

Health Systems and Universal Health Care: Country Cases Resource Pack

2024

Overview

This pack of country cases was created to accompany resources on universal health coverage (UHC), health system strengthening (HSS), health financing, and health system reform. While most countries are making substantial efforts towards universal health coverage—ensuring all people have access to quality health services without suffering financial hardship—it is clear that approaches and models will vary.

Given the prominence of universal health coverage and health system strengthening in the Sustainable Development Goals, metrics and indicators that reflect progress at the country level will increasingly be tracked, monitored, and shared. While this effort will be extremely valuable, written cases that contextualize country experiences, published case studies that reflect on failed strategies, and country-specific analyses that distill lessons learned, will also greatly contribute to the evidence base needed and will complement quantitative measures.

This pack of country experiences is intended to facilitate comparative learning for educators and students, of all types, and at all levels.

This resource pack includes:

- [Comparative](#)
- [United States](#)
- [Eastern Mediterranean](#)
- [Africa](#)
- [Americas](#)
- [South-East Asia](#)
- [Western Pacific](#)
- [Europe](#)

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[Last updated: January 2024]

Selected Resources

*indicates resource listed in GHELI's online Repository

COMPARATIVE

Country Cases. Universal Health Coverage Study Series

Universal Health Coverage Study Series. The World Bank Group 2018.

<https://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series>.

* Article. Moving Towards Universal Health Coverage: Lessons from 11 Country Studies

Reich MR et al. Moving Towards Universal Health Coverage: Lessons from 11 Country Studies. The Lancet 2016; 387: 811–816. DOI: [http://dx.doi.org/10.1016/S0140-6736\(15\)60002-2](http://dx.doi.org/10.1016/S0140-6736(15)60002-2).

* Country Cases. Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report

Yip W, Hafez R. Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/185989>.

* Case Study. Implementing Universal Health Coverage: The Experiences in Thailand, Ghana, Rwanda, and Vietnam

Rosenberg J et al. Implementing Universal Health Coverage: The Experiences in Thailand, Ghana, Rwanda, and Vietnam. Harvard Medical School, Brigham and Women's Hospital 2015. <http://www.globalhealthdelivery.org/case-collection/concept-notes/implementing-universal-health-coverage-experience-thailand-ghana>.

* Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up.

Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up. The World Bank Group 2015. <http://www.worldbank.org/en/topic/universalhealthcoverage/publication/going-universal-how-24-countries-are-implementing-universal-health-coverage-reforms-from-bottom-up>.

AMERICAS

* Article. Innovation and Change in the Chilean Health System

Bossert TJ, Leisewitz T. Innovation and Change in the Chilean Health System. The New England Journal of Medicine 2016; 374(1): 1-5. DOI: <https://doi.org/10.1056/NEJMp1514202>.

* Article. Brazil's Family Health Strategy–Delivering Community-Based Primary Care in a Universal Health System

Macinko J, Harris MJ. Brazil's Family Health Strategy–Delivering Community-Based Primary Care in a Universal Health System. The New England Journal of Medicine 2015; 372: 2177-2181. DOI: <https://doi.org/10.1056/NEJMp1501140>.

* Article Series. Universal Health Coverage in Latin America

Universal Health Coverage in Latin America. The Lancet 2014. <https://www.thelancet.com/series/latin-america-UHC>.

Article. Health-System Reform and Universal Health Coverage in Latin America

Atun R et al. Health-System Reform and Universal Health Coverage in Latin America. The Lancet 2014; 385(9974): 1230-1247. DOI: [https://doi.org/10.1016/S0140-6736\(14\)61646-9](https://doi.org/10.1016/S0140-6736(14)61646-9).

Article. Overcoming Social Segregation in Health Care in Latin America

Cotlear D et al. Overcoming Social Segregation in Health Care in Latin America. The Lancet 2014; 385(9974): 1248-1259. DOI: [https://doi.org/10.1016/S0140-6736\(14\)61647-0](https://doi.org/10.1016/S0140-6736(14)61647-0).

Article. Social Determinants of Health, Universal Health Coverage, and Sustainable Development: Case Studies From Latin American Countries

Monteiro de Andrade LO et al. Social Determinants of Health, Universal Health Coverage, and Sustainable Development: Case Studies From Latin American Countries. The Lancet 2014; 385(9975): 1343-1351. DOI: [https://doi.org/10.1016/S0140-6736\(14\)61494-X](https://doi.org/10.1016/S0140-6736(14)61494-X).

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Article. Leading the Way Towards Universal Health Coverage: A Call to Action

Frenk J. Leading the Way Towards Universal Health Coverage: A Call to Action. The Lancet 2014; 385(9975): 1352-1358. DOI: [https://doi.org/10.1016/S0140-6736\(14\)61467-7](https://doi.org/10.1016/S0140-6736(14)61467-7).

*** Case Study. The New Law on Medicines and Its Implementation: El Salvador Case Study**

Yamagiwa TJ. Improving Health System Efficiency: El Salvador: The New Law on Medicines and its Implementation. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186475>.

*** Case Study. Catastrophic Health Expenditure Fund: Mexico Case Study**

Lozano R, Garrido F. Improving Health System Efficiency: Mexico: Catastrophic Health Expenditure Fund. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186476>.

*** Article. Access, Variation, and Reform in Canada's Provinces**

Lewis S. A System in Name Only—Access, Variation, and Reform in Canada's Provinces. The New England Journal of Medicine 2015; 372: 497-500. DOI: <http://dx.doi.org/10.1056/NEJMp1414409>.

*** Case Study. Improving Health System Efficiency: Chile: Implementation of the Universal Access with Explicit Guarantees (AUGE) Reform**

Aguilera I et al. Improving Health System Efficiency: Chile: Implementation of the Universal Access with Explicit Guarantees (AUGE) Reform. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/187657>.

*** Case Study. Improving Health System Efficiency: Uruguay: Building up the National Integrated Health System**

Arbulo V et al. Improving Health System Efficiency: Uruguay: Building up the National Integrated Health System. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/187934>.

UNITED STATES

*** Report. Public Policy and Health in the Trump Era**

Woolhandler S et al. Public Policy and Health in the Trump Era. The Lancet 2021; 397(10275): 705-753. DOI: [https://doi.org/10.1016/S0140-6736\(20\)32545-9](https://doi.org/10.1016/S0140-6736(20)32545-9).

*** Report. National Strategy for the COVID-19 Response and Pandemic Preparedness**

National Strategy for the COVID-19 Response and Pandemic Preparedness. The White House 2021. <https://www.whitehouse.gov/priorities/covid-19>.

Report. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States

The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA 2018; 319(14): 1444-1472. DOI: <https://dx.doi.org/10.1001/jama.2018.0158>.

Article. Health Care Spending in the United States and Other High-Income Countries

Papanicolas I et al. Health Care Spending in the United States and Other High-Income Countries. JAMA 2018; 319(10): 1024-1039. DOI: <https://doi.org/10.1001/jama.2018.1150>.

*** Article Series. America: Equity and Equality in Health**

America: Equity and Equality in Health. The Lancet 2017. <https://www.thelancet.com/series/america-equity-equality-in-health>.

Article. Inequality and the Health-Care System in the USA

Dickman SL, Himmelstein DU, Woolhandler S. Inequality and the Health-Care System in the USA. The Lancet 2017; 389(10077): 1431-1441. DOI: [https://doi.org/10.1016/S0140-6736\(17\)30398-7](https://doi.org/10.1016/S0140-6736(17)30398-7).

Article. The Affordable Care Act: Implications for Health-Care Equity

Gaffney A, McCormick D. The Affordable Care Act: Implications for Health-Care Equity. The Lancet 2017; 389(10077): 1442-1452. DOI: [https://doi.org/10.1016/S0140-6736\(17\)30786-9](https://doi.org/10.1016/S0140-6736(17)30786-9).

Article. Structural Racism and Health Inequities in the USA: Evidence and Interventions

Bailey ZD et al. Structural Racism and Health Inequities in the USA: Evidence and Interventions. The Lancet 2017; 389(10077): 1453-1463. DOI: [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X).

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Article. Mass Incarceration, Public Health, and Widening Inequality in the USA

Wildeman C, Wang EA. Mass Incarceration, Public Health, and Widening Inequality in the USA. The Lancet 2017; 389(10077): 1464-1474. DOI: [https://doi.org/10.1016/S0140-6736\(17\)30259-3](https://doi.org/10.1016/S0140-6736(17)30259-3).

Article. Population Health in an Era of Rising Income Inequality: USA, 1980–2015

Bor J, Cohen GH, Galea S. Population Health in an Era of Rising Income Inequality: USA, 1980–2015. The Lancet 2017; 389(10077): 1475-1490. DOI: [https://doi.org/10.1016/S0140-6736\(17\)30571-8](https://doi.org/10.1016/S0140-6736(17)30571-8).

