



THE NATIONAL BUREAU of ASIAN RESEARCH  
*Center for Health and Aging*

IMPACT & INNOVATION SERIES

# Universal Health Coverage and Immunization: Mutual Reinforcement for a Healthier World



PACIFIC HEALTH SUMMIT  
SEATTLE-LONDON

*A 2011 Pacific Health Summit  
workshop report*



Published by  
**The National Bureau of Asian Research**  
1414 NE 42nd Street, Suite 300  
Seattle, WA 98105, USA  
Phone +1 206 632 7370  
Fax +1 206 632 7487  
E-mail [nbr@nbr.org](mailto:nbr@nbr.org)  
<http://www.nbr.org>

© 2011 by The National Bureau of Asian Research (NBR)

This publication may be reproduced for personal use. Otherwise, its articles may not be reproduced in full without the written permission of NBR. When information from this report is cited or quoted, please cite the author and NBR. The views expressed in this publication are those of the authors and do not necessarily reflect the views of NBR or the institutions that support NBR.

The National Bureau of Asian Research is a nonprofit, nonpartisan research institution dedicated to informing and strengthening policy. NBR conducts advanced research on strategic, political, economic, globalization, health, and energy issues affecting U.S. relations with Asia. Drawing upon an extensive network of the world's leading specialists and leveraging the latest technology, NBR bridges the academic, business, and policy arenas. The institution disseminates its research through briefings, publications, conferences, congressional testimony, and online forums, and by collaborating with leading institutions worldwide. NBR also provides exceptional internship and fellowship opportunities for the purposes of attracting and training the next generation of Asia specialists. NBR is a tax-exempt, nonprofit corporation under I.R.C. Sec. 501(c)(3), qualified to receive tax-exempt contributions.

Printed in Seattle, USA

Written and compiled by Karuna Luthra  
Designed by Margaret Treleven  
Participant photos by Mark Weeks

Cover photo of Bachi Karkaria, Jonathan Quick (*L-R*)  
Table of Contents, top photo by PATH/Carib Nelson

# Table of Contents



Introduction	1
--------------	---

---

Linking UHC and immunization: Are they mutually reinforcing?	2
---	---

---

Who pays for an integrated approach?	5
--------------------------------------	---

---



How will the vaccines of the future fit into the UHC package?	9
--	---

---

Different sectors, different roles, but one aligned mission	11
--	----

---



Areas for practical engagement	13
--------------------------------	----

---

Challenges of today, visions for tomorrow	15
---	----

---

Contributors	17
--------------	----

---

# Introduction

On June 24, 2011, the Pacific Health Summit<sup>1</sup> convened the workshop, “Integrating Immunization: Ensuring a Holistic Approach to Strengthening Health Systems.”<sup>2</sup> This discussion built on growing momentum around the movement for universal health coverage<sup>3</sup> (UHC), including the 2010 World Health Report, several relevant health system resolutions from the World Health Assembly in May 2011, and numerous notable examples of developing countries



around the world pursuing policies and programs to expand health services coverage. Additionally, the workshop is the third in a series of annual Pacific Health Summit fora that explore UHC through different global health lenses. The workshop also reflected the excitement around increased attention and resources being focused on immunization, as exemplified by the successful GAVI replenishment meeting in June 2011 and the work of the Decade of Vaccines Collaboration.

The discussion linked efforts to expand immunization coverage worldwide with strong desires to strengthen health systems through the lens of UHC. Two core questions formed the foci of the discussion:

1) Can an integrated health systems approach really contribute to achieving immunization targets, particularly in a world of increasingly constrained resources; and 2) What are the fundamental synergies between the UHC movement and universal immunization?

This report provides a summary of the conversation that took place between leaders from across sectors, including science, industry, policy, public health, civil society, and academia.

---

<sup>1</sup> The Pacific Health Summit ([www.pacifichealthsummit.org](http://www.pacifichealthsummit.org)) began in 2005 to connect science, industry, and policy for a healthier world. The invitation-only gathering provides a unique opportunity to engage diverse stakeholders around a theme of critical importance and has a track record of fostering innovative partnerships and meaningful action. The 2010 Summit theme was “Vaccines: Harnessing Opportunity in the 21st Century.” The Pacific Health Summit is co-presented by the Fred Hutchinson Cancer Research Center, Bill & Melinda Gates Foundation, Wellcome Trust, and The National Bureau of Asian Research, which serves as the Summit Secretariat.

<sup>2</sup> For more information, see the background reading for the workshop, “Integrating Immunization: Ensuring a Holistic Approach through Stronger Health Systems,” (S. Wilhelmsen, J. Quick, R. Hecht), [www.pacifichealthsummit.org/downloads/2011%20Summit/UHCBackground.pdf](http://www.pacifichealthsummit.org/downloads/2011%20Summit/UHCBackground.pdf).

