THE GLOBAL PUSH FOR UNIVERSAL HEALTH COVERAGE

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What is Universal Health Coverage?

Universal Health Coverage (UHC) means everyone can access quality health services without struggling to pay for them.

WHO: All people, including the poorest and most vulnerable

WHAT: Full range of essential health services, including prevention, treatment, hospital care, pain control

HOW: Costs shared among entire population, rather than shouldered by the sick

> **"UHC is the single most powerful concept that public health has to offer."**
>
> *— Dr. Margaret Chan, Director-General, WHO*

Countries of all income levels are pursuing policy reforms to achieve UHC.

- 70+ countries, including 30 of the poorest, have passed laws toward UHC[1]—for example, using taxes to fund free health services and/or establishing insurance systems to pool health risks and costs across the population.
- The emerging economies of Brazil, Russia, India, China, and South Africa (BRICS)—representing almost half the world's population—are all taking steps toward UHC.
- In December 2012, the United Nations passed a landmark resolution endorsing UHC. Since then, the World Bank and World Health Organization (WHO) have singled out UHC as a top priority for sustainable development.

Ending Extreme Poverty Starts With Health

Countries are pursuing UHC to lift people out of poverty and prevent them from falling into it.

- Health improvements drove a quarter of full income growth in developing countries between 2000 and 2011. At this rate of return, every $1 invested in health would produce $9-$20 of economic growth over the next 20 years.[2]
- Yet 1 billion people lack access to basic health care, and another 100 million fall into poverty trying to access it.[3]
- Nearly a third of households in Africa and Southeast Asia have to borrow money or sell assets to pay for health care.[4]

Core Tenets of UHC

Countries are learning that successful UHC reforms have common elements:

Prioritize the Poorest

- UHC reforms should pay for services most needed by the poor, including medicines, diagnostic tests and hospital care that can otherwise be prohibitively expensive.
- UHC reforms address widening health inequities between rich and poor. For example, over the past two decades, measles vaccination rates in Africa jumped to 75% among the richest fifth of the population, but stagnated at 33-36% among the poorest fifth.[5]

Increase Public Funding

- Achieving UHC requires governments to increase their health budgets. For example, Mexico moved toward UHC by increasing public spending on health by an average of 5% annually from 2000 to 2006.[6]
- In the Abuja Declaration of 2001, African governments pledged to allocate at least 15% of public spending to health, although these targets have largely not been met.

Reduce, if Not Eliminate, Out-Of-Pocket Spending

- High out-of-pocket spending—the fees patients pay upon receipt of health services—is one of the biggest health reasons people fall into poverty when accessing care, or choose to forgo care.
- The World Bank and WHO have set a goal to halve by 2020 and eliminate by 2030 the number of people pushed into poverty because of health expenses.

Pathways to Universal Health Coverage

There is no one-size-fits-all approach to UHC. Countries are taking different pathways:

Country (GDP/capita)	MEXICO ($9,741)	RWANDA ($619)	THAILAND ($5,473)	BRAZIL ($11,339)	GHANA ($1,604)
Reform	**2003: Seguro Popular.** Public insurance system for poor and informal sector, to complement social security in formal sector.	**2003: Mutuelles de Santé.** Local community-based health insurance system.	**2001: Universal Coverage Scheme.** Newest and largest scheme in a patchwork of three public insurance systems.	**1988: Unified Health System (SUS).** Publically-funded services run at municipal level.	**2004: National Health Insurance Scheme.** National network of community-based insurance schemes.
Financing	Government contribution and enrollee premium tied to income.	Member contributions and donor aid.	Solely general tax revenue.	General federal government revenues.	General tax revenue, including 2.5% levy. Payroll/premium contribution by income (except most vulnerable).
Benefits Covered	Package covers 95% of causes for hospital admission.	Determined by each Mutuelle branch; must at least cover all services/drugs at health centers.	Comprehensive, includes both curative and preventive care; recently added HIV treatment.	Comprehensive, divided into three tiers: basic, specialized, and high complexity.	Package covers 95% of reported health problems.
Key Challenges	• Lower than anticipated premium revenue due to overclassifcation of enrollees as "poor" • Oversupply of some services, undersupply of others	• Human resource constraints • Reliance on donor funds • Funding deficit as health costs exceed revenues	• Regional disparities • Lack of coordination across three systems	• Services lower quality than in private sector • Long waiting lines	• Expensive out-of-pocket costs • 40-fold increase in admin costs

For detailed profiles of these and other countries, see the Joint Learning Network at jointlearningnetwork.org

Toward UHC as the World's Umbrella Health Goal

Consensus is emerging that making UHC a global goal will accelerate health and development gains.

- With the Millennium Development Goals (MDGs) set to expire in 2015, UN member states are debating a new global development agenda. UHC has been proposed as an umbrella health goal to sustain progress achieved under the MDGs while addressing new priorities.
- To encourage inclusion of UHC in the post-2015 development agenda, WHO and the World Bank are developing a framework for countries to measure UHC progress.

This measurement framework emphasizes three key ideas:

- Progress toward UHC should be measured by both access to quality health services and level of financial protection.
- Ideally, UHC should cover traditional health priorities such as infectious diseases and maternal health, while taking on growing challenges such as cancer and cardiovascular disease.
- Countries should track UHC progress separately for the poorest 40% of people.

Joint Learning Network: Countries Sharing Lessons Learned

Close to 20 low and middle-income countries are sharing best practices on UHC implementation through the Joint Learning Network (JLN).

JLN is an innovative partnership that allows governments to navigate the legal, financial, and political frameworks of their countries to determine the best path toward UHC.

The network is led by member countries, and supported by The Rockefeller Foundation and the Bill & Melinda Gates Foundation.

"Achieving UHC is central to ending extreme poverty and boosting shared prosperity."

— Dr. Jim Yong Kim, President, World Bank Group

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