*** Article Series. The Health of Americans**

The Health of Americans. The Lancet 2014. <https://www.thelancet.com/series/health-of-americans-2014>.

Article. Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA

Bauer et al. Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA. The Lancet 2014; 384(9937): 45-52. DOI: [https://doi.org/10.1016/S0140-6736\(14\)60648-6](https://doi.org/10.1016/S0140-6736(14)60648-6).

Article. Challenges of Infectious Diseases in the USA

Khabbaz RF et al. Challenges of Infectious Diseases in the USA. The Lancet 2014; 384(9937): 53-63. DOI: [https://doi.org/10.1016/S0140-6736\(14\)60890-4](https://doi.org/10.1016/S0140-6736(14)60890-4).

Article. Prevention of Injury and Violence in the USA

Haegerich TM et al. Prevention of Injury and Violence in the USA. The Lancet 2014; 384(9937): 64-74. DOI: [https://doi.org/10.1016/S0140-6736\(14\)60074-X](https://doi.org/10.1016/S0140-6736(14)60074-X).

Article. The Patient Protection and Affordable Care Act: Opportunities for Prevention and Public Health

Shaw FE et al. The Patient Protection and Affordable Care Act: Opportunities for Prevention and Public Health. The Lancet 2014; 384(9937): 75-82. DOI: [https://doi.org/10.1016/S0140-6736\(14\)60259-2](https://doi.org/10.1016/S0140-6736(14)60259-2).

Article. Health-Care Expenditure and Health Policy in the USA Versus Other High-Spending OECD Countries

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Infographic. The State of US Health: Findings from the Global Burden of Disease Study (GBD)

The State of US Health: Findings from the Global Burden of Disease Study (GBD). Institute for Health Metrics and Evaluation 2018. DOI: <http://www.healthdata.org/infographic/state-us-health-findings-global-burden-disease-study-gbd>.

EASTERN MEDITERRANEAN

*** Article Series. Health in the Arab World**

Health in the Arab World: A View from Within. The Lancet 2014. <https://www.thelancet.com/series/health-in-the-arab-world>.

Article. Governance and Health in the Arab World

Batniji R et al. Governance and Health in the Arab World. The Lancet 2014; 383(9914): 343-355. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62185-6](https://doi.org/10.1016/S0140-6736(13)62185-6).

Article. Non-Communicable Diseases in the Arab World

Rahim HF et al. Non-Communicable Diseases in the Arab World. The Lancet 2014; 383(9914): 356-367. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62383-1](https://doi.org/10.1016/S0140-6736(13)62383-1).

Article. The Path Towards Universal Health Coverage in the Arab Uprising Countries Tunisia, Egypt, Libya, and Yemen

Saleh SS et al. The Path Towards Universal Health Coverage in the Arab Uprising Countries Tunisia, Egypt, Libya, and Yemen. The Lancet 2014; 383(9914): 368-381. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62339-9](https://doi.org/10.1016/S0140-6736(13)62339-9).

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Article. Changing Therapeutic Geographies of the Iraqi and Syrian Wars

Dewachi O et al. Changing Therapeutic Geographies of the Iraqi and Syrian Wars. The Lancet 2014; 383(9915): 449-457. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62299-0](https://doi.org/10.1016/S0140-6736(13)62299-0).

Article. Health and Ecological Sustainability in the Arab World: A Matter of Survival

El-Zein A et al. Health and Ecological Sustainability in the Arab World: A Matter of Survival. The Lancet 2014; 383(9915): 458-476. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62338-7](https://doi.org/10.1016/S0140-6736(13)62338-7).

Article Series. Health Transitions in Pakistan

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Article. Pakistan's Health System: Performance and Prospects After the 18th Constitutional Amendment

Nishtar S et al. Pakistan's Health System: Performance and Prospects After the 18th Constitutional Amendment. The Lancet 2013; 381(9884): 2193-2206. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60019-7](https://doi.org/10.1016/S0140-6736(13)60019-7).

Article. Reproductive, Maternal, Newborn, and Child Health in Pakistan: Challenges and Opportunities

Bhutta ZA et al. Reproductive, Maternal, Newborn, and Child Health in Pakistan: Challenges and Opportunities. The Lancet 2013; 381(9884): 2207-2218. DOI: [https://doi.org/10.1016/S0140-6736\(12\)61999-0](https://doi.org/10.1016/S0140-6736(12)61999-0).

Article. Non-Communicable Diseases and Injuries in Pakistan: Strategic Priorities

Tazeen Th et al. Non-Communicable Diseases and Injuries in Pakistan: Strategic Priorities. The Lancet 2013; 381(9885): 2281-2290. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60646-7](https://doi.org/10.1016/S0140-6736(13)60646-7).

Article. Health Reform in Pakistan: A Call to Action

Nishtar S et al. Health Reform in Pakistan: A Call to Action. The Lancet 2013; 381(9885): 2291-2297. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60813-2](https://doi.org/10.1016/S0140-6736(13)60813-2).

AFRICA

*** Report. Domestic Resource Mobilization for Sustainable Financing for Health in Africa**

Domestic Resource Mobilization for Sustainable Financing for Health in Africa: Working Paper prepared by the WHO Regional Office for Africa. World Health Organization 2017. https://www.afro.who.int/sites/default/files/2017-12/WHO_Report_AFRO_20_small.pdf.

*** Report. The Path to Longer and Healthier Lives for All Africans by 2030: The Lancet Commission on the Future of Health in Sub-Saharan Africa**

Agyepong IA et al. The Path to Longer and Healthier Lives for All Africans by 2030: The Lancet Commission on the Future of Health in Sub-Saharan Africa. The Lancet 2017; 390(10114): 2803-2859. DOI: [https://doi.org/10.1016/S0140-6736\(17\)31509-X](https://doi.org/10.1016/S0140-6736(17)31509-X).

*** Article. Health and Health Care in South Africa – 20 Years after Mandela**

Mayosi BM, Benatar SR. Health and Health Care in South Africa – 20 Years after Mandela. The New England Journal of Medicine 2014; 371: 1344-1353. DOI: <http://dx.doi.org/10.1056/NEJMs1405012>.

*** Case Study. A Paradigm Shift in Global Surgery Training: Rwanda's Human Resources for Health (HRH)**

McKone-Sweet K. et al. A Paradigm Shift in Global Surgery Training: Rwanda's Human Resources for Health (HRH) Program. Babson College, Harvard Business Publishing 2015. <https://hbsp.harvard.edu/product/BAB309-PDF-ENG>.

*** Case Study. Improving Health System Efficiency: Burundi: Performance Based Financing of Priority Health Services**

Sibomana S et al. Improving Health System Efficiency: Burundi: Performance Based Financing of Priority Health Services. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186474>.

*** Case Study. Improving Health System Efficiency: Democratic Republic of the Congo: Improving Aid Coordination in the Health Sector**

Ntembwa HK, Lerberghe WV. Improving Health System Efficiency: Democratic Republic of the Congo: Improving Aid Coordination in the Health Sector. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186673>.

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* Case Study. Improving Health System Efficiency: Ethiopia: Human Resources for Health Reforms

Alebachew A, Waddington C. Improving Health System Efficiency: Ethiopia: Human Resources for Health Reforms. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/187240>.

SOUTH-EAST ASIA

* Article. Health Systems Development in Thailand: A Solid Platform for Successful Implementation of Universal Health Coverage

Tangcharoensathien V et al. Health Systems Development in Thailand: A Solid Platform for Successful Implementation of Universal Health Coverage. The Lancet 2018; 391(10126): 1205-1223. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30198-3](https://doi.org/10.1016/S0140-6736(18)30198-3).

Article. On the Road to Universal Health Care in Indonesia, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016

Mboi N et al. On the Road to Universal Health Care in Indonesia, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016. The Lancet 2018; 392(10147): 581-591. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30595-6](https://doi.org/10.1016/S0140-6736(18)30595-6).

* Report. Financial Protection in the South-East Asia Region: Determinants and Policy Implications

Financial Protection in the South-East Asia Region: Determinants and Policy Implications: Working Paper prepared by the WHO Regional Office for South-East Asia. World Health Organization 2017. <https://iris.who.int/handle/10665/259639>.

* Article. India's Aspirations for Universal Health Coverage

Reddy KS. India's Aspirations for Universal Health Coverage. The New England Journal of Medicine 2015; 373: 1-5. DOI: <https://doi.org/10.1056/NEJMp1414214>.

