



## **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?

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<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

## Amirhossein Takian

*Chair- Department of Global Health & Policy*

School of Public Health, Tehran University of Medical Sciences  
Iran

Amirhossein Takian (MD MPH PhD FHEA) is Chair and Professor at the Department of Global Health & Public Policy, and Vice-Dean for International Affairs at the School of Public Health (SPH)- Tehran University of Medical Sciences (TUMS), Iran. He is also Advisor for Medical Education Reform and Member of the National Examination Board for Health Policy, Economics and Management, at the Ministry of Health and Medical Education (MOHME)- Iran. Amir is Chief Research Officer at the Health Equity Research Centre (HERC)- TUMS and TUMS' focal point at M8 Alliance, serving as a member of World Health Summit (WHS) Executive Committee since 2017, and Secretary of 7th World Health Summit Regional Meeting, 2019. From 2013-2018, he was Deputy for International Organizations at the MOHME-Iran, overseeing the relationship between Iran and global organizations, i.e. WHO, UNDP, UN, UNICEF, UNFPA, etc. Dr. Takian is a member of National Committee for Prevention and Control of Non-Communicable Diseases, MOHME, Iran; member of National Academy of Medical Sciences, Iran; member of Steering Committee for National Health Assembly- Iran; member of advisory committee on health information technology (HIT), AcademyHealth- USA; member of editorial board at the International Journal of Health Policy and Management; and Associate Editor at the International Journal of Public Health.

A physician by training, Prof. Takian has a track record research in health policy analysis in the field of primary care, global health, non-communicable diseases, universal health coverage, and ehealth. Amir has published over 75 peer reviewed journal articles, 12 books, 2 book chapters, and 8 commissioned national and international reports. He has been a principal investigator in several collaborative research projects at the national and international levels, with the value equivalent to over six million Euro. Amir has supervised over 25 MSc and 18 PhD students. Dr. Takian is a lifetime fellow of Higher Education Academy of the United Kingdom.