What the OECD can bring to work on Universal Health Coverage

The OECD core mission to promote policies to improve the economic and social well-being of people around the world brings much relevant experience supporting countries to achieve and sustain universal health coverage (UHC).

Our work has shown that UHC contributes to promoting more inclusive growth; improves health outcomes; and is affordable for countries especially if implemented through equity-driven approaches on a path to progressive realisation.

Fundamentally, our work has shown that achieving and sustaining UHC requires the right, evidence driven, policies. Most OECD countries have already achieved UHC. Their experiences – both positive and negative – provide huge learning opportunities for other countries. For example, efforts to secure health coverage must go hand in hand with policies to deliver safe, effective, and responsible health systems. Equally we are keen to ensure learning is a two way process, recognising the wealth of good initiatives being developed in lower income countries.

The effective use of human resources for health, and skills to meet the demands of future health systems has been recognised by our joint work with WHO and the ILO implementing the recommendations from the UN Secretary General’s High-level Commission on Health Employment and Economic Growth.

Effective UHC can benefit from appropriate use of digital and other health technologies. The importance of dialogue between health and budget officials to deliver sustainable health financing is yet another area where learning from OECD experience can be beneficial to others. These policies can help make health systems more people-centred, as highlighted by OECD Health Ministers at their meeting in January 2017. Our work here will be of relevance both to countries that are working to achieve UHC and those that, having achieved UHC, are grappling with ensuring financial sustainability.

The OECD has a unique capacity to work horizontally, bringing together in-depth experience in areas beyond health, including science and innovation, fiscal policies, labour markets, education and social policy. As such we contribute to achieving many of the SDGs.

We work with developing and emerging economies, on UHC policies, including through a multisectoral approach linking social protection and UHC. At country level, we assess UHC policies and provide guidance. At a global level, we are assessing how UHC policy trade-offs, in developing and emerging countries, relate to equity and poverty reduction goals and social protection policies.
Our analytical capacity, horizontal perspective, and close partnerships with governments and wider stakeholders give us the opportunity to build strong political momentum around a shared vision for health system strengthening. We stand ready to help countries achieve and sustain UHC in line with Sustainable Development Goals, and look forward to work with partners to achieve this fundamental goal.

The OECD supports policies that strengthen health systems in developing countries to achieve universal health coverage. Developing countries have some of the most complex and challenging contexts ranging from middle income countries for whom universal healthcare is within reach with the right policies and political commitment, to countries in situations of conflict or where health care is often delivered through humanitarian financing over increasingly long periods, for example to refugee or displaced populations.

The OECD has long recognised the inherent challenges of the complex development finance architecture in the health sector, and encourages DAC members and other funding partners in their efforts to avoid duplication and gaps as a result of the array of mechanisms, funds, donors and channels through which finance is delivered. The OECD advocates and provides evidence for more effective utilisation and strengthening of country health systems. The OECD’s internationally recognised ODA statistics, as well as new tools such as the TOSSD framework and reports mapping private sector finance, comprise the most comprehensive information of development finance flows to date. The forthcoming Global Outlook on Development Finance takes this knowledge a step further by proposing a systematic approach to identifying funding sources, duplication and gaps in health care systems. Together, these new tools will track financing from government to government and also from foundations, the private sector, global funds, development banks and other sources. This new 360-degree view will help national healthcare systems and donors target finance where it is most needed.

The OECD can offer support, ensuring that national healthcare systems receive quality financing and other resources, particularly through its advocacy of and monitoring of the Busan Principles for effective development co-operation which ensure that agencies working in the health sector align with countries’ priorities for truly sustainable development and support sound healthcare policies with a clear results orientation. The Global Partnership for Effective Development Co-operation and other networks bring together all development partners – public, private, domestic and international – to work together towards achieving the SDGs. The INCAF network, for example, brings in a critical knowledge-base about challenging situations such as countries facing conflict or states of fragility. The GPEDC monitoring framework and the IHP+ monitoring framework are complementary and align their efforts in order to hold all development partners to account for their commitments to effective development co-operation, including those agreed at the Second High-Level Meeting of the GPEDC in Nairobi in 2016.

For further information, visit http://www.oecd.org/health/universal-health-coverage.htm.