Article Series. Bangladesh: Innovation for Universal Health Coverage

Bangladesh: Innovation for Universal Health Coverage. The Lancet 2013. <https://www.thelancet.com/series/bangladesh>.

Article. The Bangladesh Paradox: Exceptional Health Achievement Despite Economic Poverty

Chowdhury AMR et al. The Bangladesh Paradox: Exceptional Health Achievement Despite Economic Poverty. The Lancet 2013; 382(9906): 1734-1745. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62148-0](https://doi.org/10.1016/S0140-6736(13)62148-0).

Article. Harnessing Pluralism for Better Health in Bangladesh

Ahmed SM et al. Harnessing Pluralism for Better Health in Bangladesh. The Lancet 2013; 382(9906): 1746-1755. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62147-9](https://doi.org/10.1016/S0140-6736(13)62147-9).

Article. Community-Based Approaches and Partnerships: Innovations in Health-Service Delivery in Bangladesh

El Arifeen S et al. Community-Based Approaches and Partnerships: Innovations in Health-Service Delivery in Bangladesh. The Lancet 2013; 382(9909): 2012-2026. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62149-2](https://doi.org/10.1016/S0140-6736(13)62149-2).

Article. Explaining Equity Gains in Child Survival in Bangladesh: Scale, Speed, and Selectivity in Health and Development

Adams AM et al. Explaining Equity Gains in Child Survival in Bangladesh: Scale, Speed, and Selectivity in Health and Development. The Lancet 2013; 382(9909): 2027-2037. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62060-7](https://doi.org/10.1016/S0140-6736(13)62060-7).

Article. Reducing the Health Effect of Natural Hazards in Bangladesh

Cash R et al. Reducing the Health Effect of Natural Hazards in Bangladesh. The Lancet 2013; 382(9910): 2094-2103. DOI: [https://doi.org/10.1016/S0140-6736\(13\)61948-0](https://doi.org/10.1016/S0140-6736(13)61948-0).

Article. Innovation for Universal Health Coverage in Bangladesh: A Call to Action

Adams AM et al. Innovation for Universal Health Coverage in Bangladesh: A Call to Action. The Lancet 2013; 382(9910): 2104-2111. DOI: [https://doi.org/10.1016/S0140-6736\(13\)62150-9](https://doi.org/10.1016/S0140-6736(13)62150-9).

* Case Study. Thailand's Universal Coverage Scheme

Glassman A, Temin M. Thailand's Universal Coverage Scheme. Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development 2016. <http://millionsaved.cgdev.org/case-studies/thailands-universal-coverage-scheme>.

WESTERN PACIFIC

Report. Regional Framework for Action on Transitioning to Integrated Financing and Service Delivery of Priority Public Health Services in the Western Pacific

Regional Framework for Action on Transitioning to Integrated Financing and Service Delivery of Priority Public Health Services in the Western Pacific. World Health Organization 2018. <https://apps.who.int/iris/handle/10665/274718>.

*** Article. Health at a Glance: Asia/Pacific 2022 – Measuring Progress Towards Universal Health Coverage**

Health at a Glance: Asia/Pacific 2022 – Measuring Progress Towards Universal Health Coverage. Organization for Economic Cooperation and Development, World Health Organization 2022. <https://doi.org/10.1787/c7467f62-en>.

*** Article. Australian Health Care Reform–The Challenge of Reform in a Fragmented System**

Hall J. Australian Health Care–The Challenge of Reform in a Fragmented System. The New England Journal of Medicine 2015; 373: 493-497. DOI: <http://dx.doi.org/10.1056/NEJMp1410737>.

*** Article. Lessons from the East–China's Rapidly Evolving Health Care System**

Blumenthal D, Hsiao W. Lessons from the East–China's Rapidly Evolving Health Care System. The New England Journal of Medicine 2015; 372: 1281-1285. DOI: <https://doi.org/10.1056/NEJMp1410425>.

*** Case Study. Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities**

Wenhui C. Wen C. Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/188623>.

*** Case Study. Improving Health System Efficiency: Republic of Korea: Merger of Statutory Health Insurance Funds**

Kwon S. Improving Health System Efficiency: Republic of Korea: Merger of Statutory Health Insurance Funds. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186860>.

EUROPE

*** Report. Financial Protection in High-Income Countries: A Comparison of the Czech Republic, Estonia and Latvia: Working Paper prepared by the WHO Regional Office for Europe**

Financial Protection in High-Income Countries: A Comparison of the Czech Republic, Estonia and Latvia: Working Paper prepared by the WHO Regional Office for Europe. World Health Organization 2017. <https://iris.who.int/handle/10665/329457>.

*** Article Series. France: Nation and World**

France: Nation and World. The Lancet 2016. <http://www.thelancet.com/series/france-nation-and-world>.

Article. Achieving Universal Health Coverage in France: Policy Reforms and the Challenge of Inequalities

Nay O et al. Achieving Universal Health Coverage in France: Policy Reforms and the Challenge of Inequalities. The Lancet 2016; 387(10034): 2236-2249. DOI: [https://doi.org/10.1016/S0140-6736\(16\)00580-8](https://doi.org/10.1016/S0140-6736(16)00580-8).

Article. State Humanitarian Verticalism Versus Universal Health Coverage: A Century of French International Health Assistance Revisited

Atlani-Duault L et al. State Humanitarian Verticalism Versus Universal Health Coverage: A Century of French International Health Assistance Revisited. The Lancet 2016; 387(10034): 2250-2262. DOI: [https://doi.org/10.1016/S0140-6736\(16\)00379-2](https://doi.org/10.1016/S0140-6736(16)00379-2).

*** Article. Integrated Ambulatory Specialist Care–Germany's New Health Care Sector**

Stock S. Integrated Ambulatory Specialist Care–Germany's New Health Care Sector. The New England Journal of Medicine 2015; 372: 1781-1785. DOI: <http://dx.doi.org/10.1056/NEJMp1413625>.

*** Article. Transforming Turkey's Health System – Lessons for Universal Coverage**

Atun R. Transforming Turkey's Health System – Lessons for Universal Coverage. The New England Journal of Medicine 2015; 373: 1285-1289. DOI: <https://doi.org/10.1056/NEJMp1410433>.

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*** Article. The Public–Private Pendulum–Patient Choice and Equity in Sweden**

Anell A. The Public–Private Pendulum–Patient Choice and Equity in Sweden. The New England Journal of Medicine 2015; 372: 1-4. DOI: <http://dx.doi.org/10.1056/NEJMp1411430>.

*** Article. A Precious Jewel–The Role of General Practice in the English NHS**

Marshall M. A Precious Jewel–The Role of General Practice in the English NHS. The New England Journal of Medicine 2015; 372: 893-897. DOI: <http://dx.doi.org/10.1056/NEJMp1411429>.

*** Article. Perennial Health Care Reform – The Long Dutch Quest for Cost Control and Quality Improvement**

van Ginneken E. Perennial Health Care Reform – The Long Dutch Quest for Cost Control and Quality Improvement. The New England Journal of Medicine 2015; 373: 885-889. DOI: <http://dx.doi.org/10.1056/NEJMp1410422>.

*** Teaching Case. Case 7: Population Health Surveillance in Finland: Threats to Historically Dependable Surveillance Methodology**

Maatta K et al. Case 7: Population Health Surveillance in Finland: Threats to Historically Dependable Surveillance Methodology. Western Public Health Casebooks 2019. Public Health Casebook Publishing 2019. https://www.schulich.uwo.ca/publichealth/cases/casebook_2019.html.

*** Case Study. The Heart and Soul of France's Health System**

Hernandez-Romieu AC et al. Le Coeur et l'Âme du Système de Santé en France (The Heart and Soul of France's Health System). Global Health Institute, Emory University 2013. <https://www.globalhealth.emory.edu/students/case-competitions/archives.html>.

Annotated Bibliography

COMPARATIVE

Article. Health Care Spending in the United States and Other High-Income Countries

Papanicolas I et al. Health Care Spending in the United States and Other High-Income Countries. *JAMA* 2018; 319(10): 1024-1039. DOI: <https://doi.org/10.1001/jama.2018.1150>.

This article in *JAMA* seeks to explain why health care spending in the U.S. is significantly greater than in other high-income countries. The U.S. spends more per capita on health care than any other nation, substantially outpacing other high-income countries. In 2016, it spent nearly twice as much as 10 high-income countries on medical care, but still performed poorly in areas such as health care coverage and health outcomes, despite high levels of spending. The authors studied 10 selected countries—including the U.S.—that were among the highest-income countries in the world, had relatively high health care spending, represented different geographic areas, and demonstrated diverse health system structures of note, the authors researched insurance system characteristics, overall population health, workforce and structural capacity, utilization of services, pharmaceutical spending, access and quality of health care services, and equity. Their analysis determined that prices of labor and goods—including pharmaceuticals—and administrative costs were the major drivers of difference between the U.S. and other countries.

