NTD example: China

Using Schistosomiasis as an example, the WHO has advocated for increased access to praziquantel and resources for implementation. A significant amount of praziquantel, to treat more than 100 million children of the school age per year, has been pledged by the private sector and development partners.[20]

In China, the transmission of *Schistosoma japonicum* still occurs in provinces along the Yangtze River and its southern areas, particularly in Hunan, Hubei, Jiangxi, Anhui and Jiangsu, and in the mountainous and hilly regions of Sichuan and Yunnan provinces.
From 2004 to 2012, the number of acute cases of Schistosomiasis japonica reported has dramatically declined. However, there are still approximately 68 million individuals at risk.[21] Factors contributing to this population at risk can be attributed to issues such as Praziquantel (the drug of choice for Schistosomiasis) not being able to kill immature worms and prevent re-infection and also unpredictable environmental changes such as flooding and migrations due to this. This shows us the need for more drug R&D as well as statistical modelling to predict the trajectory of Schistosomiasis to enable enhanced preparedness in this population. Moreover, a proper coordination with the local government would be a solution when the strategy is contrary to the interests of the local economy.[21]

Water, Hygiene and Sanitation

1. Overview and WHO role

According to the Global Burden of disease 2016, the WASH-attributable disease-burden amounts to 4.6% of global DALYs and 3.3% of global deaths.[22] WHO plays a significant role by providing guidelines in each of these areas which in turn support member states in setting standards and regulations in these areas. This is in addition to providing technical assistance and capacity-building.[23] Evaluation and monitoring reports published by WHO further help the countries in informed decision making in these areas and act as a coordinator between multi-sectoral partners and regions to support WASH policies. There are also efforts by the WHO to make WASH part of health programs and help in emergency response to issues like climate change and impact of water scarcity on WASH and public health.[23]

2. WHA Resolutions on WASH

World Health Assembly has approved a number of resolutions related to safe drinking water, hygiene and sanitation. The latest resolution was approved in 72nd World Health Assembly in May 2019, whereby members states agreed to implement WASH in health care facilities.[24]

3. Key challenges to WASH and health

An analysis of the implementation side of WHOguidelines, resolutions approved by the WHA and WASH poli-

cies by member states reveal some unfavourable realities. The UN-Water Global Assessment and Analysis of Sanitation and Drinking-Water 2019 (known as the GLAAS report) surveyed 115 countries and found that while majority of countries had national WASH policies and plans, less than 15% of countries had the financial or human resources needed to implement their plans. The purpose of the GLAAS is to monitor components of WASH systems, including governance, monitoring, finance, and human resources necessary to sustain and extend WASH services to all, and especially to the most vulnerable population group.[25]

The wide gap between having a WASH plan and capacity to implement highlights the constraints of the low-to-middle income countries in that while they are committed to WASH, they do not have financial and human resources to implement these. It also highlights another fact that these countries when pushed for such ambitious targets are forced to prioritize these at the cost of other competing interests and this is the real challenge. This is where context is most important and one size does not fit all.

4. Country-specific example: Pakistan

In a developing country like Pakistan, the Government committed an additional PKR 400 billion for improvement in water and sanitation infrastructure as a result of an advocacy campaign by Water Aid.[25] Considering the already inadequate health budget of Pakistan (hardly one percent of its GDP over a decade)[26], such additional allocations are usually at the cost of some other competing priorities and are not sustainable in long run. Subsequent to this non sustainability of WASH programs due to lack of adequate financial resources, Pakistan is still far behind the WASH targets as envisaged in SDGs. According to an estimate as reported by UNICEF, approximately seventy percent of households in Pakistan still do not have access to safe drinking water.[27]

OPPORTUNITIES AND RECOMMENDATIONS FOR THE UK GOVERNMENT

We have outlined the World Health Organisation policies and World Health Assembly resolutions that support national level decision-making with regards to UHC, NTD's and WASH. We have chosen to focus more on the WHO policies informing NTD's and WASH as these are more recent and relevant than the WHA resolutions in these areas.

Underlying our recommendations is the common goal of UHC. Key to achieving this is the strengthening of primary health care and Community Health Worker Programmes as per the WHA resolutions. By aiming interventions at this level, the greatest potential for change can be realised.

Improvement of digital health technologies and information systems is also pivotal to realising better health outcomes in both NTD's and WASH.

Our key recommendations, specific to each category:

UHC

- As per WHA recommendations, strengthening of primary health care is key to achieving Universal Health Coverage. This will require the following:[10]
    - Renewed political commitment to primary health care and UHC.
    - Appropriate financing and resource allocations to primary health care.
    - Health workforce development.
    - Increased research and health system innovation.
    - Increased appropriate use of technology.
    - Better ways of assessing countries' progress periodically.
- Due consideration given to the growing burden of NCDs, mental health and antimicrobial resistance and how to strengthen this at a primary health care level.

NTDs

- Policy makers need to define and prioritise diagnostic needs.
- Strengthening of disease surveillance systems.
- New R&D incentive mechanisms and innovative financing instruments for better treatment.
- Engagement of Big Pharma and Vaccine production[19].
- Strengthening national capacity for disease monitoring, research and intervention evaluation[17].

WASH

- Segregating targets and plans according to the capacities and resources of low and middle-income countries may help to alleviate the unrealistic pressures on LMIC's.
- Plans and policies being tailored to fit the needs of individual countries. This would help the countries in providing space to adjust these plans according to their context and priorities.
- Adequate training of staff and staff provision to manage WASH services[28].
- Larger capital investment in the provision of efficient and effective water and sanitation services.[28]

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