State of UHC Commitment Review: key findings

Executive summary

What is the State of UHC Commitment Review?

The State of UHC Commitment Review brings a unique multistakeholder view to a simple question: **What actions are governments taking to fulfil their universal health coverage (UHC) commitments?** This review is a political, country-focused and action-oriented tool that complements the more technical and global UHC monitoring report focusing on UHC indicators on service coverage and financial protection. It follows the 2019 UHC Political Declaration's Key Targets, Commitments and Follow-up Actions, which outlined eight UHC commitment areas. It supports national accountability and advocacy processes to ensure political leaders are held accountable for their UHC commitments.

These findings and country profiles will inform the preparation process for the 2023 UN High-level Meeting on UHC, at which Heads of State and Government will undertake a comprehensive review of what has been done so far and have the opportunity to make actionable commitments to accelerate progress towards achieving UHC by 2030.

In brief: key findings

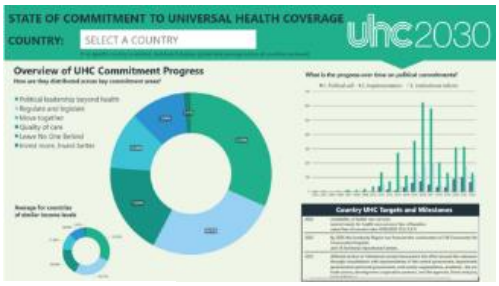
- Following the 2019 UN High-level Meeting on UHC, country commitments to UHC (per year) almost doubled between 2019 and 2021. In 2022, this positive trend stagnated and even reversed in some countries. Although the majority of countries recognise UHC as a goal, which is reflected in laws and national plans, there is a lack of concrete operational steps and inadequate public financing for health, setting UHC targets for 2030 further off track.
- Countries' commitments do not address all three dimensions of UHC: (1) service coverage; (2) population coverage; and (3) financial protection. Most commitments are focused on (1) service coverage (44%) and (2) population coverage (43%), and on average, there was a lack of commitments and clear targets concerning (3) the financial protection dimension (13%). There was systematic under-prioritization and underinvestment in reducing financial barriers to health care.
- Countries continue to rely on fragmented disease and service-specific programmes and interventions instead of operationalizing comprehensive UHC commitments.

8 UHC commitment areas covered in the review

The 2023 UN High-level Meeting on UHC allows leaders to accelerate progress and get commitments made in 2019 back on track across the eight commitment areas covered in this review. Key findings in the eight commitment areas are:

1. **Ensure political leadership beyond health:** The majority of countries recognize UHC as a goal, however there is a lack of concrete operational steps towards achieving UHC.
2. **Leave no one behind:** Vulnerable individuals and groups continue to face financial barriers to accessing the health services and commodities they need.
3. **Legislate and regulate:** More than half of countries have adopted legislation to guarantee equitable access to quality and affordable healthcare and protect against financial hardship through a UHC law, and about 70% of countries have used UHC as a goal for their health plans.
4. **Uphold quality of care:** Discrimination against patients and limited quality and respectful healthcare services remain a widespread challenge to maintaining dignity, privacy and confidentiality.
5. **Invest more, invest better:** Despite continued increases in overall health expenditure in 2020 due to COVID-19 response, governments' current investment commitments and public spending for health are inadequate to achieve UHC.
6. **Move together:** A limited number of countries have a formal and effective accountability mechanism for UHC, with inadequate engagement of non-state actors.
7. **Gender equality:** Despite women being the majority of the health workforce, there is a lack of commitment towards increasing women's representation in health and political leadership.
8. **Emergency preparedness:** The COVID-19 pandemic exacerbated inequities and disrupted the provision of essential health services.

Country profiles



The new progress dashboard on the UHC Data Portal provides data sets and data visualization on health systems and the state of UHC commitment. The new 139 country profiles include an overview of 1) UHC commitment progress; 2) global UHC indicators and related data; 3) institutional efforts; 4) priorities in UHC progress and equity across population groups; 5) public perception and social participation; and 6) stakeholder collaboration.

These country profiles are expected to be used by health experts and governments, civil society organizations, academia, parliamentarians, private sector and media. The country profiles can contribute to and complement the formal accountability processes in countries.

Overall trends:

Between 2019 and 2021, the number of countries expressing commitments to UHC consistently increased (from 25 to 46) and the total number of countries' commitments to UHC also increased (from ~250 to ~600). This type of increase in commitments was also seen after the adoption of the Sustainable Development Goals (SDG) in 2015, when UHC was included in SDG 3. However, in 2022 the positive trend slowed down and was even reversed in some countries.

Figure 1. *Number of commitments over years;* ***Ref. Data:*** *State of UHC Commitment review 2021, 2022 (policy review across 139 countries)*

Universal health coverage (UHC) commitments in the review are broken down into (1) expressing political will, (2) committing to institutional reform, and (3) developing an implementation plan. The majority of UHC commitments were in the institutional reform phase, followed by the implementation planning phase, and this trend is seen across the eight UHC commitment areas.