Article. Moving Towards Universal Health Coverage: Lessons From 11 Country Studies

Reich MR et al. Moving Towards Universal Health Coverage: Lessons from 11 Country Studies. *The Lancet* 2016; 387: 811–816. DOI: [https://dx.doi.org/10.1016/S0140-6736\(15\)60002-2](https://dx.doi.org/10.1016/S0140-6736(15)60002-2).

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11077>

In response to growing demand for a systematic assessment of global experiences with UHC, the Government of Japan and the World Bank collaborated on a 2-year multi-country research program to analyze the processes of moving towards UHC. The program included 11 countries (Bangladesh, Brazil, Ethiopia, France, Ghana, Indonesia, Japan, Peru, Thailand, Turkey, and Vietnam), representing diverse geographical, economic, and historical contexts. The objective was to identify common challenges and opportunities and useful insights in how to move towards UHC. This article summarizes the results of a multi-country study on universal health coverage (UHC). The study analyzed each country with a common analytical framework, and focused on three themes: the political economy and policy process for the adoption, expansion, and maintenance of UHC; health financing policies to enhance health coverage; and policy approaches for meeting the human resources requirements for UHC. These themes were selected because financing and human resources represent two essential inputs for a health system, and because political economy has a key role in shaping policy decisions.

Country Cases. Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report

Yip W, Hafez R. Reforms for Improving the Efficiency of Health Systems: Lessons From 10 Country Cases: Synthesis Report. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/185989>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11852/>

This report synthesizes 10 case studies of various health system reforms in Asian, African, and Latin American countries. The authors apply a causal framework to synthesize lessons from health system reforms in Burundi, Chile, China, the Democratic Republic of the Congo, El Salvador, Ethiopia Mexico, the Republic of Korea, South Africa and Uruguay. Issues discussed include the main forms of inefficiency, policy reforms undertaken to address these, and the results in each country. In this report, the authors derive key lessons learned from these experiences and suggest future directions for improving efficiency in health systems.

Resource Pack: Health Systems and Universal Health Care: Country Cases

Case Study. Implementing Universal Health Coverage: Experiences in Thailand, Ghana, Rwanda, Vietnam

Rosenberg J et al. Implementing Universal Health Coverage: The Experiences in Thailand, Ghana, Rwanda, and Vietnam. Harvard Medical School, Brigham and Women's Hospital 2015. <http://www.globalhealthdelivery.org/case-collection/concept-notes/implementing-universal-health-coverage-experience-thailand-ghana>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10738>

This concept note explores some basic principles underlying universal health care and their application in Thailand, Ghana, Rwanda, and Vietnam. Subjects covered include policy design and implementation, political leadership, financing, health insurance, health equity, monitoring and evaluation, universal health coverage, and quality of care. It is part of the [Global Health Delivery Online Case Collection](#) and supports other cases in the collection such as [“Sin Taxes” and Health Financing in the Philippines](#) and [Political Leadership in South Africa: National Health Insurance](#).

Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up.

Going Universal: How 24 Countries are Implementing Universal Health Coverage Reforms from the Bottom Up. The World Bank Group 2015. <http://www.worldbank.org/en/topic/universalhealthcoverage/publication/going-universal-how-24-countries-are-implementing-universal-health-coverage-reforms-from-bottom-up>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11847>

This report from the World Bank Group documents how 24 developing countries have pursued universal health coverage, with a focus on expanding coverage to the poor. The countries included in the report are: Argentina, Brazil, Chile, China, Columbia, Costa Rica, Ethiopia, Georgia, Ghana, Guatemala, India, Indonesia, Jamaica, Kenya, Kyrgyz Republic, Mexico, Nigeria, Peru, Philippines, South Africa, Thailand, Tunisia, Turkey and Vietnam.

The authors documented and analyzed countries' experiences based on a systematic data collection effort to better understand how countries have been implementing universal health coverage reforms. The report examines how policymakers and decision makers are tackling five specific challenges: covering people, expanding benefits, managing finances, improving health care services and strengthening governance and accountability. Country case studies are also available individually as part of the World Bank's [Universal Health Coverage Study Series \(UNICO\)](#).

AMERICAS

Article. Innovation and Change in the Chilean Health System

Bossert TJ, Leisewitz T. Innovation and Change in the Chilean Health System. The New England Journal of Medicine 2016; 374(1): 1-5. DOI: <https://doi.org/10.1056/NEJMp1514202>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11086>

This article provides a detailed history of the multiple changes in the Chilean health system and health outcomes since 1950. A regional health system innovator, Chile established a state-run health system in the 1950s. Since then, the shifting political landscape and demographic changes from Chile's increasing prosperity have resulted in shifts in the public/private system with varying degrees of positive change in health statistics. With recent drops in satisfaction in both health care and in health insurance among Chilean citizens, the government is now considering moving towards a single-payer public insurance system to address both service inequality and recent epidemiologic challenges.

Article. Brazil's Family Health Strategy—Delivering Community-Based Primary Care in a Universal Health System

Macinko J, Harris MJ. Brazil's Family Health Strategy—Delivering Community-Based Primary Care in a Universal Health System. The New England Journal of Medicine 2015; 372: 2177-2181. DOI: <https://doi.org/10.1056/NEJMp1501140>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11094>

This article describes the development, adaptation, and rapid scaling up of Brazil's community-based primary health care. Brazil has made rapid progress toward universal coverage of its population through its national health system, the Sistema Único de Saúde (SUS). Since its emergence from dictatorship in 1985, Brazil—which has the world's fifth-largest population and seventh-largest economy—has invested substantially in expanding access to health care for all citizens, a goal that is implicit in the Brazilian constitution and the principles guiding the national health system. The future of Brazil's Family Health Strategy (FHS), its sustained expansion to the remaining urban centers and the middle classes, and its effective integration into secondary and tertiary care will require continued engagement by health care

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providers and the public, as well as continued financial, technical, and intellectual investments—all of which ultimately depend on sustained political support.

Article Series. Universal Health Coverage in Latin America

Universal Health Coverage in Latin America. The Lancet 2014. <https://www.thelancet.com/series/latin-america-UHC>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11116>

The Lancet Series on Universal Health Coverage (UHC) in Latin America charts the complex political, economic, and social forces that shape health policy making. In the past few decades, important policies and strategic initiatives in health and development have been embraced by Latin America, with the active participation and support of the Pan American Health Organization, the World Health Organization, and other partners, making Latin America a laboratory to study the mechanics of implementing UHC. An accompanying health policy paper examines the association between the financing structure of health systems and UHC.

Series papers and articles include:

- [Health-System Reform and Universal Health Coverage in Latin America](#)
- [Overcoming Social Segregation in Health Care in Latin America](#)
- [Social Determinants of Health, Universal Health Coverage, and Sustainable Development: Case Studies from Latin American Countries](#)
- [Leading the Way Towards Universal Health Coverage: A Call to Action](#)

Case Study. Improving Health System Efficiency: El Salvador: The New Law on Medicines and its Implementation

Yamagiwa TJ. Improving Health System Efficiency: El Salvador: The New Law on Medicines and its Implementation.

World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186475>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10825>

This case study describes El Salvador's medicine law, introduced in 2012, which created an independent national regulatory agency to modernize and improve inefficient practices in the country's drug and medical product market. The implementation of this law, which served to regulate prices, access, quality, procurement, prescription, and use of essential medicines, resulted in substantial price reductions and cost savings.

Case Study. Improving Health System Efficiency: Mexico: Catastrophic Health Expenditure Fund

Lozano R, Garrido F. Improving Health System Efficiency: Mexico: Catastrophic Health Expenditure Fund. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186476>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10818>

This case study describes Mexico's Social Protection System in Health, including Seguro Popular, or People's Health Insurance, which guarantees specific health services to all people not already covered under other insurance or social security programs. One component of Seguro Popular is a fund to protect against catastrophic health expenses related to specific interventions, medicines, and services. This case describes the impact of this fund, which has led to a drop in out-of-pocket expenditures as a share of income for covered families.

Article. A System in Name Only—Access, Variation, and Reform in Canada's Provinces

Lewis S. A System in Name Only—Access, Variation, and Reform in Canada's Provinces. The New England Journal of Medicine 2015; 372: 497-500. DOI: <http://dx.doi.org/10.1056/NEJMp1414409>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11090>

This article reviews the fragmentation in Canada's unique health care system, and suggests lessons useful for health care reform strategies in other nations. The author points out that complexities arise from the fact that it's a federal system that divides responsibilities between the national government (responsible for services to some Native Canadians, or First Nations and Inuit peoples), the armed forces, the Royal Canadian Mounted Police, and inmates of federal prisons, as well as some aspects of health protection), and the provinces (constitutionally responsible for everything else).