<sup>3</sup> Universal health coverage is defined in this context as “access for all to appropriate health services at an affordable cost.”



# Linking UHC and immunization: Are they mutually reinforcing?



## *How do we create effective synergies between the UHC movement and the immunization field, and what compelling linkages already exist?*

Participants debated whether global efforts to expand immunization coverage while also moving toward a higher level of coverage—efforts often simultaneously taking place in many of the same countries—are supportive and mutually reinforcing, or if there are tensions or competing threads between them. **Jonathan Quick**, President & CEO, Management Sciences for Health and Faculty Member, Department of Global Health, Harvard Medical School, argued that a “mutually reinforcing power” exists between the two movements: “Within the vision of UHC is the vision of universal immunization.”

**Yot Teerawattananon**, Leader & Founder, Health Intervention and Technology Assessment Program, Thailand, agreed, adding that vaccines were a great starting point for expanding health service delivery via UHC efforts. “Vaccines can provide the link for both healthy and unhealthy mothers and children to come and see their health professionals and receive other effective health interventions.”

“Fundamentally, UHC is good for immunization—there’s no contradiction,” stated **Robert Hecht**, Managing Director, Results for Development Institute, in further support of this hypothesis. He noted further that many of the countries that are “truly pursuing and achieving universal coverage are also strong performers in immunization,” yet cautioned participants to not take this link for granted. “The countries that are on the road to universal coverage still need to make special efforts to ensure that they boost their immunization programs.”

**Amie Batson**, Deputy Assistant Administrator, Global Health, U. S. Agency for International Development

*“Vaccines can provide the link for both health and unhealthy mothers and children to come and see their health professionals and receive other effective health interventions.”*

*–Yot Teerawattananon, Leader & Founder, Health Technology Assessment Program, Thailand*



(USAID), offered a similar viewpoint from the immunization side. “The world of immunization needs to shift from focusing on the barriers and constraints facing immunization delivery into thinking more about strengthening the overarching systems, so that you are reaching a child with a package of interventions. This smart integration is proving to be much, much more efficient in terms of how you deliver services.”

The potential of the “package” approach resonated, and participants emphasized how strong immunization programs can help improve the delivery of other health services such as maternal and child healthcare and vice versa. **Benjamin Schwartz**, Senior Director, Health Programs, CARE USA, further explored possible synergies, urging participants to conceptualize health service delivery more holistically and to “consider the whole health system.” “We need to put our resources where they can do the most good, and not think of vaccines in isolation,” he said. Participants overwhelmingly agreed that including vaccine delivery under the umbrella of UHC does just this, as it reaffirms the cost-effectiveness of immunization.

Participants also noted that the lens of, and tools for, health systems strengthening (HSS) can complement UHC efforts, as strong health systems play a key role in increasing immunization coverage. Workshop participants

often drew upon the six building blocks of strong, functioning health systems: service delivery, human resources for health, leadership and governance, health financing, information, and medicines, vaccines, and technologies (or health commodities).

### ***From rhetoric to reality: examples of integration in action***

While synergies exist on paper, the on-the-ground implementation side of integrating immunization with UHC efforts in-country is far from simple. Participants raised numerous practical questions and challenges around moving from theory to policy and practice.

A top concern was how to fit immunization, often a free, vertical program in most countries, into the package of guaranteed UHC services. It was also unclear if countries would be able to move in both of these directions simultaneously and with more ease than obstacles.

**K.O. Antwi-Agyei**, National Program Manager, Expanded Program on Immunization (EPI), Ghana Ministry of Health, addressed these questions, noting that in Ghana the shift toward UHC over the past few years has, in fact, positively impacted immunization. “Immunization has not suffered; rather, we’ve seen constant improvement since the late 1980s when Ghana first began these system reforms. We moved from around 80% immunization coverage in 2000, and in the past four years, our DPT3 and measles coverage have been well above 90%. ... There have been no deaths from measles in Ghana since 2003.”

*“We need to put our resources where they can do the most good, and not think of vaccines in isolation.”*

*–Benjamin Schwartz, Senior Director, Health Programs, CARE USA*



“Within the vision of UHC is the vision of universal immunization.”

—Robert Hecht, Managing Director, Results for Development Institute

Another noteworthy success story of integrating immunization with UHC reforms is that of Rwanda. Since 2003, when Rwanda implemented its universal health insurance coverage scheme, Mutuelles de Santé, on a national level, over 90% of the population has been covered as of 2010 and independent evaluations have confirmed an increase in the use of and access to health services.<sup>4</sup> Immunization has clearly benefited under this national scheme—earlier this year, Rwanda became one of the first countries to introduce universal HPV vaccination for adolescent girls. **Maurice Gatera**, EPI Surveillance Officer, Ministry of Health, Rwanda, participated in this discussion and represented the critical strides forward that Rwanda has made in recent years.

