



## THE ACCESS AND DELIVERY PARTNERSHIP

New Health Technologies for TB, Malaria and NTDs



### ISSUE BRIEF

# TOWARDS UNIVERSAL HEALTH COVERAGE

## Promoting equitable and sustainable access to new health technologies for diseases of poverty

### Introduction

Universal health coverage (UHC) is a critical component of the 2030 Agenda for Sustainable Development. The Political Declaration of the 2019 UN High-Level Meeting on UHC regards it as fundamental for the achievement of the Sustainable Development Goals (SDGs).<sup>2</sup> Evidence demonstrates the far-reaching development benefits of UHC beyond health which cut across the SDGs, from poverty reduction, economic growth and women's empowerment to greater social equality, political stability and human security.<sup>3,4,5</sup>

Significant challenges remain, however, in advancing UHC equitably and sustainably, particularly among low- and middle-income countries (LMICs). One such challenge is to ensure access to, and delivery of, essential health technologies, such as medicines, vaccines and diagnostic tools, to address 'diseases of poverty' – namely, tuberculosis (TB), malaria and neglected tropical diseases (NTDs).

The Political Declaration of the UN High-Level Meeting on UHC asserts that "universal health coverage can only be achieved if the services and medical products are safe and effective and delivered in a timely, equitable, efficient, and integrated manner".<sup>7</sup> The Access and Delivery Partnership (ADP), funded by the Government of Japan, is addressing these critical components of UHC. Led by the United Nations Development Programme (UNDP) and consistent with the Global Action Plan for Healthy Lives and Well-being for All,<sup>8</sup> ADP brings together the complementary expertise of its four core partners – UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH – to support policy coherence and health systems strengthening in LMICs to accelerate access to, and delivery of, new health technologies for diseases of poverty, as part of UHC and SDG efforts.

ADP's focus on access to, and delivery of, health technologies for TB, malaria and NTDs is thus a contribution towards the achievement of SDG 3 (see Box 2), which also contributes to a range of other SDGs. ADP's work is also aligned with the UNDP Strategic Plan: 2018–2021<sup>9</sup> and the UNDP HIV, Health and Development Strategy 2016–2021,<sup>10</sup> both of which acknowledge the integrated nature of health and development and the role of resilient and sustainable health systems as the foundation for achieving health and development more broadly.

#### Box 1. What is universal health coverage?

"The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them."<sup>1</sup>

"...[W]e have welcomed several new leaders to the global health landscape. With UN Secretary-General António Guterres, WHO Director-General Dr. Tedros Adhanom and UNDP Administrator Achim Steiner, we have an unprecedented opportunity to remarkably expand the scope and quality of efforts toward universal health coverage."<sup>6</sup>

– Shinzo Abe, Prime Minister of Japan



Empowered lives.  
Resilient nations.



From the People of Japan



**Box 2. ADP directly contributes to multiple targets in SDG 3: Ensure healthy lives and promote well-being for all at all ages.**

**Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

**Target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.

**Target 3.b:** Support research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all.

## Advancing UHC equitably

Equity is at the heart of the 2030 Agenda and the SDGs, underpinning the pledges of ‘leaving no one behind’ and ‘reaching the furthest behind first’.<sup>11</sup> WHO defines equity as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically”.<sup>12</sup> In line with this, UNDP advocates for an integrated approach in implementing the 2030 Agenda, which seeks to assess and address the major drivers of inequity, including discrimination, geography, governance, socio-economic status, and shocks and fragility.<sup>13</sup>

Advancing UHC equitably requires all people to have sustainable access to safe, effective and affordable health technologies. In many LMICs, reducing health inequities may mean targeting investments towards those with reduced access or poorer health outcomes.

NTDs are a classic embodiment of health inequity (see Box 3). Over 1 billion people, primarily poor people in LMICs, continue to be burdened by NTDs, with significant health, economic and social consequences. Despite these prevailing disease burdens, relatively few new health technologies are available for TB, malaria and NTDs.<sup>15</sup> Funding for research and development (R&D) on NTD-related health technologies also declined between 2009 and 2015.<sup>16</sup> In setting the 2030 target to end TB, malaria and NTDs, and in highlighting the need for R&D and health systems strengthening to achieve target 3.3 (see Box 2), the SDGs have helped to generate greater investment and given rise to public–private and product development partnerships to redress this imbalance.

As efforts focus on R&D and product development, it is also acknowledged that there can be significant challenges to the introduction of new health technologies. In some cases, the introduction and use of a new health technology may require new or additional technical capacities that are lacking or absent within health systems in LMICs. ADP is providing a comprehensive range of support and technical assistance so that countries are enabled to introduce and deliver essential health technologies for diseases of poverty quickly and effectively, as a means of advancing UHC equitably.

