**Prioritization of Health system investments for Universal Health Coverage**

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**Background:** In a bid to improve the health and wellbeing of citizens, countries in the WHO region of Africa have adopted universal health coverage and the sustainable development goals in order to spur investment and action. It is estimated that in order to attain the goals for health, 8.9 million health workers are required in the African region. It is further estimated that countries need to spend approximately 274-394 billion dollars annually. Three quarters of this expenditure will be required to ensure strong health systems. Given the finite nature of health resources, itbehoves us to determine the worthwhile health system investments that countries can institute in order to ensure more health for the money mobilized for health in the SDGs. The literature is replete with evidence of prioritization efforts for essential health packages, drugs and to a smaller extent for research but not for health system strengthening. This paper provides a framework to prioritize investments in health systems for countries in the Africa Region.

**Methods:** The prioritization approach was developed in two phases. The ***first phase*** entailed a review of the literature on priority setting to determine what criteria have been used for priority setting; what frameworks, if any, exist for priority setting in general and for health systems more specifically; and lastly the empirical evidence on application of these frameworks for health system strengthening. The outputs of this phase were used to identify a set of criteria for priority setting. The ***second phase*** included validation of the priority setting criteria and determination of factors that countries should take into account in selecting health system investments for UHC. Responses were solicited from policy makers (n-120) using semi-structured questionnaires.

**Results:** The prioritization framework is premised on the fact that the health system “… is a set of inter-connected parts that affect one another and that must function together to be effective. From that standpoint every health system block is worth investing in. Thus ranking of health system strengthening interventions is done within each pillar. The ranking is based on the following criteria: need, effectiveness (impact in terms of service coverage, financial risk protection, quality of care, system resilience); cost-effectiveness, equity implications, feasibility, budget impact and sustainability. Further considerations; include the implications at national, sub-national and community levels; complementarities and/or synergies with other building blocks and enabling factors such as the geo-political context. The ranking serves as the basis for sequencing action and investment for health system strengthening. Next steps include piloting the framework in two countries in the region.