Brazil's UHC system, Sistema Único de Saúde (United Health System), also has a successful national immunization program covered under this UHC umbrella, which includes both national immunization campaigns and routine immunization provided at primary healthcare facilities. To augment the reach of the national immunization program, under UHC, specific poor populations were reached via the PSF (Programa Saúde da Família) family health program implemented in 1994, which aims to target poorer communities with comprehensive health service delivery, including immunization.<sup>5</sup> Immunization coverage among poor populations in Brazil has increased under these reforms, and the success of Brazil in implementing UHC and high immunization coverage, as well as a thriving vaccine manufacturing industry, was represented at the Summit by a high-level Brazilian delegation.

<sup>4</sup> For more information, see Rwanda's country profile on the Joint Learning Network for Universal Health Coverage, <http://www.jointlearningnetwork.org/content/rwanda>.

<sup>5</sup> For more information, see the World Bank document, "Reaching the Poor with Health Services - Brazil," <http://siteresources.worldbank.org/INTPAH/Resources/Reaching-the-Poor/RPPBriefsBrazil.pdf>.

<sup>6</sup> For more information, see the case study document, "Moving toward Universal Health Coverage - Thailand," [http://jfw.drupalgardens.com/sites/jfw.drupalgardens.com/files/Thailand\\_Case\\_Study\\_2-24-10%20FINAL.pdf](http://jfw.drupalgardens.com/sites/jfw.drupalgardens.com/files/Thailand_Case_Study_2-24-10%20FINAL.pdf).

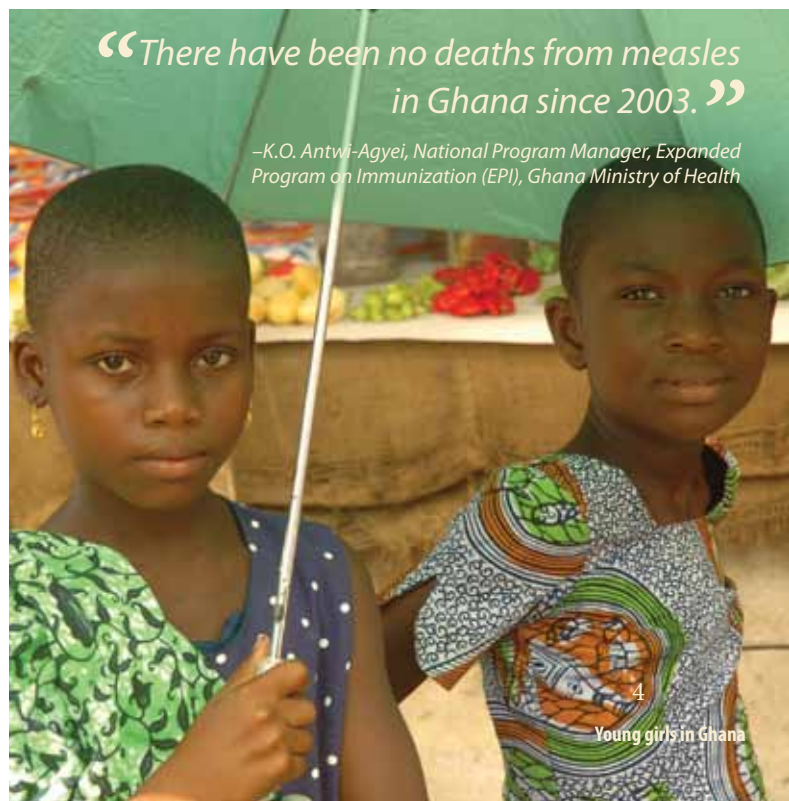
The success story of Thailand in providing UHC in the country under its Universal Coverage Scheme (commonly known as the 30 Baht Scheme) continues to serve as an example of successful integration of immunization into the package of guaranteed services. Thailand's high immunization coverage is directly related to the UHC system and the free immunization provided under it, said Yot Teerawattananon, noting that recent studies in Thailand indicated that the public was more willing to pay for treatment than prevention from out-of-pocket funds. "We asked if there was no universal coverage on a particular preventive intervention, whether [the public] was willing to pay. We found that people are willing to pay less than half of the cost for prevention than they are willing to pay for treatment."

Thailand's scheme even goes beyond offering immunization to only those enrolled in the country's UHC program: all Thai citizens are eligible to receive immunizations from the national immunization program, as well as have access to other prevention-based services.<sup>6</sup>

While applauding these and other noteworthy successes, participants voiced concerns about countries that have not, and may not likely soon move toward, universal coverage, and everyone agreed that efforts to increase immunization rates should not wait.

“There have been no deaths from measles in Ghana since 2003.”