### Enabling regulatory environment for quality-assured health technologies

WHO estimates that 1 in every 10 medical products in LMICs is either substandard (i.e. of poor quality) or falsified (i.e. fake), thus endangering people’s lives and fuelling further health inequities.<sup>17</sup>

National regulatory authorities (NRAs) play a vital role within the health care system by ensuring the safety, efficacy and quality of health technologies before they are introduced for use. Efficient systems and technical capacities are needed to ensure that this regulatory oversight function is performed effectively. The capacity of NRAs to perform their functions effectively, efficiently, predictably and transparently is of critical importance to ensure the quality, safety and efficacy of health technologies. ADP is, therefore, supporting NRAs in Africa and Asia to assess and identify capacity gaps in undertaking their responsibilities in accordance with international standards.

**Box 3 NTDs are diseases of poverty**



**NTDs continue to affect over one billion people, primarily those living in poverty, across 149 countries**

**WHO’s list of NTDs<sup>14</sup> include:**

Buruli ulcer, Chagas disease, dengue and chikungunya, dracunculiasis (guinea-worm disease), echinococcosis, foodborne trematodiasis, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy (Hansen’s disease), lymphatic filariasis, mycetoma, chromoblastomycosis and other deep mycoses, onchocerciasis (river blindness), rabies, scabies and other ectoparasites, schistosomiasis, soil-transmitted helminthiasis, snakebite envenoming, taeniasis/ cysticercosis, trachoma, and yaws (endemic treponematoses)

In Ghana, Indonesia, Malawi and Tanzania, ADP assisted the development of integrated plans and capacity-strengthening for speedy introduction, quality assurance, delivery and safety monitoring of new health technologies, which requires the engagement of multiple sectors. ADP has also supported the use of new tools in this regard; for example, in Ghana, ADP contributed to the roll-out of the **Med Safety App**,<sup>18</sup> a new mobile application that enables easy and timely reporting of adverse drug reactions by both health care professionals and the public.

At the regional level in Africa, ADP is supporting the cross-country coordination and alignment of regulatory rules and procedures – or so-called regulatory harmonization – to enable speedy access and introduction of quality-assured new health technologies. Before new health technologies can be introduced for use, marketing approval is required. The complex, country-specific approval process often results in the delayed introduction of new health technologies into a country. This is of concern in lower-income countries or countries with small markets where business incentives to apply for marketing approval are limited.

Cumbersome regulatory procedures or reduced incentives in the case of unattractive markets can discourage some suppliers from applying for marketing approval and entering the market. This can result in reduced availability of new health technologies, limited competition and higher prices.<sup>19</sup> Furthermore, cumulative transaction costs associated with fulfilling many country-specific requirements could translate into a higher product price and reduced resources for developing new health technologies.

Legal and regulatory frameworks in some countries may also impose overly bureaucratic procedures. These barriers can restrict resource-constrained NRAs in LMICs from performing priority quality assurance functions in a timely and thorough manner and increase the time for new health technologies to reach and benefit people in need.

“There is a challenge of insufficient access to safe and high-quality health technologies in many countries. One of the reasons is different regulatory systems in different countries which prevent smooth access of beneficial products to the population in need. Therefore, regulatory harmonization needs to be promoted internationally in the future,”<sup>20</sup> said Keizo Takemi, WHO Goodwill Ambassador for UHC, at the UN High-Level Meeting on UHC in 2019.

Through the development, and national-level adoption, of the African Union (AU) Model Law on Medical Products Regulation, ADP is assisting AU member countries to introduce unified international standards for product review, marketing approval, labelling, distribution and safety monitoring of new health technologies across AU Member States (see Box 4). Strengthened and harmonized regulatory systems will help improve the predictability and efficiency of the regulatory processes, so that new and quality-assured health technologies can become available sooner to patients in need.

## **Regulatory strengthening for greater access to affordable health technologies**

The effective functioning of NRAs contributes not only to the speedy introduction of quality-assured new health technologies but also to building their credibility and confidence among people. Insufficient levels of trust in the capacities of NRAs in resource-poor countries may lead people to choose expensive originator medicines over the more affordable generic medicines, due to the perception that the originator medicines are more likely to comply with quality, safety and efficacy standards.<sup>21</sup>

Among a group of the poorest countries (low- and lower-middle-income countries), unbranded generic medicines account for only 5 percent of the pharmaceutical market by volume, which is less than half of the corresponding figure for higher-income developing countries.<sup>22</sup> In contrast, unbranded generic medicines account for 85 percent of the pharmaceutical market in the United Kingdom and the United States.<sup>23</sup>

The low level of use of affordable unbranded generic medicines poses an equity concern for many LIMCs with high levels of out-of-pocket health payments. In these countries, poor households spend as much as 9.5 percent of total household expenditure on medicines – far higher than the corresponding figure of 3.5 percent in high-income countries.<sup>24</sup>