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Case Study. Improving Health System Efficiency: Chile: Implementation of the Universal Access with Explicit Guarantees (AUGE) Reform

Aguilera I et al. Improving Health System Efficiency: Chile: Implementation of the Universal Access with Explicit Guarantees (AUGE) Reform. World Health Organization 2015.

<https://apps.who.int/iris/handle/10665/187657>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10827>

This case study describes Chile's "Universal Access with Explicit Guarantees" policy, which ensures that all citizens have access to a defined set of health benefits regardless of their insurance status. This reform was introduced to combat the disparity in access to and quality of health services based on socioeconomic status. This case discusses how the reform was developed and implemented, as well as its impact on access, equity, service usage, and financial protection for Chile's citizens.

Case Study. Improving Health System Efficiency: Uruguay: Building up the National Integrated Health System

Arbulo V et al. Improving Health System Efficiency: Uruguay: Building up the National Integrated Health System. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/187934>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10824>

This case study describes Uruguay's introduction of the Integrated Health Care Plan, which aimed to provide comprehensive universal health coverage to all citizens. Introduced in 2007, this plan combined previously disparate and inequitable public and private insurance systems under a single-benefits system. The Integrated Health Care Plan placed greater emphasis on primary health care, prevention of non-communicable diseases, and health promotion activities, and has led to positive changes and efficiency gains.

UNITED STATES

Report. Public Policy and Health in the Trump Era

Woolhandler S et al. Public Policy and Health in the Trump Era. The Lancet 2021; 397(10275): 705-753.

DOI: [https://doi.org/10.1016/S0140-6736\(20\)32545-9](https://doi.org/10.1016/S0140-6736(20)32545-9).

GHELI repository link: <https://repository.gheli.harvard.edu/repository/13604>

This *Lancet* Commission assesses the impact of executive action and legislation during the Trump administration on health and wellbeing in the U.S. The Commission highlights how Trump's efforts to repeal the Affordable Care Act, weaken environmental regulation, curtail reproductive rights, and defund public health agencies have exacerbated longstanding health inequities across racial and socioeconomic lines as well as caused tens of thousands of preventable, unnecessary deaths. U.S. life expectancy, which was similar to other high-income countries in 1980, trailed the G7 average by 3.4 years in 2018—representing 461,000 excess deaths in that year alone. The Commission also shines a light on racist and nativist rhetoric espoused by the administration, which disproportionately affected communities of color, low-income populations, and migrant populations.

The report connects the Trump administration's detrimental legislation to the longer history of neoliberal policies in the U.S. that has widened disparities in the country, such as the racially motivated War on Drugs and welfare eligibility restrictions in the 1990s. The report contextualizes these federal actions with a broader policy landscape of deindustrialization and increasingly commercialized, costly medical care. To remedy this, write the authors, the incoming Biden administration must cancel Trump's actions and address the structural problems preceding Trump's presidency. Some suggested actions include mobilizing against structural racism, supporting health insurance for all, redirecting resources from military and corporate interests to public health and social interventions, and strengthening immigration and labor rights. The report is accompanied by [infographics](#) describing the current state of health in the U.S. as well as an audio [podcast](#) and [video](#) introducing key themes from the Commission.

Report. National Strategy for the COVID-19 Response and Pandemic Preparedness

National Strategy for the COVID-19 Response and Pandemic Preparedness. The White House 2021.

<https://www.whitehouse.gov/priorities/covid-19>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/13568>

This document produced by President Joe Biden and the White House presents the United States National Strategy for responding to the Coronavirus Disease 2019 (COVID-19) pandemic and coordinating actions to restore public trust and accountability. The United States has experienced over 24 million COVID-19 cases and over 400,000 COVID-19 deaths since the World Health Organization's announcement of the pandemic on January 9, 2020. The National Strategy offers an actionable plan for the federal government and includes twelve executive actions issued by President Biden. It is organized around seven key goals: restore trust with the American people; launch a safe, effective, and comprehensive vaccination campaign; expand masking, testing, data, treatments, health care workforce, and public health standards; expand emergency relief and exercise the Defense Production Act; reopen schools, businesses, and travel while protecting workers; advance equity across racial, ethnic, and urban/rural lines; restore United States leadership across the global and build better preparedness. The White House will also establish a COVID-19 Response Office to be responsible for coordinating the pandemic response between all federal departments and agencies, and it will maintain publicly accessible performance dashboards to evaluate America's progress.

Report. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States

The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA 2018; 319(14): 1444-1472. DOI: <https://dx.doi.org/10.1001/jama.2018.0158>.

This article in JAMA examines health in the United States, using results of the Global Burden of Disease Study (GBD) to report trends in the burden of diseases, injuries, and risk factors at the state level from 1990 to 2016. The study involved the analysis of 333 causes of death and injury, and 84 risk factors, and demonstrated that although health in America has improved overall, the burden of disease varies widely at the state level. The authors note that the drivers of mortality and morbidity have changed in some states, with specific risk factors such as obesity, high fasting plasma glucose level, poor diet, and drug and alcohol use disorders being associated with adverse outcomes. While the probability of death among adults ages 20 to 55 has declined nationally, it has increased more than 10 percent in five states. The authors suggest that these data on the drivers of mortality and morbidity can be used to inform national health priorities for research, clinical care, and policy, and that specific attention to the intersection of risk and disease burden in particular geographic areas warrants greater study and intervention at the state level.

Article. Health Care Spending in the United States and Other High-Income Countries

Papanicolas I et al. Health Care Spending in the United States and Other High-Income Countries. JAMA 2018; 319(10): 1024-1039. DOI: <https://doi.org/10.1001/jama.2018.1150>.

This article in JAMA seeks to explain why health care spending in the U.S. is significantly greater than in other high-income countries. The U.S. spends more per capita on health care than any other nation, substantially outpacing other high-income countries. In 2016, it spent nearly twice as much as 10 high-income countries on medical care, but still performed poorly in areas such as health care coverage and health outcomes, despite high levels of spending. The authors studied 10 selected countries—including the U.S.—that were among the highest-income countries in the world, had relatively high health care spending, represented different geographic areas, and demonstrated diverse health system structures. Of note, the authors researched insurance system characteristics, overall population health, workforce and structural capacity, utilization of services, pharmaceutical spending, access and quality of health care services, and equity. Their analysis determined that prices of labor and goods—including pharmaceuticals—and administrative costs were the major drivers of difference between the U.S. and other countries.

Article Series. America: Equity and Equality in Health

America: Equity and Equality in Health. The Lancet 2017. <https://www.thelancet.com/series/america-equity-equality-in-health>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11503>

This Lancet Series focuses on health and health care in the United States, examining the forces behind rising health inequities. Taking into account the increasing issues of income inequality and structural racism, this series of five papers evaluates the warning signs of a 21st century “health-poverty trap,” pointing to the desperate need for new

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interventions and policies. The series also touches on the problem of mass incarceration, the implications of the Affordable Care Act, and the history of public health in the United States.

Series papers and articles include:

- [Inequality and the Health-Care System in the USA](#)
- [The Affordable Care Act: Implications for Health-Care Equity](#)
- [Structural Racism and Health Inequities in the USA: Evidence and Interventions](#)
- [Mass Incarceration, Public Health, and Widening Inequality in the USA](#)
- [Population Health in an Era of Rising Income Inequality: USA, 1980–2015](#)

Article Series. The Health of Americans

The Health of Americans. The Lancet 2014. <https://www.thelancet.com/series/health-of-americans-2014>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11121>

This Lancet Series describes some of the major health challenges facing the United States, including chronic and infectious diseases, injuries, and accidents, and outlines how opportunities provided by the Patient Protection and Affordable Care Act (ACA) could improve public health. The series also evaluates health spending in the U.S. (currently the highest in the world per capita), in comparison with other high-spending OECD countries.

Series paper include:

- [Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA](#)
- [Challenges of Infectious Diseases in the USA](#)
- [Prevention of Injury and Violence in the USA](#)
- [The Patient Protection and Affordable Care Act: Opportunities for Prevention and Public Health](#)
- [Health-Care Expenditure and Health Policy in the USA Versus Other High-Spending OECD Countries](#)

Infographic. The State of US Health: Findings from the Global Burden of Disease Study (GBD)

The State of US Health: Findings from the Global Burden of Disease Study (GBD). Institute for Health Metrics and Evaluation 2018. DOI: <http://www.healthdata.org/infographic/state-us-health-findings-global-burden-disease-study-gbd>.