—K.O. Antwi-Agyei, National Program Manager, Expanded Program on Immunization (EPI), Ghana Ministry of Health



# Who pays for an integrated approach?

## *Immunization as a basic, guaranteed service: sustaining country prioritization*

Several innovative financing mechanisms for universal coverage and immunization exist. Notable examples include the Advance Market Commitment and the International Financing Facility for Immunization. Performance-based financing programs in Haiti and Rwanda have increased the efficiency of available funds through incentives for achieving immunization and other priority health system targets. The Sabine Vaccine Institute's Sustainable Immunization Financing program, launched in 2010, has as one of its aims to build an "embedded level of advocacy" for immunizations within ministries of finance and among parliamentarians in countries in Africa and Asia. Countries as diverse as Costa Rica, Haiti, Mexico, Tajikistan, and Vietnam are experimenting with raising immunization resources through lotteries, oil revenues, luxury taxes, and levies on harmful products such as tobacco.

Nonetheless, in today's resource-constrained environment, securing sufficient financing for health services remains a critical concern. How have countries committed to UHC financed immunization packages?

Including immunization in the basic package or services (often a health insurance package) is one key approach. By making immunization a guaranteed health service, countries theoretically guarantee domestic support and prioritization of vaccines. This approach addresses the obstacle of competition that vertical programs face when they must vie against each other for limited resources and attention from ministries of health.

Noting the example of his own country, K.O Antwi-Agyei shared that Ghana implements a "comprehensive approach

A child is vaccinated during a polio immunization campaign in Ethiopia.





Jonathan Quick, Bachi Karkaria,  
James Allen (L-R)



*“You have to make choices, and we think immunization is a smart choice to make.”*

*—Amie Batson, Deputy Assistant Administrator, Global Health, USAID*

to healthcare.” Financing is provided to districts, which in turn disburse funds in an “integrated manner.” He explained that this scheme guarantees that vaccine programs will always receive funding, despite the fluctuations in budgets from year to year. Importantly, Ghana has managed to keep immunization coverage quite high as it has shifted toward universal coverage. “It’s the system that has really led to that sort of achievement,” he explained.

Several participants commented on how functioning health systems that are accessible to populations—whether via free services or health insurance schemes—were often indicators of the potential for increased immunization coverage.

**Prashant Yadav**, Director, Health Care Delivery Research, William Davidson Institute & Faculty Member, Ross School of Business & School of Public Health, University of Michigan, offered comparisons between two systems. “Even though different on several other dimensions, one similarity between China and Ghana is the start of a social health insurance set-up. In Ghana, the coverage is moderate; in China, it’s higher and growing rapidly, and so it will soon be the world’s largest social health insurance system.” China’s system provides free, basic immunizations reaching over 90% of the population at the township level.

As in the cases of many of the countries represented at the workshop, basic immunization is often officially a free service, spanning the spectrum of countries with widespread

health insurance and strong health systems to those with little health insurance coverage or poorly functioning health systems. In cases where funding for immunization is budgeted separately from broader health system funding, participants expressed concern about competition between health priorities and agreed that funding to expand UHC should not detract from funds available to provide immunization services. Avoiding this competition trap is particularly important as countries seek to introduce and expand UHC, considering the fact that a key goal of UHC is to reduce out-of-pocket expenditures for the poor.

Underscoring the importance of ensuring funds for immunization during the transition to, and implementation of, UHC reforms, Robert Hecht added, “Making sure that there’s money there for immunization—that what is in the guaranteed package really aligns with the availability of the funds—is extremely important.”

*“Making sure that there’s money there for immunization—that what is in the guaranteed package really aligns with the availability of the funds—is extremely important.”*

*—Robert Hecht, Managing Director, Results for Development Institute*

## Donor financing

Participants noted that external partners, in addition to leaders within countries, have a critical role to play in turning the dial for immunization and UHC, as well as approaches that integrate the two. Acknowledging that donors inevitably have to choose their investment priorities, Amie Batson described USAID's perspective: "We've looked very hard at our programs and budgets to concentrate our efforts where we think we can have the best impact and really advance national and global efforts. ... You have to make choices, and we think immunization is a smart choice to make."

While intentions are good, donors can also be perceived as pushing a "zero-sum game scenario," in which different programs find themselves pitted against each other for limited funds or in the awkward position of having to adjust their priorities to fit the donors' funding guidelines rather than the situation on the ground. The GAVI Alliance, UNICEF, and other international organizations that support vaccine procurement and create access for low-income countries are essential partners in ensuring global success in increasing immunization coverage, yet some raise concerns that their funding structures promote vertical programs and approaches, pushing those onto countries. Participants especially questioned if monies for immunization from donors decreased funding for HSS and other integrated approaches, while exacerbating an often competitive environment when resources are limited. Countering this perception, Amie Batson pointed

out that donors are conscious of these concerns and noted, "There are tremendous efficiencies to be gained in terms of how we're doing business. ... By integrating programs, we're saving money."