**Box 4.** For more information on the AU Model Law and regulatory harmonization, see ADP Issue Briefs:

**African Union Model Law for Medical Products Regulation**

**Legal and Policy Coherence to Promote Access to Health Technologies in the United Republic of Tanzania**



At higher prices, people with a low income may not be able to buy much-needed medicines or may be forced to ration them despite health risks. Medicines account for the largest proportion of out-of-pocket health payments in many LMICs. Prior to the introduction of the national health insurance systems, medicines accounted for 72 percent of out-of-pocket health payments in India,<sup>25</sup> and 70 percent in Indonesia.<sup>26</sup> Globally, out-of-pocket health payments are pushing nearly 100 million people into extreme poverty every year, according to the World Bank and WHO.<sup>27</sup>

**“[I]ncidence of catastrophic expenditure due to health care costs is growing and is now being estimated to be one of the major contributors to poverty.”**

**– Ministry of Health and Family Welfare, India<sup>28</sup>**

ADP works with LMICs to develop enabling legal environments and strengthen regulatory capacities for faster and greater access to quality-assured, affordable medicines and other health technologies for NTDs. Through this approach, ADP seeks to contribute to reducing health, financial and impoverishment risks, particularly among poor and other vulnerable people, accelerating equitable progress towards UHC and the SDGs.

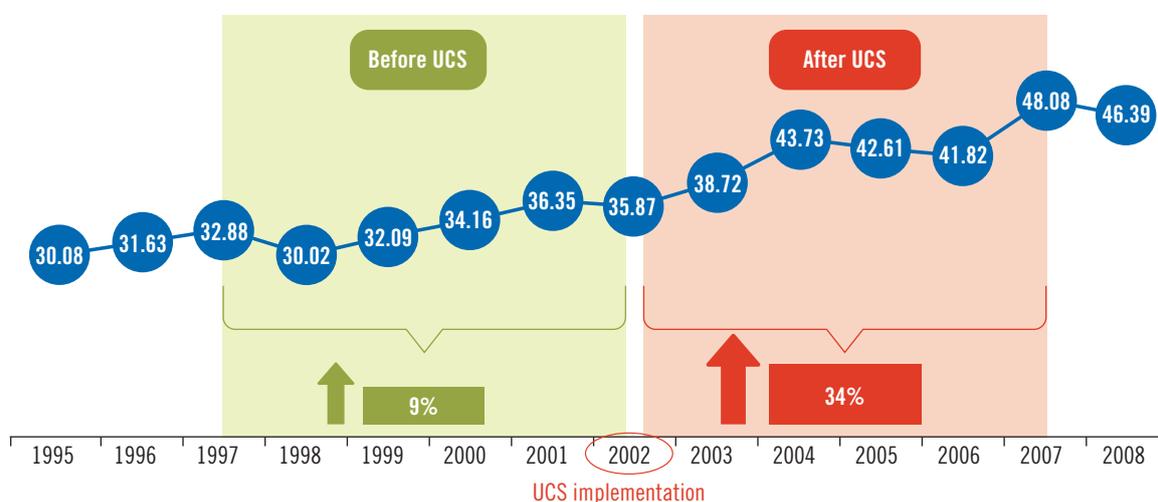
## Advancing UHC sustainably

Financial sustainability constitutes the core of achieving, sustaining and expanding UHC, as reaffirmed by the G20 Osaka Leaders’ Declaration in June 2019.<sup>29</sup> High levels of pharmaceutical expenditures are a key concern in LMICs. Pharmaceuticals already account for over 30 percent of the total health expenditure in many LMICs in Asia, including in India,<sup>30</sup> Indonesia, Thailand, the Philippines and Viet Nam, while the average for member countries of the Organisation for Economic Co-operation and Development (OECD) is 16 percent.<sup>31</sup>

Progress towards UHC can also increase pharmaceutical expenditures. In Thailand, for example, the five-year rate of growth in drug expenditures was 9 percent prior to the introduction of the Universal Coverage Scheme (UCS) in 2002, but this rate increased to 34 percent soon after the implementation of the UCS<sup>32</sup> (see Figure 1). With ageing populations and the rise of non-communicable diseases such as heart disease and diabetes,<sup>33</sup> containing pharmaceutical expenditures is increasingly an urgent priority for any LMICs seeking to achieve or sustain UHC.

ADP is supporting national efforts to advance UHC in a sustainable manner by strengthening national capacities for evidence-informed decision-making and priority-setting in health, which contribute to cost-effectiveness as well as greater transparency.

