

Ten steps toward achieving universal health coverage

By Health Team on Fri, 19 December 2014

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One of the challenges of running a conference is to make sure that the ideas, inspiration, and momentum generated by the face-to-face contact between so many people does not simply dissipate when the event wraps up and everybody leaves.

When ADB recently hosted a conference on using information and communication technology (ICT) in universal health coverage, it was vital not to miss the opportunity to pin down practical steps that participants could commit to taking in their own workplace. The conference culminated in the iCTen Steps: practical next steps with both quick wins and some longer-term goals that can be adapted to specific country settings, regardless of where they are on the road to universal health coverage. In the second and final part of our two-part blog feature, here are the 10 steps.

1. Know your baseline

Unless you have already done gap analysis it is impossible to know what policy and strategic changes need to be made, let alone what systems, hardware and software are needed, and where capacity needs to be built. Benchmarking the current situation against regional experience is also helpful, and there needs to be proper planning tools.

2. Get everyone on board and bring your best team

Without political will and commitment, nothing will change, and to get that commitment it is vital to establish an inter-ministerial committee on universal health coverage to advocate for ICT investments in health. A technical task force can develop the ICT for universal health coverage framework. If the expertise doesn't exist nearby, agencies such as ADB and WHO can supply guidance and expertise, while regional networks such as the Asia eHealth Information Network (AeHIN) can help identify peers from overseas with valuable experience to share.

3. Adapt, adopt or develop tools

All too often organizations re-invent the wheel by, e.g., developing proprietary software or creating an app when a solution already exists. Before rushing in to spend precious resources on new software, it is better to identify tools available in the market, including programs based on open source software that allow for adaptation. For costlier solutions, joining forces with other agencies can yield economies of scale. Developing custom programs should be a last resort.

4. Commit to UHC, commit to integrated ICT systems

This commitment requires an ICT framework based on the principles of interoperability and shared identities and services.

5. Invest in unique ID systems

Civil registration, whereby all live births result in a unique identifier that remains with a person their whole life, and death data that includes the cause of death, are essential data for a healthy population.

Without civil registration and vital statistics (CRVS) there can be no universal health coverage, for first we must know who there is to cover. Developing a unique ID system needn't happen in one fell swoop—it can be implemented in phases, but must be designed at the outset for future scalability.

6. Build institutional readiness and a skilled workforce

While getting commitment at the highest level for universal health coverage with ICT, capacity development needs to happen at all levels, and systems have to be designed with this in mind. At the same time, joint learning networks and communities of practice are essential to share knowledge both nationally and with peers overseas. Medical workforce professional education and development also has to include ICT to ensure that health care workers enter the workforce with the necessary skills.

7. Keep data safe and secure

It may seem like a delicate balance between data sharing and individual privacy, but the two can both be comfortably accommodated as long as there is a sound information security framework in place that keeps private health information private and ensures data centers are adequately protected.

8. Plan for sustainable financing mechanisms from the start

There are few innovations that don't require additional funding at the outset, but investing now in ICT can enable a health care system to reap continuous efficiency improvements. The question is not: "How much ICT investment will cost me?" but "What will be the costs of not investing in ICT?" Re-allocating existing funds, or raising new revenue sources, e.g., through sin taxes can support the increased initial costs, but there is also scope to get partners involved, e.g., in public-private partnerships with the technology sector.

9. Get concrete: have an implementation plan with quick successes

To get started, first it is necessary to articulate the value of investment, and to scale and sustain what has already been shown to work. Targets and a timeline can help maintain momentum.

10. Define success and measure progress

Existing data can often be used to define measures of success. The process of monitoring and evaluation should be determined at the outset, and should be an ongoing process in order to tilt toward what works and learn the lessons from what doesn't. Benchmarks should reflect the operational and end-user benefits.

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