



## **PARALLEL SESSION 1.5**

**ENSURING HEALTH PROMOTION AND DISEASE PREVENTION IN UHC**

## | BACKGROUND

Two explicit UHC goals are, firstly the universal access to essential quality and comprehensive health services, ranging from Health promotion to disease prevention, curative treatment, intermediate care as transition to rehabilitation, long term care and palliative care and dignified end of life care and services. Secondly, the financial protection means no catastrophic health spending and poverty due to medical payments. Nonetheless, in many developing countries, more attention was given to the financing curative service, cost sharing for high cost curative services, cancer and chemotherapy, while too little attention was given to the inclusion of the cost-effective health promotions and disease prevention into the benefit package.

Effective health promotion and disease prevention (P&P) interventions should also address both proximal and distal determinants of ill health of the population in terms of both issue based and setting based determinants (such as, for issue based, sedentary life style, unhealthy eating, tobacco and alcohol uses<sup>3</sup>, along with setting based, such as, aging society and vulnerable population).

UHC not only requires more money for health (as current government spending on health was much lower than the health needs of the population), but governments need to ensure more health for money spent on UHC. To achieve value for money, the benefit package in UHC needs to incorporate prevention and disease prevention (P&P) as an integral component; and ensure a) effective coverage of these interventions and b) adequate funding support to P&P.

However little is known about to what extent P&P services can be incorporated in the benefit packages under UHC. Who will decide which services to be included? What are the decision making processes? What are the monitoring systems that can effectively assess if the P&P services are implemented as intended? How can a country ensure seamless linkage between P&P services under UHC with external (unhealthy) SDHs? Furthermore, in the context of increased burden from NCD, we all know that there is a demand for the increased uptake of the best-buy interventions; however in some countries, especially the developing ones, policy makers and academics do not have a clear concept or idea how to implement P&P packages as intended. What is the linkage between P&P services under UHC with external movement by civic groups that tend to address wider social determinants? These are exemplary topics that should be elaborated further in the session.

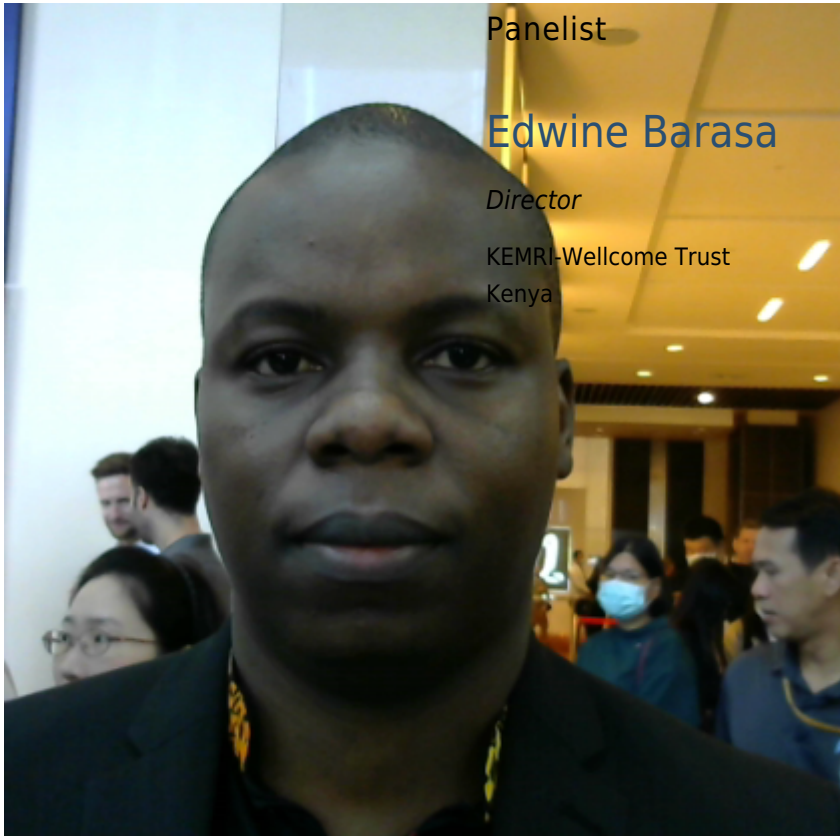
## | OBJECTIVES

In the context of UHC movement, this parallel session aims to review international experiences ranging from low- middle- to high-income countries on the following topics.

- How to ensure health promotion and disease prevention as integral components of UHC?
- What specific P&P interventions, either clinical preventive services or community based health promotion and disease preventions, should be covered by the benefit package under UHC? What are the sources of finance for these interventions?
- What are the monitoring systems to ensure effective implementation of these P&P interventions?
- What are good practices and negative lessons in the country context regarding the linkage of P&P services under UHC to the P&P activities which are not included in the UHC benefit package that aim to address wider determinants of health?

---

<sup>3</sup> Lämmle L, Woll A, Mensink G, Bös K. (2013) Distal and Proximal Factors of Health Behaviors and Their Associations with Health in Children and Adolescents. *Int. J. Environ. Res. Public Health* 2013, 10, 2944-2978; doi:10.3390/ijerph10072944



Panelist

**Edwine Barasa**

*Director*

KEMRI-Wellcome Trust  
Kenya