**Figure 1 Drug expenditure in Thailand as a percentage of health expenditure**



Source: Based on Thailand Health Report 2008–2010

## Enhanced cost-effectiveness in delivering UHC

ADP is supporting a number of LMICs to strengthen their capacities and systems for health technology assessment (HTA). HTA provides a scientific approach to achieving the best value for money through priority-setting for the selection of new health technologies, including for a UHC benefits package. As UHC benefits packages expand alongside increased health budgets, use of HTA can facilitate evidence-informed priority-setting to enable efficient and sustainable allocation of limited health resources.

For example, ADP is supporting the Government of Indonesia to establish technical capacity and governance mechanisms for HTA. ADP helped to pilot HTA to evaluate the most appropriate, relevant and cost-effective treatment options for end-stage renal disease and hypertension. These HTA evaluations generated useful evidence and recommendations on these treatment options (see Box 5), but equally important, they demonstrated the value and relevance of HTA as a systematic decision-making process.

Successful institutionalization of HTA will provide an evidence-based decision-making process to determine which medicines and services are covered by Jaminan Kesehatan Nasional, Indonesia's national health insurance system for UHC.<sup>34</sup> ADP is also providing support to build and strengthen capacities for HTA in Ghana, India and Tanzania, as well as through a South–South HTA knowledge-sharing platform.

## Greater transparency for improved efficiency and governance

HTA also increases transparency in decision-making for health technology procurement. The HTA process can enable government agencies to make transparent, evidence-informed decisions, which can, in turn, curb the potential impact of undue influence and corruption in the health sector.<sup>35,36,37</sup>

Where there are gaps in policies, systems and the technical capacities to procure and deliver medicines, vaccines and other health technologies, there can be a risk of health resource drain. As WHO has noted, “the challenge is to expand health services with constant attention to causes of waste and inefficiency that can be reduced through smart policies and wise decisions.”<sup>38</sup>

Policy or capacity gaps may lead to purchasing health products at higher prices than otherwise obtainable. They include, for example, limited price negotiation power due to a lack of capacity to determine an appropriate ceiling price and assess bid prices for health products in public procurement, or a lack of strategic procurement planning and systems such as pooled procurement.

Gaps in supply chain management for health products, such as demand projection, logistics, storage and monitoring, can also lead to wastage or theft. WHO reported that over 50 percent of vaccines in the world end up being wasted.<sup>39</sup>

ADP supports countries to address these gaps by strengthening procurement and supply chain management policy and practice. For example, ADP is working with national procurement agencies from Africa and Asia, including through a South–South learning platform, to discuss the electronic procurement of health technologies, which can increase transparency and efficiency and reduce the risk of corruption.<sup>40</sup>

**Box 5.** For more information on HTA, see ADP Issue Briefs:

**Review of Laws, Regulations, and Uses of Off-label Drugs in Indonesia**

**The Emergence of Health Technology Assessment Organizations'**



“For both low- and middle-income country governments and global health funders, spending on health products is big money, and spending those resources inefficiently can undermine our collective progress toward the health-related Sustainable Development Goals.”<sup>21</sup>

– Masood Ahmed, President, Center for Global Development

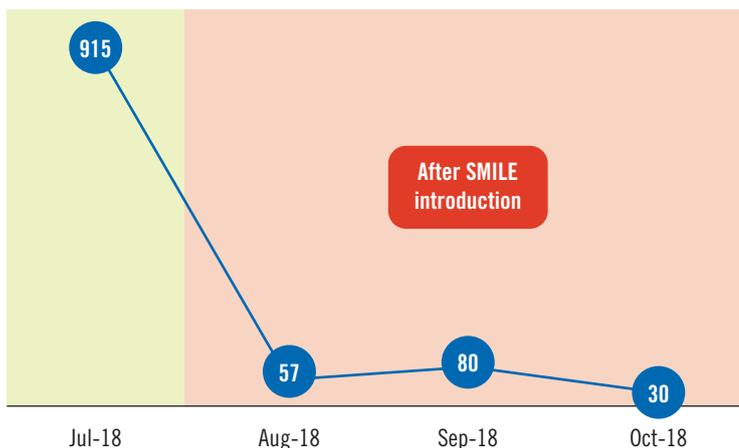
ADP is also supporting LMICs to improve the efficiency of vaccine supply and delivery through the use of digital technologies. Leveraging the success of the Electronic Vaccine Intelligence Network (eVIN) system in India that has led to significant reductions in vaccine wastage, stock-outs and other supply chain errors,<sup>41</sup> ADP facilitated the piloting of eVIN in Indonesia.

An assessment of an eVIN pilot in Indonesia, branded as SMILE, demonstrated results of reducing vaccine wastage by over 90 percent, and stock-outs by 70 percent, with significant financial and health implications<sup>42</sup> (see Figure 2). As a result of this success, the Indonesian government has decided to scale up SMILE from 55 health facilities in 2 provinces to over 600 facilities across 11 provinces. With funding from the Gavi, the Vaccine Alliance and technical support from ADP, the Indonesian government is embarking on the scale-up process.