No one could deny that partnering with donors brings challenges along with opportunities. K.O. Antwi-Agyei acknowledged that progress has been made in addressing these issues, but also observed, "Donors often come with their different formats, reporting systems, and timelines. And the fact that they can be aggressive on programs and have very complex reporting procedures; ... these are some of the things that affect the integration and sustainability of health services."

One mechanism aiming to address these siloed issues, participants noted, is the Health Systems Funding Platform (the Platform). Supported by the World Health Organization (WHO), The GAVI Alliance, the Global Fund, and the World Bank, all present at the Summit, the goal of the Platform is to streamline donor funding with country priorities and allow countries to strengthen their overall health systems and be less encumbered by different donor requirements or priorities. This mechanism has allowed The GAVI Alliance, for example, which has helped facilitate a tremendous increase in global immunization over the past decade by supporting the immunization of over 288 million children, to extend their support for immunization beyond a vertical programmatic approach and within the systemic context of the different GAVI-eligible countries.

K.O. Antwi-Agyei



“Economic development is a necessary condition for building a health system that serves universal needs.”

–Tsung-mei Cheng, Co-Founder, The Princeton Conference, and Health Policy Research Analyst, Woodrow Wilson School of Public and International Affairs, Princeton University

Looking to the future of donor support around integration, Jonathan Quick noted, “In the last few years, there has been more and more talk about HSS and UHC, which are both movements that are integrative and holistic ... and we are looking forward in 2012 to the GAVI evaluation of the intersection of HSS and investments in immunization.”

### **Economic development: a prerequisite for success?**

Another discussion thread explored whether economic development is an absolute precursor for countries to successfully and sustainably expand UHC and fully cover basic immunizations.

**Tsung-mei Cheng**, Co-Founder, The Princeton Conference and Health Policy Research Analyst, Woodrow Wilson School of Public and International Affairs, Princeton University, voted yes. “Economic development is a necessary condition for building a health system that serves universal needs.”

Many participants agreed with this viewpoint, observing that many countries around the world, such as Thailand and South Korea, first experienced economic growth before implementing universal coverage.

“I want to posit that Thailand didn’t actually recognize the importance of universal health coverage when we first had an economic boom. But once we had an economic recession, we implemented the universal coverage because it was an opportunity for the government to protect the poor,” said Yot Teerawattananon.

Citing the example of India, however, **Bachi Karkaria**, Journalist, Media Trainer, & Consultant, *Times of India*, pointed out that economic growth has not yet produced a health system that meets the needs of all of the country’s

citizens. “India has an economic growth rate of 8%, yet 44% of the country’s children remain unimmunized,” she remarked. India’s economic development and growth are undeniable, making the country’s health access disparities, particularly in rural parts of the country and for poor populations, appear dismal in comparison.

Yet there are signs of improvement within the health sector. Commenting on the status of UHC in India, Bachi Karkaria added, “There are really good showpiece states and projects, and we’ve had some very good vertical programs in health. But it’s a question of these vertical silos coming together and really talking to each other.”

Taking a different view of India, Robert Hecht predicted, “Ten years from now, I would expect that India will have taken on the challenge of building a health system that in a sense ‘catches up’ and truly starts to match its economic performance [with health performance].”

“... We’ve had some very good vertical programs in health [in India]. But it’s a question of these vertical silos really coming together and talking to each other.”

–Bachi Karkaria, Journalist, Media Trainer, & Consultant, *Times of India*



# How will the vaccines of the future fit into the UHC package?

While many of the countries that have adopted UHC are able to include the vaccines recommended via the WHO Expanded Program on Immunization (EPI) in their guaranteed set of health services, it is unclear whether those countries will be able to continue the same level of coverage if they were to add the new vaccines in development today to their basic package. Looking to the future, participants explored the prospect of additional and more expensive vaccines being introduced into health systems and the potential challenges around integrating these new, often costlier vaccines.

Historically, noted Robert Hecht, “The countries that are furthest along in trying to achieve universal coverage are also leaders in primary healthcare and immunization, and they tend to be among the early adopters of the new vaccines.”

Some participants questioned how countries just now adopting UHC would realistically also lead the way in new vaccine introduction. **Najwa Khuri-Bulos**, Professor, Pediatrics and Infectious Disease & Dean of Research, Jordan University and Adjunct Professor, Vanderbilt University School of Medicine, explained that despite Jordan’s successful immunization program and high provision of free health services, the country faces



The WHO provides vaccinations for displaced Haitians who have set up camp in Port-au-Prince's National Stadium.

