

Universal health coverage in fragile settings

Round table, Brussels, 12Dec.2017



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Agenda

Welcome - Tim Roosen, Be-cause health

Study of ITM: UHC in fragile settings by Sara van Belle, and Willem Van de Put
Study governance in fragile settings by Jessica Martini, ULB / ACROPOLIS

11h – 11h15 Coffee break

Discussion – exchange (1 hour) around key questions with the audience and
DGD officials, Koen Van Acolyen, and Ignace Ronse

12h30 Closure - lunch

“Universal Health Coverage is the single most powerful concept that public health has to offer”

WHO Director General, Margaret Chan, 2012

12.12.17
**UNIVERSAL
HEALTH
COVERAGE DAY**

HEALTH FOR ALL
UNIVERSAL HEALTH COVERAGE COALITION

Powered by the UHC Coalition
1000+ organizations strong
in 120+ countries

JOIN THE COALITION

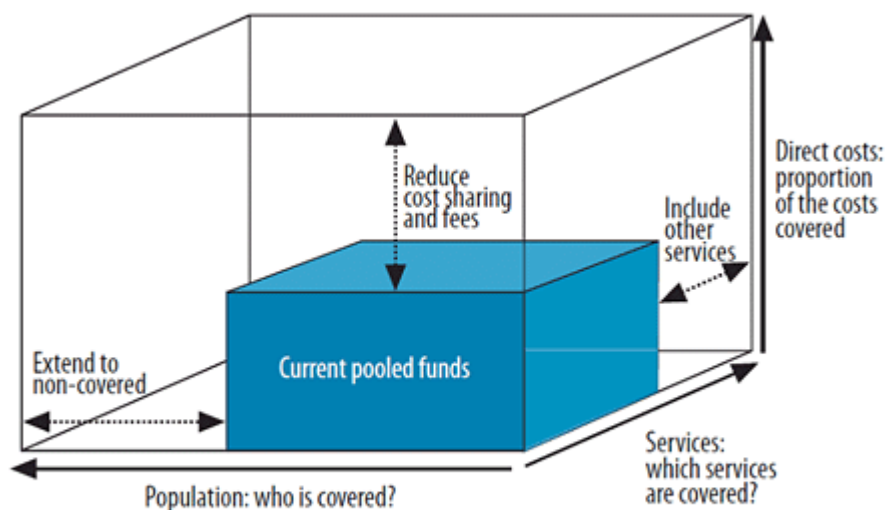
Universal Health Coverage Day on 12 December is the annual rallying point for the growing movement for health for all. It marks the anniversary of the United Nations' historic and unanimous endorsement of universal health coverage in 2012.

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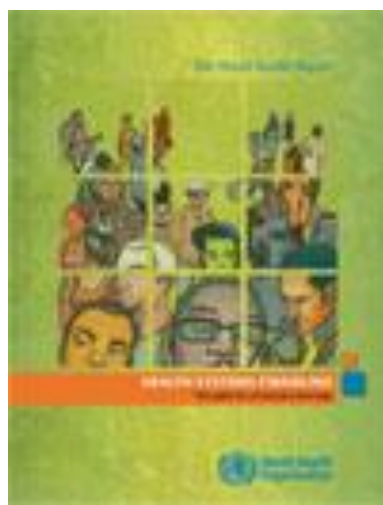
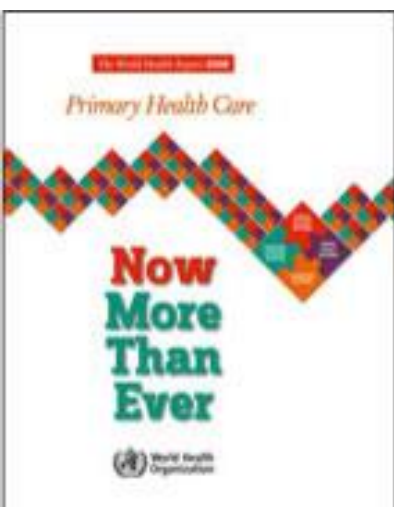
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Universal health coverage - UHC



Three dimensions to consider when moving towards universal coverage



“I regard universal health coverage as WHO’s top priority. (...) For me, universal coverage is an ethical issue. Do we want our fellow citizens to die because they are poor? Or millions of families to fall into poverty because they lack financial risk protection?”

WHO Director General, Dr Tedros Adhanom Ghebreyesus, 2017

Criticism / doubts:

? UHC –SDGtarget focus on reducing financial catastrophic expenditure less to equitable financing or public provision of quality service [HOW]
? Ambiguity of use of term “coverage” – refers to (private) insurance
Path towards UHC / reforms involve financing / insurance reforms providing coverage, but for limited ‘packages of services’

“Can a health care system be considered universal when some enjoy higher higher quality care than others.” Any policy that fragments rather than unify or pool goes against universalism (PHC). If the state plays a central role in assuring financing, a unified set of health services and regulating quality, UHC is helpful.”

(extract of ‘Text book of Global health’, A.E.Birn, Y.Pillay, T.H.Holtz)

UHC2030 is the global movement to build stronger health systems for universal health coverage

UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening. We advocate increased political commitment to universal health coverage (UHC) and facilitate accountability and knowledge sharing.