This infographic brief from the Institute for Health Metrics and Evaluation (IHME) presents key information about health in the United States, summarizing important trends that have emerged from the Global Burden of Disease Study (GBD) about the burden of diseases, injuries, and risk factors at the state level from 1990 to 2016. It highlights the main causes of death and disability, ranks top health spending by condition, identifies the most pressing risk factors contributing to mortality and morbidity, and illuminates the substantial health inequities between states in the nation.

EASTERN MEDITERRANEAN

Article Series. Health in the Arab World

Health in the Arab World: A View from Within. The Lancet 2014. <https://www.thelancet.com/series/health-in-the-arab-world>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11111>

This Lancet Series addresses health issues in the Arab world, based on evidence interpreted mainly by scholars from the region, and adopts a multidisciplinary approach that includes medical, public health, social, and political perspectives. In the past few decades, the Arab region as a whole has made significant strides forward in health development and in improving the overall health and life expectancy of populations. However, challenges and opportunities remain.

Series papers include:

- [Governance and Health in the Arab World](#)
- [Noncommunicable Diseases in the Arab World](#)
- [The Path Towards Universal Health Coverage in the Arab Uprising Countries Tunisia, Egypt, Libya, and Yemen](#)

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- [Changing Therapeutic Geographies of the Iraqi and Syrian Wars](#)
- [Health and Ecological Sustainability in the Arab World: A Matter of Survival](#)

Article Series. Health Transitions in Pakistan

Health Transitions in Pakistan. The Lancet 2013. <https://www.thelancet.com/series/health-transitions-in-Pakistan>.

Health in Pakistan is at a turning point: as the dust settles from recent elections, and a new era in state governance begins, *The Lancet* publishes a Series on Health Transitions in Pakistan. In this Series, we focus on four priorities for Pakistan's health system in order to offer ideas for accelerating Pakistan's development trajectory. First, the country's performance and future after the 18th amendment to the Constitution in which the federal Ministry of Health was abolished. Second, reproductive, maternal, newborn, and child health. Third, non-communicable diseases and injuries. And fourth, recommendations for future health reforms. Thanks to Pakistan's own vibrant professional, research and civil society communities, solutions are available to politicians and policy makers alike, solutions that could quickly and decisively make a difference to the health of Pakistan's population.

Series paper include:

- [Pakistan's Health System: Performance and Prospects After the 18th Constitutional Amendment](#)
- [Reproductive, Maternal, Newborn, and Child Health in Pakistan: Challenges and Opportunities](#)
- [Non-Communicable Diseases and Injuries in Pakistan: Strategic Priorities](#)
- [Health Reform in Pakistan: A Call to Action](#)

This annotation is an excerpt from the original resource.

AFRICA

Report. Domestic Resource Mobilization for Sustainable Financing for Health in Africa

Domestic Resource Mobilization for Sustainable Financing for Health in Africa: Working Paper prepared by the WHO Regional Office for Africa. World Health Organization 2017. https://www.afro.who.int/sites/default/files/2017-12/WHO_Report_AFRO_20_small.pdf.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/12019>

This working paper from the World Health Organization's Regional Office for Africa outlines the importance of expanding and improving domestic spending for health in order to achieve universal health coverage and the Sustainable Development Goals adopted by the international community in 2015. It assesses the efforts of countries across the African region in mobilizing domestic resources for health, examining trends in domestic health financing, the extent to which current spending approaches targets or estimated needs, the ways in which spending for health is deployed to achieve stated priorities, and changes in resource mobilization and spending that could help the region achieve universal coverage. The report includes current and historical health financing data for the region and offers policy recommendations for positive change.

Report. The Path to Longer and Healthier Lives for All Africans by 2030: The Lancet Commission on the Future of Health in Sub-Saharan Africa

Agyepong IA et al. The Path to Longer and Healthier Lives for All Africans by 2030: The Lancet Commission on the Future of Health in Sub-Saharan Africa. The Lancet 2017; 390(10114): 2803-2859. DOI: [https://doi.org/10.1016/S0140-6736\(17\)31509-X](https://doi.org/10.1016/S0140-6736(17)31509-X).

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11864>

This Lancet Commission explores the challenges and opportunities faced by Sub-Saharan Africa in forging a path to longer, healthier lives for all Africans by the year 2030. The commission was founded in 2013 and is led by African physicians, scientists, and policy makers. The report notes that while there has been tremendous progress in Sub-Saharan Africa on increasing life expectancy, reducing maternal and child mortality, and increasing control of HIV and malaria, major challenges remain, including conflict, urban and rural exclusion, environmental degradation, and brain drain. This commission urges African leaders to embrace evidence-based recommendations, including an approach based on people-centered health systems that can be adapted to each country's specific needs and a comprehensive,

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multi-sectoral strategy that allows health to act as a catalyst for the successful pursuit of the broad development agenda set out in the Sustainable Development Goals. The commission report is accompanied by several comments, perspective, and correspondence pieces, as well as a [downloadable infographic](#) that illustrates the need for an interdisciplinary strategy to maximize opportunities for Africa's youth and adolescents.

Article. Health and Health Care in South Africa – 20 Years after Mandela

Mayosi BM, Benatar SR. Health and Health Care in South Africa – 20 Years after Mandela. The New England Journal of Medicine 2014; 371: 1344-1353. DOI: <https://dx.doi.org/10.1056/NEJMs1405012>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11082>

This article reflects on major health challenges and recent trends in health, wealth, and health care in post-apartheid South Africa. Much of the hope for narrowing disparities in the new South Africa was embedded in the reversal of legislated racial discrimination generally, and in aspirations for more equitable provision of health care specifically. However, this places too much emphasis on legislation and biomedicine as the dominant routes to improved health, without consideration of the social determinants of health and the complexity associated with the effective practical application of new laws and health services.

Case Study. A Paradigm Shift in Global Surgery Training: Rwanda's Human Resources for Health (HRH)

McKone-Sweet K. et al. A Paradigm Shift in Global Surgery Training: Rwanda's Human Resources for Health (HRH) Program. Babson College, Harvard Business Publishing 2015. <https://hbsp.harvard.edu/product/BAB309-PDF-ENG>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10766>

This case study describes the successes and challenges of Human Resources for Health (HRH), a collaboration between Rwanda's Ministry of Health (MOH) and a consortium of U.S. academic medical partners designed to increase the number of trained health professionals in Rwanda. The project was held up as "a new model for foreign aid" and had significant success within its first two years, making participants optimistic that it might be adapted and replicated in other countries to strengthen health training around the globe.

Case Study. Improving Health System Efficiency: Burundi: Performance Based Financing of Priority Health Services

Sibomana S et al. Improving Health System Efficiency: Burundi: Performance Based Financing of Priority Health Services. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186474>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10826>

This case study describes the government of Burundi's efforts to reduce maternal mortality and child malnutrition by introducing free health care for pregnant women and children under five. This policy led to spikes in service utilization for those groups, but also strained the already-lean health care system. This case explores the impacts on quality, productivity, and service utilization of a performance-based financing mechanism in health facilities.

Case Study. Improving Health System Efficiency: Democratic Republic of the Congo: Improving Aid Coordination in the Health Sector

Ntembwa HK, Lerberghe WV. Improving Health System Efficiency: Democratic Republic of the Congo: Improving Aid Coordination in the Health Sector. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186673>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10823>

This case study describes the Democratic Republic of Congo's strategy to streamline the financing and delivery of health services in the country. These efforts were motivated by the often fragmented, wasteful, and duplicative system that resulted from the lack of coordination of multilateral funding efforts. The case discusses how the DRC established a national coordination mechanism, promoted district plans with input from donors, and improved its national procurement system for medical supplies and services, resulting in improvements to service integration and cost management.

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Case Study. Improving Health System Efficiency: Ethiopia: Human Resources for Health Reforms

Alebachew A, Waddington C. Improving Health System Efficiency: Ethiopia: Human Resources for Health Reforms. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/187240>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10822>

This case study describes Ethiopia's challenge to satisfy increased demand for health services despite an inadequate health workforce that was unevenly distributed throughout the country and, in some districts, poorly trained. The country introduced reforms to scale up its workforce by creating health extension workers, shifting tasks, and expanding primary health care units.

SOUTH-EAST ASIA

Article. Health Systems Development in Thailand: A Solid Platform for Successful Implementation of Universal Health Coverage

Tangcharoensathien V et al. Health Systems Development in Thailand: A Solid Platform for Successful Implementation of Universal Health Coverage. *The Lancet* 2018; 391(10126): 1205-1223. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30198-3](https://doi.org/10.1016/S0140-6736(18)30198-3).

