

The Untapped Potential of Universal Health Coverage Policy Dialogue

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Health practitioners and policy makers are striving to achieve universal health coverage (UHC) to address social and economic [development challenges](#) described in the Sustainable Development Goals ([SDGs](#)). UHC has the potential to [increase equity](#) among populations by providing all people with access to health services, ensuring the wellbeing of the [workforce](#), and protecting people from [poverty](#). Though the goal of reaching UHC can promote social and economic public good, it is far easier to strive for than achieve it.

To date, most of the global discussions for advancing UHC have focused on technical solutions rather than addressing inclusive stakeholder engagement. However, collective action is a way to sustain and create substantial progress. Led by Results for Development (R4D) in partnership with Duke Global Health Innovation Center, Feed the Children, AMREF, and Synergos, the African Collaborative for Health Financing Solutions ([ACS](#)) is a five-year USAID-funded project aiming to support sub-Saharan African health leaders in advancing their goal of achieving UHC. Based on over 200 stakeholder interviews including health providers, researchers, policymakers, community members, social entrepreneurs, and donors in five sub-Saharan African countries in 2017 and 2018, [ACS found](#) that a policy dialogue for UHC would be valuable to advance the implementation of country-specific health financing strategies.

Although a policy dialogue is defined in [many ways](#), ACS adopted the following definition – an iterative process in which stakeholders (or people from different interest groups) come together to achieve a [common purpose](#). Most often, policy dialogues are created for [information](#) generation and sharing, [stakeholder coordination](#), and [policy development and implementation](#). [ACS interviewees](#) agreed that all stakeholders should work together toward the goal of UHC and that policymaking processes should account for different points of view, spanning the community and public and private sector actors across disciplines. Establishing or strengthening a policy dialogue for UHC could facilitate policymaking; however, its full potential remains unrealized because many barriers hinder its effectiveness. ACS interviewees identified three key barriers: exclusivity of stakeholders, lack of regionally relevant evidence, and unbalanced power dynamics.

Barrier 1: Policy dialogues tend to be exclusive rather than inclusive

[Experience](#) shows that an effective dialogue requires the inclusion of a multi-stakeholder, multi-sectoral group of individuals. ACS found most UHC policy dialogues are [exclusive](#) – meaning that they do not include all relevant stakeholders in the policymaking process. Most often, the group of people left out of policy discussions is the [community](#) - the exact people intended to access their country's health benefit package. For example, one frequent purpose of policy dialogue is generating information for [policy feedback](#). Policy feedback occurs when the people affected by a policy's implementation [share](#) whether the policy is being implemented as designed and whether it is achieving its desired purpose. Focus group discussions in three countries (Nigeria, Senegal and Tanzania) revealed communities' frustration toward policymakers and health providers. [Community members expressed](#) that their points of view were not considered in the development of health strategies, and that available services did not match what they actually need. Without being included in the UHC dialogue, community members may lack a consistent forum to share this valuable feedback. As a result, policymakers are unable to determine whether their policies are making effective headway toward UHC.



Barrier 2: Lack of regionally relevant evidence

Another barrier is a lack of available and relevant evidence to inform the discussion. Even though many evaluations exist, stakeholders have noted the importance of having [context specific research](#) to be able to make evidence-based decisions. As a result, the current evidence for shifting to UHC policies may not have the same relevance, applicability, or impact in different country settings. Inadequate communication of evidence is also a problem. In some cases, [preparation materials](#) are not provided to dialogue participants far enough in advance of the meeting. In other cases, a failure to adapt research or policies into simple terminology results in the misunderstanding of evidence, and thus the [spreading of misinformation](#).

Barrier 3: Unbalanced power dynamics

Unbalanced power – in the forms of both unequal finances and capacities – can also be a barrier to effective policy dialogue for UHC. Unequal finances are significant when one dialogue participant depends upon another to fund its projects. For example, the case of donor dependence of many countries often results in [donors steering](#) the dialogue in their direction of interest, rather than focusing on the issues most relevant to the local community. Recently, colleagues have proposed that a balance between donor objectives and [country ownership](#) shared among multiple country stakeholders is possible and desirable. Also, [varied capacities](#) of dialogue participants impact the success of UHC policy dialogue. More knowledgeable participants are likely to [dominate](#) the conversation and participants with more powerful [positions](#) are likely to shape the dialogue that follows.

Conclusion

There is an opportunity to strengthen the policy dialogue for UHC to overcome these barriers. Now that we know these barriers exist, it is time to find ways to knock them down. Currently, ACS is developing a UHC roadmap with multi-stakeholders in Uganda and incorporating inclusivity into technical working groups in Namibia and Botswana. In addition, the project has implemented a Vital Voices storytelling strategy to increase the visibility of perspectives of people who are normally excluded from the policy dialogue. ACS plans to continue identifying why community members are not involved in UHC dialogue, how to better connect African countries so they can communicate locally relevant UHC evidence to each other, and how to even the playing field in dialogues so that all stakeholders participate equally.

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