ADP is also strengthening national capacities for conducting research to identify hidden barriers that impede sustainable access to, and equitable delivery of, health technologies, including gender-related factors.<sup>43</sup> ADP supported the development of the National Agenda for Health Systems Research for TB, malaria and NTDs in Tanzania as well as the National Health Research Agenda 2015–2019 in Ghana, both of which help consolidate various existing efforts and prioritize resource allocation (see Box 6).

By advancing transparency or ‘visualization’ of critical health system elements for evidence-informed decision-making, ADP seeks to support and contribute to efforts in LMICs to achieve sustainable UHC.

**Figure 2** Reduction in the number of vaccines discarded in two SMILE pilot districts in Indonesia



**Box 6.** For more information on implementation research, see ADP publications:

**Capacity building for Implementation Research and Developing a Research Agenda to support the 2014–2018 Health Sector Program of Work in Ghana**

**Setting a national agenda for health systems research for tuberculosis, malaria and neglected tropical diseases in the United Republic of Tanzania**

**The Gender Dimensions of Neglected Tropical Diseases**

**Figure 3:** ADP advances equity and sustainability within UHC and SDG efforts



## Looking ahead

The significance of ensuring equity and sustainability as critical elements of UHC continues to grow as UHC efforts in LMICs intensify and mature. Equity and sustainability lie at the heart of Agenda 2030 and the SDGs. Advancing UHC equitably and sustainably would accelerate progress across the SDGs (see Box 7).

**“UHC cannot be achieved by any one actor alone – every actor must play their part in building resilient health systems.”<sup>44</sup>**

**– Achim Steiner, UNDP Administrator, and Keizo Takemi, Member of Japan’s House of Councilors**

ADP adds unique value to UHC efforts at national, regional and global levels as a multi-partner initiative addressing a comprehensive spectrum of capacity-strengthening for the introduction and delivery of new health technologies. ADP amplifies the impact of the Global Health Innovative Technology (GHIT) Fund, which is also funded by the Government of Japan. GHIT envisages stimulating health technology R&D for neglected diseases in partnership with Japan’s leading pharmaceutical companies and the Bill & Melinda Gates Foundation.<sup>45</sup>

ADP leverages the expertise of its partners to work as a unified force. This approach promotes and enables comprehensive, synergistic solutions from multiple agencies and perspectives.

ADP’s approach embodies the spirit of ‘Stronger Collaboration, Better Health: Global Action Plan on Healthy Lives and Well-being for All’.<sup>46</sup> Acknowledging the need to redouble efforts to achieve the health-related targets of the SDGs, the Global Action Plan, put forward by 12 global organizations in September 2019, commits to harmonized support to country-level health systems.

The plan calls for three strategic approaches: aligning support to country priorities and needs; accelerating progress by leveraging new ways of working together; and accounting for the efforts to achieve the 2030 goals through increased transparency and accountability. Incorporating all these strategic components, ADP exemplifies the next-generation, multi-partner approach required to address complex health and development challenges (see Box 8).

Reflecting the global health priorities of the Government of Japan, as set out in its Basic Design for Peace and Health,<sup>47</sup> the Group of Seven (G7) Ise-Shima Vision for Global Health of May 2016,<sup>48</sup> and Japan’s ongoing global leadership on UHC, ADP will continue responding to a call for action as expressed by Keizo Takemi: “[T]o achieve UHC by 2030, it is essential to put more focus on strengthening health systems which can deal with a wide range of health challenges than existing disease-based approaches, and multisectoral efforts are truly needed... Promoting health and enriching societies for everyone from the viewpoint of health equity with the spirit of ‘no one left behind’ is the key.”<sup>49</sup>