GHELI repository link: <https://repository.gheli.harvard.edu/repository/12411>

This article in *The Lancet* examines the historical evolution of Thailand's health systems development that culminated in the implementation of universal health coverage (UHC) in 2002, focusing on primary health-care infrastructure, health workforce training and distribution, and the extension of financial risk protection to different target populations. The authors analyze the achievements of UHC and factors contributing to those gains, with particular emphasis on the successful elements of the health delivery system, health workforce development, and financing reforms. The authors note that lessons learned from this review will help policy-makers in low- and middle-income countries make progress in achieving UHC as part of their commitment to the 2030 Sustainable Development Agenda.

Article. On the Road to Universal Health Care in Indonesia , 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016

Mboi N et al. On the Road to Universal Health Care in Indonesia, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016. *The Lancet* 2018; 392(10147): 581-591. DOI: [https://doi.org/10.1016/S0140-6736\(18\)30595-6](https://doi.org/10.1016/S0140-6736(18)30595-6).

This article in *The Lancet* explores patterns of morbidity and mortality in Indonesia between 1990 and 2016, as part of the ongoing Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016), in an effort to better inform resource allocation and address inequality. The study examines GBD data for cause-specific deaths, years of life lost (YLLs), years lived with disability (YLDs), disability-adjusted life-years (DALYs), life expectancy at birth, healthy life expectancy (HALE), and risk factors for 333 causes in Indonesia and in seven comparator countries. The authors found that over the period studied, life expectancy increased by eight years and health across many indicators improved; however, noncommunicable diseases are increasingly contributing to death and disability in Indonesia. They note that in order to increase health gains, more work is needed to identify successful interventions and improve health equity.

Report. Financial Protection in the South-East Asia Region: Determinants and Policy Implications: Determinants and Policy Implications: Working Paper prepared by the WHO Regional Office for South-East Asia

Financial Protection in the South-East Asia Region: Determinants and Policy Implications: Working Paper prepared by the WHO Regional Office for South-East Asia. World Health Organization 2017. <https://iris.who.int/handle/10665/259639>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/12021>

This working paper from the World Health Organization's Regional Office for South-East Asia (WHO SEARO) examines the barriers that countries in South-East Asia face in implementing effective and equitable universal health coverage (UHC). The report notes that the region has the lowest public spending on health of all WHO regions—due to the combination of low government revenues and low allocation to health—which has resulted in extremely high out-of-pocket expenditures on health that disproportionately affect the poorest in society. While many SEAR countries are pursuing UHC through various health reforms, the report distinguishes between health insurance “population coverage”—getting high numbers of individuals enrolled in insurance programs—and true universal health coverage, which also addresses financial and non-financial barriers, supply-side capacity, and funding to ensure effective service

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coverage. The report presents data from national household surveys and is designed to inform and improve the ongoing health policy discussions about enhancing financial protection for vulnerable populations toward the goal of UHC.

Article. India's Aspirations for Universal Health Coverage

Reddy KS. India's Aspirations for Universal Health Coverage. *The New England Journal of Medicine* 2015; 373: 1-5.

DOI: <https://doi.org/10.1056/NEJMp1414214>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11095>

This article assesses India's Universal Health Coverage (UHC) reform strategies. With increased regional autonomy for social-sector spending, Indian states with visionary leadership and good governance may launch transformational initiatives, but others will lag behind, and health disparities will probably increase. Multiple models may emerge for health financing, public-private mix in service delivery, and emphasis on primary care and health equity. India's diversity will continue to manifest in regional health systems for some years to come.

Article Series. Bangladesh: Innovation for Universal Health Coverage

Bangladesh: Innovation for Universal Health Coverage. *The Lancet* 2013. <https://www.thelancet.com/series/bangladesh>.

This article series in *The Lancet* includes comments and papers that provide a comprehensive overview of the successes and remaining challenges of Bangladesh as it moves towards universal health coverage. In 2013, Bangladesh had a population of about 153 million people, making it the eighth most populous country in the world. This series highlights the improvements Bangladesh has made towards infant and under-5 mortality, life expectancy, immunization coverage, and control of tuberculosis. Remaining challenges include widespread poverty, malnutrition, and low health care expenditure. The series discusses how innovation and interventions can be used to improve health outcomes, overcome socioeconomic constraints, and inform strategic approaches to achieving universal health coverage.

Series paper include:

- [The Bangladesh Paradox: Exceptional Health Achievement Despite Economic Poverty](#)
- [Harnessing Pluralism for Better Health in Bangladesh](#)
- [Community-Based Approaches and Partnerships: Innovations in Health-Service Delivery in Bangladesh](#)
- [Explaining Equity Gains in Child Survival in Bangladesh: Scale, Speed, and Selectivity in Health and Development](#)
- [Reducing the Health Effect of Natural Hazards in Bangladesh](#)
- [Innovation for Universal Health Coverage in Bangladesh: A Call to Action](#)

Case Study. Thailand's Universal Coverage Scheme

Glassman A, Temin M. Thailand's Universal Coverage Scheme. Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development 2016. <http://millionssaved.cgdev.org/case-studies/thailands-universal-coverage-scheme>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10672>

This case study describes the development and roll-out of a universal health coverage program in Thailand. In 2001, Thailand rapidly implemented its Universal Coverage Scheme (UCS), merging two existing health coverage schemes for the poor and the near-poor to achieve 98 percent coverage of the population within the year. The case describes UCS's roll-out and changes in its design (e.g., to cover more expensive services and eliminate copayments), its impact on health and financial risk, and key reasons for its success.

WESTERN PACIFIC

Report. Regional Framework for Action on Transitioning to Integrated Financing and Service Delivery of Priority Public Health Services in the Western Pacific

Regional Framework for Action on Transitioning to Integrated Financing and Service Delivery of Priority Public Health Services in the Western Pacific. World Health Organization 2018. <https://apps.who.int/iris/handle/10665/274718>. This report from the World Health Organization's Regional Office for the Western Pacific explores the health financing context and key challenges facing the Western Pacific region. It highlights the need for a whole-of-system, integrated approach to health financing and service delivery, and describes necessary improvements for health system efficiencies and increased domestic financing that draw from the regional framework of action. It also emphasizes the importance of government leadership and commitment, as well as full stakeholder engagement, in establishing and achieving the vision for health sector development and sustaining health gains.

Article. Health at a Glance: Asia/Pacific 2022 – Measuring Progress Towards Universal Health Coverage

Health at a Glance: Asia/Pacific 2022 – Measuring Progress Towards Universal Health Coverage. Organization for Economic Cooperation and Development, World Health Organization 2022. <https://doi.org/10.1787/c7467f62-en>. GHELI repository link: <https://repository.gheli.harvard.edu/repository/12781>

This report, published by the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO), presents a set of key indicators on health status, determinants of health, health care resources and utilization, health expenditure and financing, and quality of care—to measure country progress towards achieving universal health coverage across 27 Asia-Pacific countries and territories. The 2022 report highlights the lasting impacts of the COVID-19 pandemic on health and health systems. Life expectancy in lower-middle- and low-income countries decreased by 1 year during the pandemic. Although the share of public spending increased, on average, in all Asia-Pacific countries from 2010 to 2019, the increase was much smaller in low-income countries compared to high-income countries; almost half of all health spending in lower-middle and low-income countries came from out-of-pocket expenditures. Additionally, the publication provides a series of [dashboards](#) to compare performance across countries and territories. Each of the five chapters covering health indicators consists of brief descriptive analyses presenting major findings and charts comparing indicators across countries. The report is accompanied by annexes providing additional information on the demographic context in which health systems operate.

Article. Australian Health Care—The Challenge of Reform in a Fragmented System

Hall J. Australian Health Care—The Challenge of Reform in a Fragmented System. The New England Journal of Medicine 2015; 373: 493-497. DOI: <http://dx.doi.org/10.1056/NEJMp1410737>.

GHELI repository link: <http://repository.gheli.harvard.edu/repository/11096>

This article discusses Australia's complex path to achieving a relatively successful health care system. This performance has been achieved through, or despite, the interplay of public and private financing, public and private service provision, and a division of responsibilities between the federal and state governments. The main political parties clash over the role of government and whether national health insurance in its current form should continue.

Article. Lessons From the East—China's Rapidly Evolving Health Care System

Blumenthal D, Hsiao W. Lessons From the East—China's Rapidly Evolving Health Care System. The New England Journal of Medicine 2015; 372: 1281-1285. DOI: <https://doi.org/10.1056/NEJMp1410425>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11092>

This article reviews the history of health care in China. China's health care experience shows that it may be easier to reform health insurance than delivery systems and that in creating effective delivery systems, primary care seems to play a vital role. The authors suggest that China's leadership has made significant errors but has also acted with flexibility and decisiveness in correcting its mistakes. China's willingness to undertake major health care experiments will make its system an interesting one to continue to observe in the future.