[Find out more >](#)



[Home](#) [What we do](#) [Coordination of health system strengthening](#) [UHC2030 Technical Working Groups](#)

Support to countries with fragile or challenging operating environments technical working group

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DE BELGISCHE ONTWIKKELINGSSAMENWERKING .be

14 partnerlanden

De Belgische Ontwikkelingssamenwerking wil samen met haar partners werken aan een rechtvaardige, billijke en duurzame wereld die vreedzaam en veilig is en waar iedereen in vrijheid en vrij van armoede kan leven. Dat is het kader van het Belgische ontwikkelingsbeleid en van de activiteiten die door heel wat actoren in de ontwikkelingssector worden uitgevoerd en die de federale regering financiert. De Belgische Ontwikkelingssamenwerking legt het accent op de minst ontwikkelde en fragiele landen. De twee hoofdlijnen zijn: een op rechten gebaseerde aanpak en duurzame economische groei.



Budget

Officiële ontwikkelingshulp in 2014: 0,46% van het BNI of

1,8 MILJARD EURO

Alexander De Croo
Minister van Ontwikkelingssamenwerking

Concentration

18 to 14 countries

14 partner countries of Belgian bilateral aid are in majority (8/14) countries in fragile settings, so-called fragile states:

“La politique Belge se concentre sur les pays les moins avancées et les états fragiles en Afrique.(...) pays où les pouvoirs publics n’accordent pas tjrs la priorité au bien-être de leur population.

90% of non-gov. Cooperation is concentrated in 31 countries (previously 52)

Belgian Intern. Policy setting - 2017

DOC 54 2708/003

BELGISCHE KAMER VAN
VOLKSVERTEGENWOORDIGERS

17 oktober 2017

ALGEMENE BELEIDSNOTA (*)

Internationale Ontwikkeling

Zie:
Doc 54 2708/ (2017/2018):

DOC 54 2708/003

CHAMBRE DES REPRÉSENTANTS
DE BELGIQUE

17 octobre 2017

NOTE DE POLITIQUE GÉNÉRALE (*)

Développement International

Voir:
Doc 54 2708/ (2017/2018):

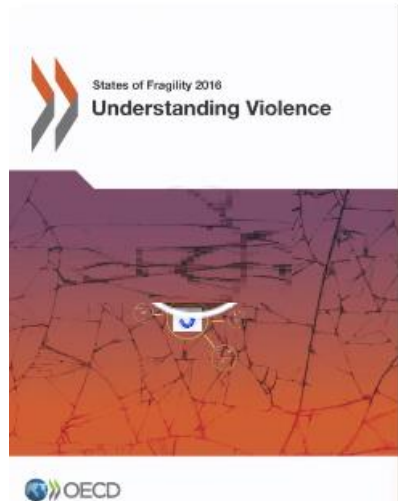
Presented to Parliament on
18th Nov. 2017

Axes of the Belgian Cooperation
strategy :

1. (human) Rightsbased approach
2. Sustained and inclusive economic
growth

“...dans les régions touchées par la
corruption, par les conflits (...)il faut de
l’innovation et une forte propension au
risque pour obtenir des résultats, mais
aussi des instruments flexible et
efficaces”

Belgian Intern. Policy setting - 2017



Ref. OECD fragility report 2016 :

“Development actors who favour central capacity building must recognise that the state is often a non-neutral actor and that enhanced state capacity could – perversely – also increase economic exclusion, increase marginalization and insecurity”

-

Ref. DAC Peer review 2015

recommendation to adopt a “whole-of government” / comprehensive approach that is context sensitive to fragile settings

Roundtable on HSS in fragile settings, 2015

Fragility and/of health systems: what are the stakes in the current changing aid landscape?

Possibilities for a common research & knowledge sharing agenda

Dr. Sara Van Belle
Health Policy Unit, Public Health Department, ITM
svanbelle@itg.be



Recommendations at policy level (2015)

- Standardized responses in fragile settings are counter-productive: there is no magic bullet; contextualized responses are required
- Ways to flexibilize aid modalities / operational engagement in fragile settings need to be further explored
- Policy makers / aid actors need to work together and exchange as there is a dearth of evidence / information
- Policy makers should continue the dialogue with the research and civil society organizations and networks on the implications of the Belgian policy note on interventions for bilateral health programmes in Belgian partner countries such as Burundi, Mali, RDC, Guinée-Conakry, Niger, Burkina Faso

Recommendations for research (2015)

- Semantics - Fragility of what?
- Global policy and global health actors' practices - Human Security and SDGs; ...
- Regional, national and local responses (fragilized regions, states and communities) - What are the implications of self-labeling as 'fragile state';
- Research: the agenda is frequently set by outsiders and is not responsive to local needs; Innovative methods for data collection and analysis needed;

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svanbelle@itg.be





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Discussion – exchange (1 hour)

key questions with the audience and DGD officials, Koen Van Acolyen, Ignace Ronse

- How to remediate a lack of local perspective: people, organisations, institutes ; how to facilitate /engage actors at decentralised, peripheral, service delivery level;
- How to strengthen/address the legitimacy of aid interventions & providers of aid ('input legitimacy'); Who is represented in governance mechanisms, decision-making;
- How to overcome the separation between Dev. Aid and Humanitarian Aid in terms of planning, legitimisation and accountability ?
- How to (better) use new data combined with new research methods to study complexity; address the need to study "fluid, under-governed, trans-national health systems"