UN Photo/Sophia Paris



Yot Teerawattananon, Tsung-mei Cheng (L-R)

*“Given that immunization is in the long term the most cost-effective way of preventing disease and illness, it may be easier to build a case for a far-sighted health insurance manager than it is to ring-fence money for vaccination with a minister of health, if you’re pulling from the budget.”*

*–Prashant Yadav, Director, Health Care Delivery Research, William Davidson Institute & Faculty Member, Ross School of Business and School of Public Health, University of Michigan*

challenges around adding new vaccines to the program today. “I think that UHC has gotten to the point where we have problems with introducing new vaccines. The health system is able to fund the latest health technologies and give basic EPI vaccines for free at a time when we cannot afford to include and provide the pneumococcal vaccine. The two [UHC and immunization] cannot always run together.”

Will including immunization within the guaranteed package of services provide more consistent funding streams for the vaccines of the future? Prashant Yadav posited, “Given that immunization is in the long term the most cost-effective way of preventing disease and illness, it may be easier to build a case for a far-sighted health insurance manager than it is to ring-fence money for vaccination with a minister of health, if you’re pulling from the budget.”

Yot Teerawattananon agreed that having funding allocated for vaccination, as well as making the case that immunization is a good investment, do not necessarily suffice when striving to secure a line item for new vaccines in the health ministry’s budget. Recounting his experience at a recent meeting with a group of health professionals who were lobbying to include HPV vaccine in Thailand’s UHC benefit package, he shared that once officials learned about the cost and budget indicators, “They said that the vaccine is like a bicycle. It’s good for health and the environment, but why buy the bicycle at the same cost of a car? In other words, the vaccine might be good but at the same time, it’s unaffordable for the country; you cannot justify the price.”

Participants generally concurred that the price of individual vaccines matters and will be a key factor in determining whether countries decide to include them in health and UHC budgets in the future. Making the case to continue



Young family in Brazil. Brazil’s UHC system, Sistema Único de Saúde (United Health System), covers both national immunization campaigns and routine immunization.

pushing for increased coverage of new vaccines, Bachi Karkaria pointed out that prioritizing vaccines may ultimately reduce costs of other health services as more and more diseases are prevented. “Immunization is prevention,” she said. “And if you have prevention, then you are really taking this whole burden away from the primary, secondary, and tertiary health services. So that in itself would solve a great deal of the problem.”



*“There are six building blocks essential for strengthening health systems, and for UHC to work, I would say that energy companies and companies working in extractive industries have the potential and experience to work on and contribute to several of those blocks ... because we’re there—we’re boots on the ground.”*

*—James Allen, Asia-Pacific Medical Director, Chevron Corporation*

## Different sectors, different roles, but one aligned mission

Building on the Summit’s goal of connecting unlike minds and identifying creative, cross-sector opportunities, this workshop provided the opportunity for a variety of voices beyond the traditional circle of experts and practitioners to become involved in this important conversation. One notable voice participating was that of the private sector.

Industry is definitely interested in the health of its employees and their communities, said **James Allen**, Asia-Pacific Medical Director, Chevron Corporation. “Our horizon is long-term. ... We want to invest in our communities’ welfare and well-being.”

Building on different opportunities for industry engagement, James Allen explained, “There are six building blocks essential for strengthening health systems and for UHC to work, and I would say that energy companies and companies working in extractive industries have the potential and experience to work on and contribute to several of those blocks, particularly with human resources and delivery of medicines, vaccines, and logistics, because we’re there—we’re boots on the ground.”

Participants expressed interest in learning about what would incentivize companies to become more invested in this sphere. The answer: more information. “Many companies want to contribute directly to social well-being and the health arena, but they lack sufficient information, data, and guidance on where and how to invest,” James Allen responded.

In addition to more information about the problems or kinds of needs, the private sector must also be able to demonstrate the return on the investment of becoming involved UHC efforts. James Allen added, “Companies have an obligation to their shareholders and their stakeholders to demonstrate that they’re getting a return on what they’re



James Allen





*“...If you ‘immunize’ your universal health coverage system against inefficiency, against inadequacy, against inequity, and most importantly, against corruption, I think that’s really the real protection.”*

*–Bachi Karkaria, Journalist, Media Trainer, & Consultant, Times of India*



doing. In the business mindset, if we can’t demonstrate that return, then our managers are going to look elsewhere.”

Underscoring the importance of working across sectors from a different angle, Amie Batson declared that many of the critical factors that fundamentally change and strengthen health systems “go well beyond the medical world.” She said, “It’s about engaging ministries of finance, as well as ministries of planning, regulatory agencies, unions, and a number of other critical partners and issues.”

Participants agreed that there were roles for many sectors to play. The roles of donors and other technical partners, for example, go beyond funding and technical assistance, to also contributing to raising political will. Noted Amie Batson, “Groups like USAID and The World Bank have the capacity to elevate the visibility [of the issues] and hold other leaders—those in government, the private sector, and NGOs—to account: ‘Is every child being immunized?’”