**Box 7. ADP is contributing to a broad range of the SDGs simultaneously:**

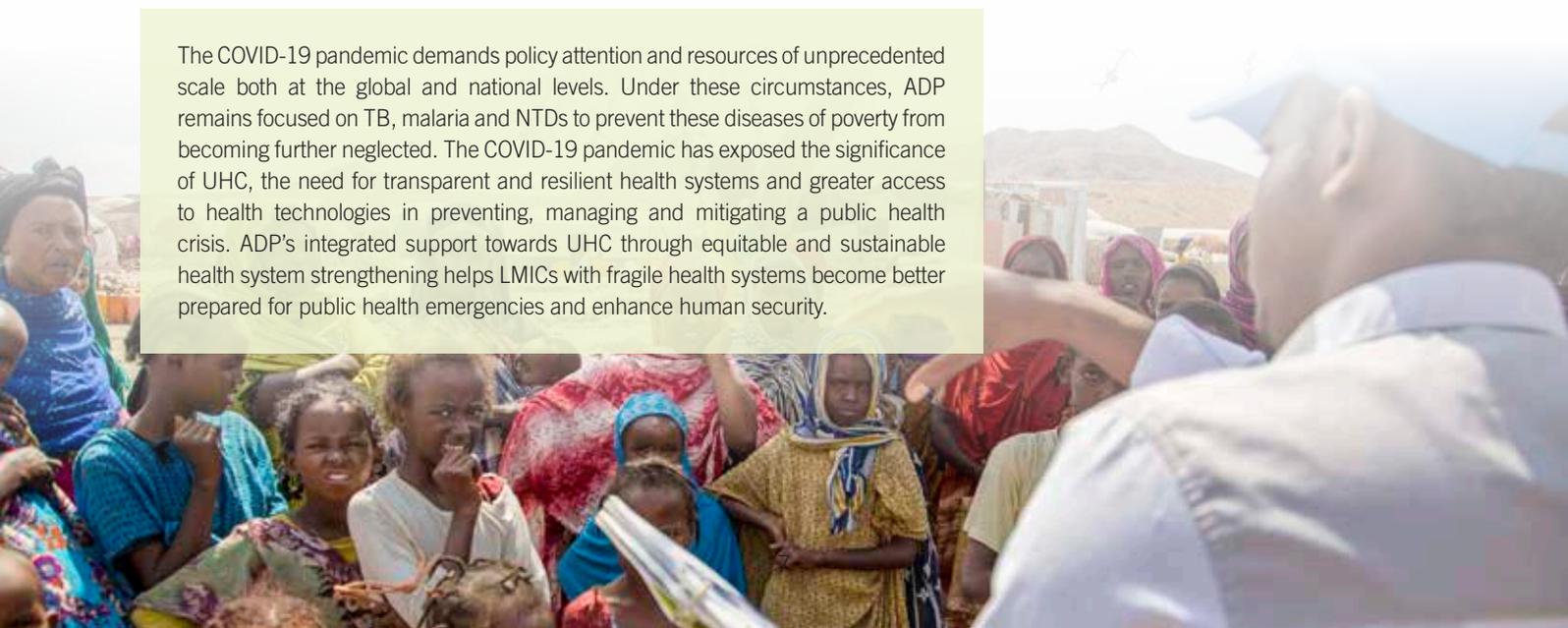


**Box 8. For more information on policy coherence, see the ADP report:**

**Policy Coherence: Effective Partnerships for Global health.**



The COVID-19 pandemic demands policy attention and resources of unprecedented scale both at the global and national levels. Under these circumstances, ADP remains focused on TB, malaria and NTDs to prevent these diseases of poverty from becoming further neglected. The COVID-19 pandemic has exposed the significance of UHC, the need for transparent and resilient health systems and greater access to health technologies in preventing, managing and mitigating a public health crisis. ADP’s integrated support towards UHC through equitable and sustainable health system strengthening helps LMICs with fragile health systems become better prepared for public health emergencies and enhance human security.