Resource Pack: Health Systems and Universal Health Care: Country Cases

Case Study. Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities

Wenhui C. Wen C. Improving Health System Efficiency: China: The Zero Mark-up Policy for Essential Medicines at Primary Level Facilities. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/188623>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10820>

This case study describes China's essential medicines program and "zero mark-up" policy for drugs and intravenous injections. These initiatives, introduced in 2009, sought to reduce the inappropriate use of drugs and ensure access to safe, affordable medications. The case explores the impact of these policies on service quality, resource usage, and performance-based compensation of primary healthcare institutions.

Case Study. Improving Health System Efficiency: Republic of Korea: Merger of Statutory Health Insurance Funds

Kwon S. Improving Health System Efficiency: Republic of Korea: Merger of Statutory Health Insurance Funds. World Health Organization 2015. <https://apps.who.int/iris/handle/10665/186860>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10821>

This case study explores how the Republic of Korea consolidated its three types of health insurance funds—the management and benefits of which were fragmented and unequal—into a single insurer system, which resulted in substantial savings in administrative costs. This case analyzes the contributing factors to the reform's success, including political support, governance and regulation, and integration of stakeholder interests and needs.

EUROPE

Report. Financial Protection in High-Income Countries: A Comparison of the Czech Republic, Estonia and Latvia: Working Paper prepared by the WHO Regional Office for Europe

Financial Protection in High-Income Countries: A Comparison of the Czech Republic, Estonia and Latvia: Working Paper prepared by the WHO Regional Office for Europe. World Health Organization 2017. <https://iris.who.int/handle/10665/329457>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/12020>

This working paper from the World Health Organization's Regional Office for Europe (WHO Europe) examines the role of financial protection in health system performance and universal health coverage by examining the experiences of three high-income countries in WHO Europe—the Czech Republic, Estonia, and Latvia. While these countries share a number of broad similarities, they experience very different levels of financial hardship as measured by the prevalence of catastrophic and impoverishing out-of-pocket payments, which is explained in part by each country's health spending, the priority given to health when allocating government spending, and country-specific coverage policy, which determines how out-of-pocket payments are distributed across income groups. This report describes the new metrics that WHO Europe is using to measure financial protection and inform policy-development at the national level, and identifies implications for policy at the regional level as well.

Article Series. France's Contribution to Global Health

France: Nation and World. The Lancet 2016. <http://www.thelancet.com/series/france-nation-and-world>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11141>

This Lancet Series addresses the imbalance of English as the language of science and the missing Francophone history and experiences. In France's case, careful study of the nation's struggle to achieve universal health coverage, together with its distinctive approach to global health, has much to offer those who seek to understand the diversity of paths to achieve better health at home and abroad. The two Lancet Series papers on France's contribution to health, along with comments from French or Francophone leaders are an invitation for France to reflect on its challenges and global role.

Series papers and articles include:

- [Achieving Universal Health Coverage in France: Policy Reforms and the Challenge of Inequalities](#)
- [State Humanitarian Verticalism Versus Universal Health Coverage: A Century of French International Health Assistance Revisited](#)

Article. Integrated Ambulatory Specialist Care—Germany's New Health Care Sector

Stock S. Integrated Ambulatory Specialist Care—Germany's New Health Care Sector. *The New England Journal of Medicine* 2015; 372: 1781-1785. DOI: <https://dx.doi.org/10.1056/NEJMp1413625>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11093>

This article assesses Germany's integrated ambulatory specialist care. This new care model separates from traditional ambulatory care the treatment of rare diseases and diseases with severe trajectories, as well as highly specialized care. It remains to be seen whether the new care model can be put into practice in such a way as to reorganize health care delivery to increase value for patients, achieve good medical outcomes at acceptable costs, and improve the experience of specialist care for both patients and providers.

Article. Transforming Turkey's Health System – Lessons for Universal Coverage

Atun R. Transforming Turkey's Health System – Lessons for Universal Coverage. *The New England Journal of Medicine* 2015; 373: 1285-1289. DOI: <https://doi.org/10.1056/NEJMp1410433>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11098>

This article examines Turkey's health system reform since 2003, and its efforts to overcome health inequities and protect citizens against financial risk. Turkey's experience shows that with committed leadership, middle-income countries can achieve universal health coverage and simultaneously improve population health, financial risk protection, and user satisfaction—health system goals to which all countries should aspire.

Article. The Public–Private Pendulum—Patient Choice and Equity in Sweden

Anell A. The Public–Private Pendulum—Patient Choice and Equity in Sweden. *The New England Journal of Medicine* 2015; 372: 1-4. DOI: <https://dx.doi.org/10.1056/NEJMp1411430>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11089>

This article examines the Swedish health care system and potential for change by the country's new government. The Swedish system has been decentralized, with county councils owning and operating most hospitals and primary care facilities. Although it will be difficult to reverse reforms, the center-left national government that was elected in September 2014 may find popular support for halting the privatization of care. The new government has made early promises to propose a new stop law preventing the contracting out of the operation of hospitals responsible for tertiary care, to reverse the law mandating freedom of establishment for private primary care providers, to create a committee focused on equity in health, and to launch an investigation regarding regulation of for-profit health care providers.

Article. A Precious Jewel—The Role of General Practice in the English NHS

Marshall M. A Precious Jewel—The Role of General Practice in the English NHS. *The New England Journal of Medicine* 2015; 372: 893-897. DOI: <https://dx.doi.org/10.1056/NEJMp1411429>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11091>

This article discusses the benefits of general practice, or family medicine, in England's National Health Service (NHS). In 10 years' time, general practice in England may look very different from how it looks today, but it would be a disaster, suggests this author, if the assets that general practice has historically brought to the NHS are carelessly lost in the name of reform.

Article. Perennial Health Care Reform –The Long Dutch Quest for Cost Control and Quality Improvement

van Ginneken E. Perennial Health Care Reform –The Long Dutch Quest for Cost Control and Quality Improvement. *The New England Journal of Medicine* 2015; 373: 885-889. DOI: <https://dx.doi.org/10.1056/NEJMp1410422>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/11097>

This article reviews the Netherlands' 2006 reform, which established a private insurance market under regulated competition. The Dutch experience shows that implementing regulated competition takes time, is technically and politically complex, and requires many ad hoc corrections – and that good outcomes are far from certain. More practically, it underlines the importance of risk adjustment, strict mandate enforcement, effective mechanisms for managing subsidies, and purchasing reform.

Resource Pack: Health Systems and Universal Health Care: Country Cases

Teaching Case. Case 7: Population Health Surveillance in Finland: Threats to Historically Dependable Surveillance Methodology

Maatta K et al. Case 7: Population Health Surveillance in Finland: Threats to Historically Dependable Surveillance Methodology. Western Public Health Casebooks 2019. Public Health Casebook Publishing 2019.

https://www.schulich.uwo.ca/publichealth/cases/casebook_2019.html.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/13147>

This case study from the Western Public Health Casebook 2019 presents a scenario concerning national health care reform in Finland and the challenges the reform presents to researchers at the National Institute for Health and Welfare in Helsinki. The Institute recently elected a new Director General and the Health Monitoring Unit fears that they will influence the methods used in population health surveillance. The Unit is concerned that the Director General will opt for using administrative patient registries and subsequently eliminate population health surveys. In this case, the team responsible for collecting the FinHealth surveys must advocate for continued use of population health survey data over administrative patient registries.

Case Study. The Heart and Soul of France's Health System

Hernandez-Romieu AC et al. Le Coeur et l'Âme du Système de Santé en France (The Heart and Soul of France's Health System). Global Health Institute, Emory University 2013. <https://www.globalhealth.emory.edu/students/case-competitions/archives.html>.

GHELI repository link: <https://repository.gheli.harvard.edu/repository/10681>

This fictional case features an expert from France's Union for a Popular Movement (UMP) preparing the party's healthcare platform for upcoming national elections. Defeated in the 2012, the center-right political party looks forward to winning the next presidential election. Healthcare is a critical issue. Francois Dubois, a leading health affairs strategist, has been asked by UMP's leaders to design the party's health platform. The French consider healthcare a public good yet rising healthcare costs make the current French system unsustainable. Hence he must propose an economically sustainable plan that also aligns with conservative UMP values and appeals to the electorate. How can a new plan meet current and future health needs while making appropriate choices about cost reductions, regulations, disease prevention, system reorganization and revenue generation?