



Universal Health Coverage (UHC)

Key facts

- At least half of the world's population still does not have full coverage of essential health services.
- About 100 million people are still being pushed into extreme poverty (defined as living on 1.90 USD or less a day) because they have to pay for health care.
- Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care.
- All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals.

What is UHC?

UHC means that all individuals and communities receive the health services they need without facing financial difficulty. It includes the full range of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

UHC enables everyone to access the services that address the most significant causes of disease and death, and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children.

Achieving UHC is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards UHC will make progress towards the other health-related targets, and towards the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

Universal health coverage has three underlying principles:

- Leave no one behind, with attention to be given to the poor and people who are vulnerable and marginalized.
- Ensure progressive access to a wide range of high-quality services, including health-promoting, disease-preventive, curative, rehabilitative and palliative services.
- Eliminate financial hardship among the users of health-care services.

What UHC is not

There are many things that are not included in the scope of UHC:

- UHC does not mean free coverage for all possible health interventions, regardless of the cost, as no country can provide all services free of charge on a sustainable basis.
- UHC is not just about health financing. It encompasses all components of the health system: health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation.
- UHC is not only about ensuring a minimum package of health services, but also about ensuring a progressive expansion of coverage of health services and financial protection as more resources become available.
- UHC is not only about individual treatment services, but also includes population-based services such as public health campaigns, adding fluoride to water, controlling mosquito breeding grounds, and so on.
- UHC is comprised of much more than just health; taking steps towards UHC means steps towards equity, development priorities, and social inclusion and cohesion.

How can countries make progress towards UHC?

In 2015, as part of the broader commitment, United Nations Member States made a commitment in the Sustainable Development Goals to work towards the achievement of Universal Health Coverage, including protection against being pushed into poverty by the costs of health care, access to quality essential

health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all by 2030. The UN Member States at the High Level Meeting on UHC reaffirmed this in September 2019.

Full political declaration at this High Level Meeting is available at

<https://www.un.org/pqa/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

Many countries are already making some progress towards UHC. All countries can take actions to move more rapidly towards it, or to maintain the gains they have already made. In countries where health services have traditionally been accessible and affordable, governments are finding it increasingly difficult to respond to the ever-growing health needs of the populations and the increasing costs of health services.

Moving towards UHC requires strengthening health systems in all countries. Robust financing structures are key. When people have to pay most of the cost for health services out of their own pockets, the poor are often unable to obtain many of the services they need, and even the rich may be exposed to financial hardship in the event of severe or long-term illness. Pooling funds from compulsory funding sources (such as mandatory insurance contributions) can spread the financial risks of illness across a population.

Improving health service coverage and health outcomes depends on the availability, accessibility, and capacity of health workers to deliver quality people-centred integrated care. Investments in quality primary health care will be the cornerstone for achieving UHC around the world. Investing in the primary health care workforce is the most cost-effective way to ensure access to essential health care will improve. Good governance, sound systems of procurement and supply of medicines and health technologies and well-functioning health information systems are other critical elements.

Can UHC be measured?

According to WHO, monitoring progress towards UHC should focus on 2 things:

- The proportion of a population that can access essential quality health services.
- The proportion of the population that spends a large amount of household income on health.

Together with the World Bank, WHO has developed a framework to track the progress of UHC by monitoring both categories, taking into account both the overall level and the extent to which UHC is equitable, offering service coverage and financial protection to all people within a population, such as the poor or those living in remote rural areas.

WHO uses 16 essential health services in 4 categories as indicators of the level and equity of coverage in countries:

Reproductive, maternal, newborn and child health:

- family planning
- antenatal and delivery care
- full child immunization
- health-seeking behaviour for pneumonia.

Infectious diseases:

- tuberculosis treatment
- HIV antiretroviral treatment
- Hepatitis treatment
- use of insecticide-treated bed nets for malaria prevention
- adequate sanitation.

Noncommunicable diseases:

- prevention and treatment of raised blood pressure
- prevention and treatment of raised blood glucose
- cervical cancer screening
- tobacco (non-)smoking.

Service capacity and access:

- basic hospital access
- health worker density
- access to essential medicines
- health security: compliance with the International Health Regulations.

Each country is unique, and each country may focus on different areas, or develop their own ways of measuring progress towards UHC. But there is also value in a global approach that uses standardized measures that are

internationally recognized so that they are comparable across borders and over time.

HIV, Civil Society, People Living with HIV and Other Key Populations

While working on UHC related issues civil society, people living with HIV and key population networks should consider below actions.

- Ensure People living with HIV and key population are at the decision making table at every stage of the design, implementation and monitoring of the UHC process.
- Ensure that legislation to promote UHC is inclusive of people living with HIV and all key populations. Legislation should include mechanisms to address policy and human rights issues and funding for communities to work on advocacy and rights.
- Awareness raising campaigns and strong policies and regulations for gender-responsive health settings that are free from stigma and discrimination are important for promoting the right to better health outcomes. Health-care providers should be sensitized to, and trained on, the needs of people living with HIV and key populations and efforts should be made to address stigma and discrimination in the provision of health care.
- HIV prevention, treatment, care and support services that are sensitive to the needs of different communities should be part of the health benefit package. They should be included from the very beginning of the establishment of UHC, even where HIV is externally funded. UHC is a critical opportunity to bring more unreached people into care.
- Financing mechanism should include provision for HIV services. However, the development of UHC funding mechanisms should not hinder or disrupt the momentum to achieve the 2020 targets to reduce new HIV infection to fewer than 500,000 by 2020 and AIDS-related deaths to fewer than 500,000
- Working towards UHC offers an opportunity to address gaps in the HIV response, such as reaching people living with HIV in TB clinics, in SRH services, in antenatal care and within services for non-communicable diseases.
- Key and vulnerable populations need to be a priority for health services through both facility-led and community-led services delivery mechanisms. This will be demonstrated through a decrease in health disparities between vulnerable populations and the general population.
- Community health workers, peer networks and other community-led service delivery should make use of the experience of networks of people living with HIV and other civil society organizations in ensuring that services reach the people who need them.
- Ensure that everyone has access to health services regardless of their financial situation. Ways to allocate insurance cards or health-care cards that safeguard

- universal access to care, including for criminalized and marginalized populations, should be developed with communities.
- A strong accountability framework that includes communities, with clear targets and indicators for the results, quality and accessibility of services, is important for the establishment of universal health coverage. Community monitoring is essential at all levels of implementation of universal health coverage to ensure stronger health outcomes for all.

Compiled by APN+ from WHO and UNAIDS publications. Networks of people living with HIV, key population and other civil society groups may find this factsheet useful when educating their members on UHC.