Participants also explored the role of the media in the UHC movement, and coverage of health issues more broadly. Bachi

Karkaria acknowledged, “The media really needs to allot much more space to health than it does currently.” There was discussion on how different varieties of media should be utilized, targeting the source and types of news outlets that consumers utilize the most, including electronic media and entertainment television. Other participants commented that the media has sometimes played an unproductive role in its coverage of health issues and health systems, oftentimes portraying such efforts or systems in a poor light.

But responsibility and accountability extend beyond the media sector, and the medical field has a key role in these areas rather than to always shoot the messenger, countered Bachi Karkaria. “I think that, really, if you ‘immunize’ your universal health coverage system against inefficiency, against inadequacy, against inequity, and most importantly, against corruption, I think that’s really the real protection.”

Calling upon others to continue the cross-sector dialogue and collaborations beyond the Summit, James Allen issued a call to action: “Now that we’ve come together from such disparate outposts, can we continue to be a voice for integrating immunizations into UHC in our various settings, perhaps by calling on each other’s expertise, advocacy, anecdotes, and ideas?” These discussions are continuing beyond this session, and this very report is an example of a next step following the workshop.

*“Now that we’ve come together from such disparate outposts, can we continue to be a voice for integrating immunizations into UHC in our various settings, perhaps by calling on each other’s expertise, advocacy, anecdotes, and ideas?”*

*–James Allen, Asia-Pacific Medical Director, Chevron Corporation*

“If the ‘ignorant’ woman is empowered with information, this will help her make demands for her health rights, and this will help sustain the health system through her demands.”

—Dorothy Esangbedo, President, Pediatric Association of Nigeria

## Areas for practical engagement

### Empower health system consumers with information

Consumers of health systems have a key role to play in driving forward reforms and expanding the coverage and reach of services. Bachi Karkaria suggested that reforms be demand-driven—bottom up rather than top down. “Once people know that [access to services] is their right, then they will make the demands on their government to provide it.” Demand from the public around health access can change the paradigms of a society and accelerate the rate of UHC reforms. UHC is a “social ethic that drives, unifies, and develops public support,” concluded Jonathan Quick.

But how do we reach that tipping point at which populations know what services to demand? This is particularly challenging in geographies with diverse terrains and low levels of education. Drawing connections to Nigeria’s experience, **Dorothy Esangbedo**, President, Pediatric Association of Nigeria, observed, “A lot of times, we equate illiteracy to ignorance in many communities. It’s not the same. If the ‘ignorant woman’ is empowered with information, this will help her make demands for her health rights, and this will help sustain the health system through her demands.”

Access to information for health system consumers is a critical component of all health systems, and particularly crucial for immunization, around which the public often has differing views. Despite the challenge of illiteracy, Dorothy Esangbedo noted, “It does not prevent uptake of appropriately delivered information on immunization by the parents in the communities.” She further observed that greater innovation is needed in strategic ways to increase health literacy and delivery critical information around immunization and other health needs and services to families and communities.

Amie Batson



Women in Wonokromo, Indonesia meet on a regular basis to discuss and share health and childcare information.



Participants also discussed how education and information can help ensure increased accountability by governments to promote UHC. Bachi Karkaria pointed out, “There’s a great deal of value in taking the showpiece programs or showpiece states and putting them into the public domain, because that will goad other departments or other states to follow that example.”

Linking back UHC efforts to increasing immunization rates, Dorothy Esangbedo added, “National campaigns on immunization will only work for certain vaccines—for instance, the oral vaccines like the ones for polio and rotavirus.” But in the case of injectable vaccines, routine immunization, which requires a strong, functioning health system that citizens can easily access, is best. “To sustain routine immunization, it is important that the consumers know that they should go for it and demand it,” she said. “Doing this helps us in sustaining the demand for strengthening the health system.”

### **Support country leadership and program ownership**

Strong leadership and commitment from within countries were also identified as key factors in the success of any UHC effort. Citing the example of China, Tsung-mei Cheng pointed to very strong country leadership: “The role that leadership plays in China’s successful health reform to date is really leadership at the top. There is also government commitment and recognition that health is a right. Once you have that social ethic laid down, all else flows from there.”

Amie Batson concurred, noting the importance of governments having “skin in the game,” including by paying a part or all of the costs of immunization. She supported full transparency around these issues. “We really have to elevate the role of governments holding each other to account and questioning commitment and funding.”

Pointing to India’s emerging national public health insurance scheme, which currently cover more than 200 million

“*[UHC] is a social ethic that drives, unifies, and develops public support.*”

—Jonathan Quick, President & CEO, Management Sciences for Health and Faculty Member, Department of Global Health, Harvard Medical School

Indians below the poverty level, Robert Hecht pointed out that the success of this program resulted from the leadership and program ownership of the Indian Ministry of Labor. “It has moved beyond being just a slogan in the ministry of health or a high-level expert group,” he said.