- WHO, Universal Health Coverage, Geneva, 2019. [https://www.who.int/features/qa/universal\\_health\\_coverage/en/](https://www.who.int/features/qa/universal_health_coverage/en/).
- UN, *Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world"*, New York, 2019. <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>.
- WHO, *Together on the road to universal health coverage: A call for action*, Geneva, 2017.
- Universal Health Coverage Forum, *Tokyo Declaration on Universal Health Coverage: All Together to Accelerate Progress towards UHC*, Tokyo, 2017.
- Abe, S., Japan's vision for a peaceful and healthier world, *Lancet* 2015; 386: 2367–2369.
- Abe, S. New policies for new health challenges, in *Health: A Political Choice – Delivering Universal Health Coverage 2030*. <http://edition.pagesuite.com/html5/reader/production/default.aspx?pubname=&edid=1b1471a7-7575-4371-9969-9e93f7dd4aa8>
- UN, *Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world"*, New York, 2019, paragraph 48. <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>.
- GAVI, the GFF, the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women, World Bank Group, WFP and WHO, *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All*, Geneva, 2019. <https://www.who.int/sdg/global-action-plan>.
- UNDP, *UNDP Strategic Plan 2018–2021*, New York, 2018. <https://strategicplan.undp.org/>.
- UNDP, *Connecting the Dots: Strategy Note HIV, Health and Development 2016–2021*, New York, 2016. <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/hiv-health-anddevelopment-strategy-2016-2021.html>.
- UN, *Transforming our world: the 2030 Agenda for Sustainable Development*, New York, 2015. <https://sustainabledevelopment.un.org/post2015/transformingourworld>.
- WHO, *Health Systems: Equity*, Geneva, 2019. <https://www.who.int/healthsystems/topics/equity/en/>.
- UNDP, *What does it mean to leave no one behind? A UNDP discussion paper and framework for implementation*, New York, 2018. [https://www.undp.org/content/dam/undp/library/Sustainable%20Development/2030%20Agenda/Discussion\\_Paper\\_LNOB\\_EN\\_lres.pdf](https://www.undp.org/content/dam/undp/library/Sustainable%20Development/2030%20Agenda/Discussion_Paper_LNOB_EN_lres.pdf).
- WHO, *Neglected Tropical Diseases*, [https://www.who.int/neglected\\_diseases/diseases/en/](https://www.who.int/neglected_diseases/diseases/en/)
- Pedrique, B., et al., The drug and vaccine landscape for neglected diseases (2000–11): a systematic assessment. *The Lancet Global Health* 2013; 1(6): PE371–E379. [https://doi.org/10.1016/S2214-109X\(13\)70078-0](https://doi.org/10.1016/S2214-109X(13)70078-0).
- Young, R., et al., Developing new health technologies for neglected diseases: a pipeline portfolio review and cost model. *Gates Open Research* 2018; 2: 23. <https://gatesopenresearch.org/articles/2-23>.
- WHO, *1 in 10 medical products in developing countries is substandard or falsified*, Geneva, 2017. <https://www.who.int/news-room/detail/28-11-2017-1-in-10-medical-products-in-developing-countries-is-substandard-or-falsified>.
- See <http://www.adphealth.org/news/66/FDA-launches-Med-Safety-App-to-improve-health-care-delivery-in-Ghana.html>.
- WHO and HAI, *WHO/HAI Project on Medicine Prices and Availability, Working Paper 4: Competition Policy*, Geneva, 2011. <https://haiweb.org/wp-content/uploads/2015/08/Competition-final-May-2011a1.pdf>.
- Takemi, K., *Remarks at the UN High-Level Meeting on Universal Health Coverage*, New York, 2019. <http://webtv.un.org/search/high-level-meeting-on-universal-health-coverage-multi-stakeholder-panel-2-general-assembly-74th-session/6088860957001/?term=High-level%20meeting&lan=english&cat=General%20Assembly&sort=date>.
- Center for Global Development, *Tackling the Triple Transition in Global Health Procurement*, Washington, DC, 2019. <https://www.cgdev.org/sites/default/files/better-health-procurement-tackling-triple-transition.pdf>.
- Ibid.
- Ibid.
- WHO, *The world health report—health systems financing: the path to universal coverage*, Geneva, 2010. [https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1).
- Garg, C.C. et al., Reducing out-of-pocket expenditures to reduce poverty: a disaggregated analysis at rural and state level in India, *Health Policy and Planning*, March 2009; 24(2): 116–128.
- GIZ, *Out-of-Pocket Payments in the National Health Insurance of Indonesia*, Berlin, 2015. [https://health.bmz.de/what\\_we\\_do/Universal-Health-Coverage/Indonesia\\_on\\_the\\_way\\_to\\_universal\\_health\\_coverage/Policy\\_Brief\\_GIZ\\_SPP\\_OOP\\_Spending\\_in\\_Indonesian\\_Health\\_Insurance.pdf](https://health.bmz.de/what_we_do/Universal-Health-Coverage/Indonesia_on_the_way_to_universal_health_coverage/Policy_Brief_GIZ_SPP_OOP_Spending_in_Indonesian_Health_Insurance.pdf).
- World Bank and WHO, *Tracking universal health coverage: 2017 global monitoring report*, Washington, DC, and Geneva, 2017. <https://apps.who.int/iris/bitstream/handle/10665/259817/9789241513555-eng.pdf>.
- Government of India, *National Health Policy 2015 Draft*, New Delhi, 2015. <http://www.mohfw.nic.in/showfile.php?lid=3014>.
