Jesse B. Bump

Session IX: Managing UHC Growth—Institutional Capacity

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	Technical	Financial	Political
Institution	**Individuals: skills, number, mix of capacities, assoc. equipment**	Can it raise its own funds?	Can it raise its profile? Can it protect politicians from unpopular decisions?
Government	Supporting functions, eg vital registration	**How is the institution funded? Is the flow secure? Can it be increased? Revenue collection?**	How does the government portray the institution? Is it responsive to demand?
Society	Provide information	Direct support, pay taxes	**How do citizens perceive the institution? Do they want it? Will they protect it?**
International Entities	Advice, training	Money	Visibility, access to media, support

Sources of Power for Institution Building (Dynamic)

Problem Element	Malaria	Health System
Annual Death Toll	800,000	?
Intervention	LLINs, ACTs	Infrastructure, health workforce, supply chain logistics, procurement, funding, education…
Quantitative result; credit claiming	Numbers treated, burden averted	Challenging to measure
Duration	Might end	Should never end
Cost, efficacy	LLIN= $3; ACTs= $6–$8 Measurement common	? Difficult to quantify
Advocacy	Many partners, advocates	Diffuse

Health systems investments are challenging to represent

	PHC	UHC
Health system emphasis	✓	✓
Strong normative element	✓	✓
Partly reaction to limits of single-disease focus	Malaria	HIV/AIDS
Broad support for concept	✓	✓
Emphasis	Community-level organization and delivery	National-level, financing, user fees, access
Main challenge	Implementation	Implementation
Outcome	Momentum captured, movement defeated by SPCH	?

PHC and UHC are similar