### **Share experiences, leverage best practices**

Participants unanimously agreed that one of the most effective ways to help strengthen health systems and promote UHC is for countries to continue to learn from each other. Fora such as the Pacific Health Summit that allow those at the policy level to share strategies and advice with one another, with critical input from on-the-ground practitioners, create a dynamic feedback loop for sharing best practices.

Other important efforts target on-the-ground practitioners and those working in-country to implement technical and financial reforms in real time to expand coverage. These leaders can often provide the most effective support systems for one another, and their shared experiences are critical in helping countries navigate challenges and take on real ownership of the reform process at a national level.

One notable example of the dynamic network of support that exists among country leaders is The Joint Learning Network,<sup>8</sup> which brings together a group of leading countries in the process of implementing health system reforms and moving towards UHC, many of which were represented at this Summit workshop, including Ghana, India, Nigeria, Rwanda, Thailand, and Vietnam.

---

<sup>8</sup> The Joint Learning Network for Universal Health Coverage (<http://www.jointlearningnetwork.org>) is a resource for countries in the process of implementing UHC. Current members include: Bangladesh, Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, South Africa, Thailand, and Vietnam.



# Challenges of today, visions for tomorrow

Looking to the future, participants agreed that several key challenges lie ahead as more countries look to expand and adopt UHC while also ensuring that specific programs such as immunization continue to grow and do not languish as a result. As the session drew to a close, Jonathan Quick pushed the group to think not only about aspirations, but also how the group gathered might work together, along with other Summit participants and other key constituencies to address the key challenges and opportunities that lie ahead.

Key challenges identified by participants included:

- Ensuring reliable and sustained funding for immunization within UHC
- Including new, costlier vaccines within a guaranteed package of services, and managing the tension between vaccine introduction and provision of other health interventions
- Collaborating and communicating across sectors
- Building country leadership, accountability, and capacity
- Addressing disparities between economic growth, quality of health systems and services, and the demographic and epidemiological transitions to older populations and more chronic non-communicable disease

Inspiration to address these challenges often comes from learning from each other and different countries' experiences, and many countries take different paths to achieve UHC, Jonathan Quick reminded the group, noting, "It was after World War II in Europe, which destroyed the continent's economy, that many countries achieved large-scale coverage at quite a reasonable cost. It was the vision of universal coverage in the face of extreme economic



Jacqueline M. Koch/Merim

devastation that forced the creation of pretty efficient health systems—and it didn't have different parts of these health systems quibbling with each other.”

Participants also agreed that the collective country experiences and cross-sector viewpoints of those gathered in the room and at the Summit provided each other with great resources and expertise. Pointing to the opportunities that come with challenges, the workshop concluded on a hopeful note. Despite the impediments that lie ahead, by

collaborating with and being open to new partners and resources—many formed among the group gathered—creative solutions will continue to emerge.

Immunization remains one of the most cost-effective health interventions in our global health arsenal. Strengthening the health systems that deliver them, and expanding access to immunization and other critical health services for which the UHC movement advocates, participants agreed, should be a priority for all.

Vaccinators transport polio vaccines in cold boxes during an Ethiopian polio immunization campaign.





# Contributors

**James Allen**, Asia-Pacific Medical Director, Chevron Corporation

**K.O. Antwi-Agyei**, National Program Manager, Expanded Program on Immunization (EPI), Ghana Ministry of Health

**Amie Batson**, Deputy Assistant Administrator, Global Health, USAID

**Tsung-mei Cheng**, Co-Founder, The Princeton Conference and Health Policy Research Analyst, Woodrow Wilson School of Public and International Affairs, Princeton University

**Dorothy Esangbedo**, President, Pediatric Association of Nigeria

**Maurice Gatera**, EPI Surveillance Officer, Rwanda Ministry of Health

**Robert Hecht**, Managing Director, Results for Development Institute

**Bachi Karkaria**, Journalist, Media Trainer, & Consultant, *Times of India*

**Najwa Khuri-Bulos**, Professor, Pediatrics and Infectious Disease & Dean of Research, Jordan University and Adjunct Professor, Vanderbilt University School of Medicine

**Jonathan Quick**, President & CEO, Management Sciences for Health and Faculty Member, Department of Global Health, Harvard Medical School

**Benjamin Schwartz**, Senior Director, Health Programs, CARE USA

**Yot Teerawattananon**, Leader & Founder, Health Intervention and Technology Assessment Program, Thailand

**Prashant Yadav**, Director, Health Care Delivery Research, William Davidson Institute & Faculty Member, Ross School of Business & School of Public Health, University of Michigan

For information about Pacific Health Summit discussions and participants, as well as information on resulting initiatives and collaborations, visit [www.pacifichealthsummit.org](http://www.pacifichealthsummit.org)