- G20, *G20 Osaka Leaders' Declaration*, Osaka, 2019. [https://www.mofa.go.jp/policy/economy/g20\\_summit/osaka19/en/documents/final\\_g20\\_osaka\\_leaders\\_declaration.html](https://www.mofa.go.jp/policy/economy/g20_summit/osaka19/en/documents/final_g20_osaka_leaders_declaration.html).
- Government of India, *National Health Accounts Estimates for India*, New Delhi, 2018. [https://mohfw.gov.in/sites/default/files/NHA\\_Estimates\\_Report\\_2015-16.pdf](https://mohfw.gov.in/sites/default/files/NHA_Estimates_Report_2015-16.pdf).
- WHO and OECD, *How pharmaceutical systems are organized in Asia and the Pacific*, Geneva, 2018. <https://apps.who.int/iris/handle/10665/260004>.
- Thai Ministry of Public Health, *Thailand Health Report 2008-10*, Bangkok, 2011. <https://www.hiso.or.th/hiso5/report/tp2010eng.php>.
- Beran, D. et al., Noncommunicable diseases, access to essential medicines and universal health coverage, *Global Health Action* 2019; 12(1): 1670014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6781244/>.
- Agustina, R., Universal health coverage in Indonesia: concept, progress, and challenges, *The Lancet* 2019; 393(10166): 75–102. [http://dx.doi.org/10.1016/S0140-6736\(18\)31647-7](http://dx.doi.org/10.1016/S0140-6736(18)31647-7).
- Surgery, G. et al., Introducing health technology assessment in Tanzania, *International Journal of Technology Assessment in Health Care* 2019; 1–7.
- See, for example, Nguyen Tuan, A., Corruption practices in drug prescribing in Vietnam – an analysis based on qualitative interviews, *BMC Health Serv Res*. 2018; 18: 587. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6064099/>.
- European Union, *Updated Study on Corruption in the Healthcare Sector*, Brussels, 2017. [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/2017\\_0928\\_study\\_on\\_healthcare\\_corruption\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/2017_0928_study_on_healthcare_corruption_en.pdf).
- WHO, *Launch of the World Health Report 2013: Research for universal health coverage*, Geneva, 2013. [https://www.who.int/dg/speeches/2013/whr\\_20130815/en/](https://www.who.int/dg/speeches/2013/whr_20130815/en/).
- WHO, *Monitoring vaccine wastage at country level*, Geneva, 2005. [https://apps.who.int/iris/bitstream/handle/10665/68463/WHO\\_VB\\_03.18.Rev.1\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/68463/WHO_VB_03.18.Rev.1_eng.pdf).
- Neupane, A., Soar, J., and Vaidya, K., The potential of e-procurement technology for reducing corruption, *International Journal of Information Technology and Management* 2012; 11(4).
- UNDP, 2019, Improving the efficiency of vaccinations systems in multiple states, New York, 2019. <https://www.in.undp.org/content/india/en/home/projects/gavi1.html>.
- UNDP and Indonesia Ministry of Health, *Technical brief: An electronic logistics immunization monitoring system in Indonesia*, Jakarta, 2019 (in progress).
- ADP, *Challenging gender inequalities in access and delivery of NTD programmes*, New York and Bangkok, 2019. <http://adphealth.org/blog/74/Challenging-gender-inequalities-in-access-and-delivery-of-NTD-programmes.html>.
- Takemi, K. and Steiner, A., How to stop deadly outbreaks of diseases like Ebola – before they occur, *Japan Times*, 2019. [https://www.japantimes.co.jp/opinion/2019/09/04/commentary/japan-commentary/stop-deadly-outbreaks-diseases-like-ebola-occur/#.XldG\\_JMzBU](https://www.japantimes.co.jp/opinion/2019/09/04/commentary/japan-commentary/stop-deadly-outbreaks-diseases-like-ebola-occur/#.XldG_JMzBU)
- For more information about the Global Health Innovation Technology Fund, see <https://www.ghitfund.org/>.
- GAVI, the GFF, the Global Fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women, World Bank Group, WFP and WHO, *Stronger Collaboration, Better Health: Global Action Plan for Healthy Lives and Well-being for All*, Geneva, 2019. <https://www.who.int/sdg/global-action-plan>.
- Government of Japan, *Basic Design for Peace and Health*, Tokyo, 2015. <http://www.mofa.go.jp/files/000110234.pdf>.
- G7, *G7 Ise-Shima Vision for Global Health*, Ise-Shima, 2016. <http://www.mofa.go.jp/files/000160273.pdf>.
- Takemi, K., *Remarks at the UN High-Level Meeting on Universal Health Coverage*, New York, 2019. <http://webtv.un.org/search/high-level-meeting-on-universal-health-coverage-multi-stakeholder-panel-2-general-assembly-74th-session/6088860957001/?term=High-level%20meeting&lan=english&cat=General%20Assembly&sort=date>.

For information on ADP's recent activities and results, visit our website: [www.adphealth.org](http://www.adphealth.org)

For additional information, please contact:

#### Tenu Avafia

Manager: Human Rights, Key Populations and Treatment Access  
HIV, Health and Development Group, United Nations Development Programme  
304 East 45th Street, 10th Floor  
New York, NY 10017  
[tenu.avafia@undp.org](mailto:tenu.avafia@undp.org)

#### Cecilia Oh

Programme Advisor, HIV, Health and Development Group  
UNDP Bangkok Regional Hub, 3rd Floor, UN Service Building  
Rajdamnern Nok Avenue, Bangkok, Thailand  
[cecilia.oh@undp.org](mailto:cecilia.oh@undp.org)



[www.adphealth.org](http://www.adphealth.org)  
@ADP\_health