Summary Report

Stagnation in UHC Implementation:

What Effective Strategies to Remove Bottlenecks?

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Statement

We know the facts. Half the world's population still lacks access to essential health services. The proportion of people paying more than 10% of their household budget for healthcare is not decreasing. Almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses.

Universal health coverage (UHC) by 2030 is a laudable goal. Yet alarmingly it is off track for many countries. Worse, there are relatively few signs of energy and actual dedicated attempts to implement policies towards reaching UHC in a meaningful way. The world has not found a way to get all countries to take the transformative steps that mean they will achieve UHC by 2030. In reality, some countries are making slow progress towards UHC; some are stagnating; some are even going backwards.

Globally, the scene is beautifully set with SDGs, UN Declarations, and country commitments. We have a better understanding of what to do and what not to do to make UHC happen, with decades of experience in countries at all levels of income, a plethora of technical recommendations, and loud advocate calls to action. Yet in all this global noise about UHC, to date, only a few countries have taken meaningful steps to transform their national situation in ways that will reach UHC by 2030.

Despite commitments and knowledge about implementation, most countries are not responding fast enough with the transformative policies and practice to take them to UHC. Limited access to health services was the main factor in the failure to achieve the Millennium Development Goals in low- and middle-income countries; this failure may be repeated again in achieving UHC and other health-related sustainable development goals by 2030.

In general, service delivery is improving slowly around the world, which is positive to a certain extent. However, financial protection is being driven downwards by the larger countries, which are failing their citizens. Even where countries are performing well on both service delivery and financial protection, progress appears to be too slow to achieve UHC by 2030.

Slow progress towards UHC is often due to the fact that - if at all - only small-scale projects are developed rather than comprehensive policy approaches and reforms. More generally, people, rights and values do not appear to be at the centre of health policies in all countries.

So what's holding us back? Why is so little of significance actually being done? How can we galvanise transformative action on UHC?

What actions can each of us take in our own unique role in the world? How can we breathe new life into the stagnation of UHC implementation?

It is clear that there are both technical and political constraints to UHC implementation. Yet we know from other countries' experiences that it is not impossible. A growing body of global knowledge and experience are built into existing well-evidenced technical recommendations for UHC. Putting them into practice requires strong and sustained political will and actions. It requires a 'whole of government' approach on coordinated legal and policy frameworks that focus on health policies and socio-economic policies to achieve equity and access.

Ensuring financial protection for people using health services also requires increased fiscal space and commitments to public financing for health. Political will to increase population and service coverage in countries is absolutely critical and requires actions from a range of stakeholders.

Governments need to step up their duty to ensure citizens do not have to scrabble around for health care and become poor or indebted as a result of getting the treatment they need. We need to find the right ways for governments to take their responsibilities seriously and do the following: set up and implement national legislation that provides access to adequate essential health care for all; collect and spend sufficient funds available to allow everybody everywhere to access quality care without financial hardship; and provide more and better paid jobs for health workers.

Leaders have both responsibility and opportunities to develop policies towards UHC for their country. The right to health embedded in national legislation, health as a public good that needs to be accessible for all, and health security should be of significant concern to those promoting real action on UHC.

Citizens should actively participate in available platforms to voice their needs around health services and need for financial protection. Channels should exist to hear the voices of patients and allow them to report their problems. UHC is fundamentally about the relationship between the citizens and the state and whether leaders are accountable and responsive to their citizens. Windows of opportunity are open at every general election campaign where UHC can be visibly high on a political manifesto, to be later declared and honoured by the elected government. We must build a sense of citizens' entitlement and right to health, and put mechanisms in place, including courts, to hold leaders to account.

A strong civil society and active citizens with high expectations can ensure local health services are accountable and include mechanisms such as checklists, health committees, reporting of absenteeism and bribes. CSOs should have more support for capacity building to allow them to take a stronger role in advocacy for UHC. A national focal point should advocate, oversee the situation and produce annual public report on UHC progresses and challenges. Experts and academia should contribute to developing, analysing and communicating data to policymakers and civil society. CSOs and academia can play a strong role to keep UHC visible at country level. Committees should exist at all levels in which members are composed of government experts and civil society.

Domestic resources are key to UHC, collected through fair pooling mechanisms such as tax or mandatory health insurance. Many governments could organize their national resources to spend closer to recommended levels needed for UHC such as government health expenditure of at least 5% of GDP. Increased government spending is crucial to end the injustice of out-of-pocket cash payments at the time of service use.

Donors have a role to play and must support UHC in countries where increased domestic resources would still be inadequate. Countries should insist that donors align their vertical programme funding streams with country UHC directions. They should foster political and social commitment, create broad-based UHC ownership and leadership by all, and create and strengthen accountability and responsiveness mechanisms for all partners.

Above all, we need champions for UHC in all of these groups of actors: citizens, civil servants, health professionals, NGOs, experts, health workers, local government officials and national political leaders. Existing champions need to be supported and celebrated, and new champions nurtured.

Political will, sustained commitments and concrete actions from everyone are absolutely critical for countries to achieve UHC. We must rise to this challenge.

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