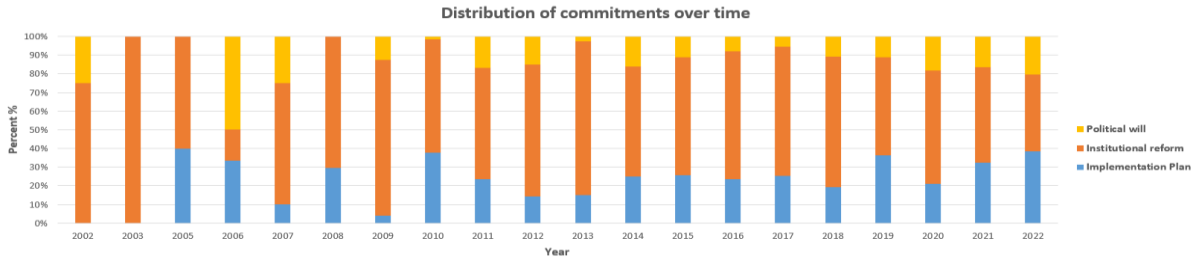


Figure 2. *Distribution of commitments over years;* ***Ref. Data:*** *State of UHC Commitment review 2021, 2022 (policy review across 139 countries)*

Countries' UHC commitments do not address all three dimensions of UHC: (1) service coverage (44%); (2) population coverage (43%); and (3) financial protection (13%). Most commitments are focused on (1) service and (2) population coverage, and on average, there was a lack of commitments and clear targets concerning the (3) financial protection dimension. There was systematic under-prioritization and underinvestment in reducing financial barriers to health care.

- The majority (87%) of plans/programmes described in policy documents and Voluntary National Reviews (VNRs) were specific to service coverage (what health services are available), population coverage (who health services are available for) or both. Few (13%) plans/programmes described were specific to financial protection (how services are made affordable to populations).

- The majority of commitments (68%) cover two dimensions, most often service coverage and population coverage (88%), followed by population coverage and financial protection (12%).

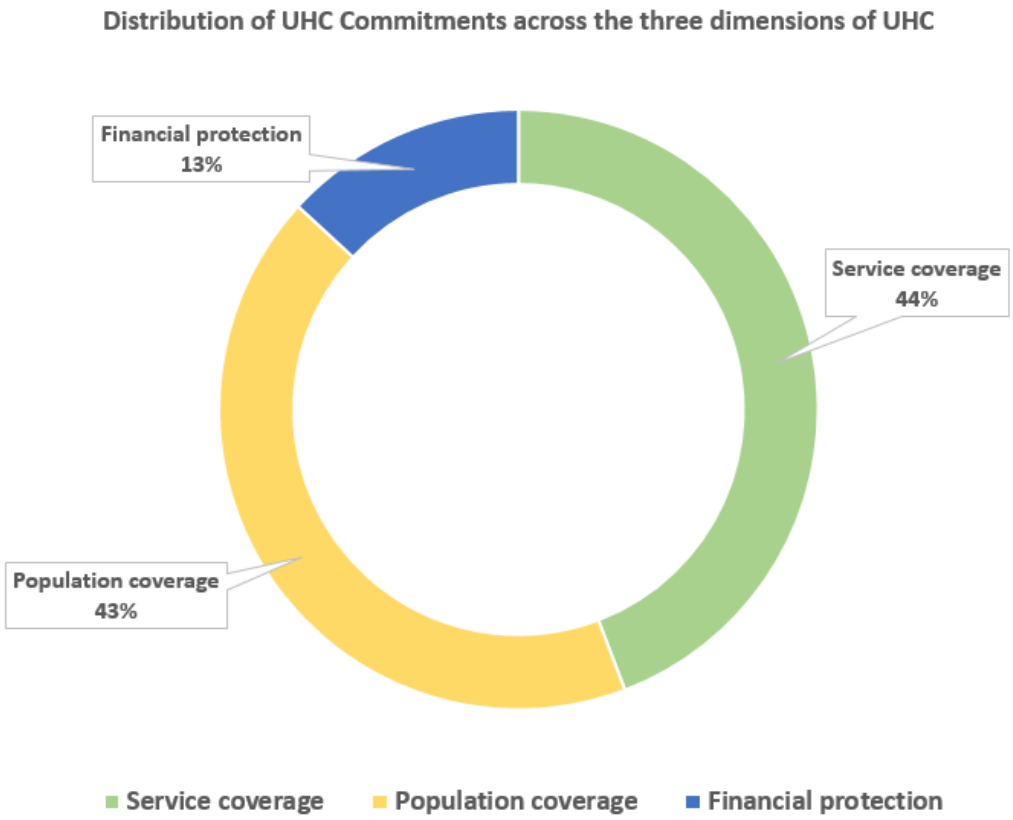


Figure 3. *Distribution of commitments related to any of 3 dimensions of UHC;* ***Ref data:*** *State of UHC Commitment review 2021, 2022 (policy document review across 139 countries)*

Countries continue to rely on disease and service specific programmes and interventions instead of operationalizing comprehensive UHC commitments.

- Governments' UHC commitments more focused on implementation plans for disease and service specific programs and interventions. There were twice as many implementation efforts for disease and service specific programmes and interventions in comparison to primary health care (PHC) and comprehensive programmes and interventions. Among the commitments to establish comprehensive programmes and interventions, about 65% consisted of institutional reforms and only 18% consisted of implementation plans.
- About 75% of the respondents of the multistakeholder survey undertaken for this review, which included 285 responses among 138 countries, called for governments to prioritize comprehensive healthcare programmes and interventions (e.g. PHC) and health systems-strengthening programmes and interventions (e.g., health workforce strengthening) in their UHC commitments.

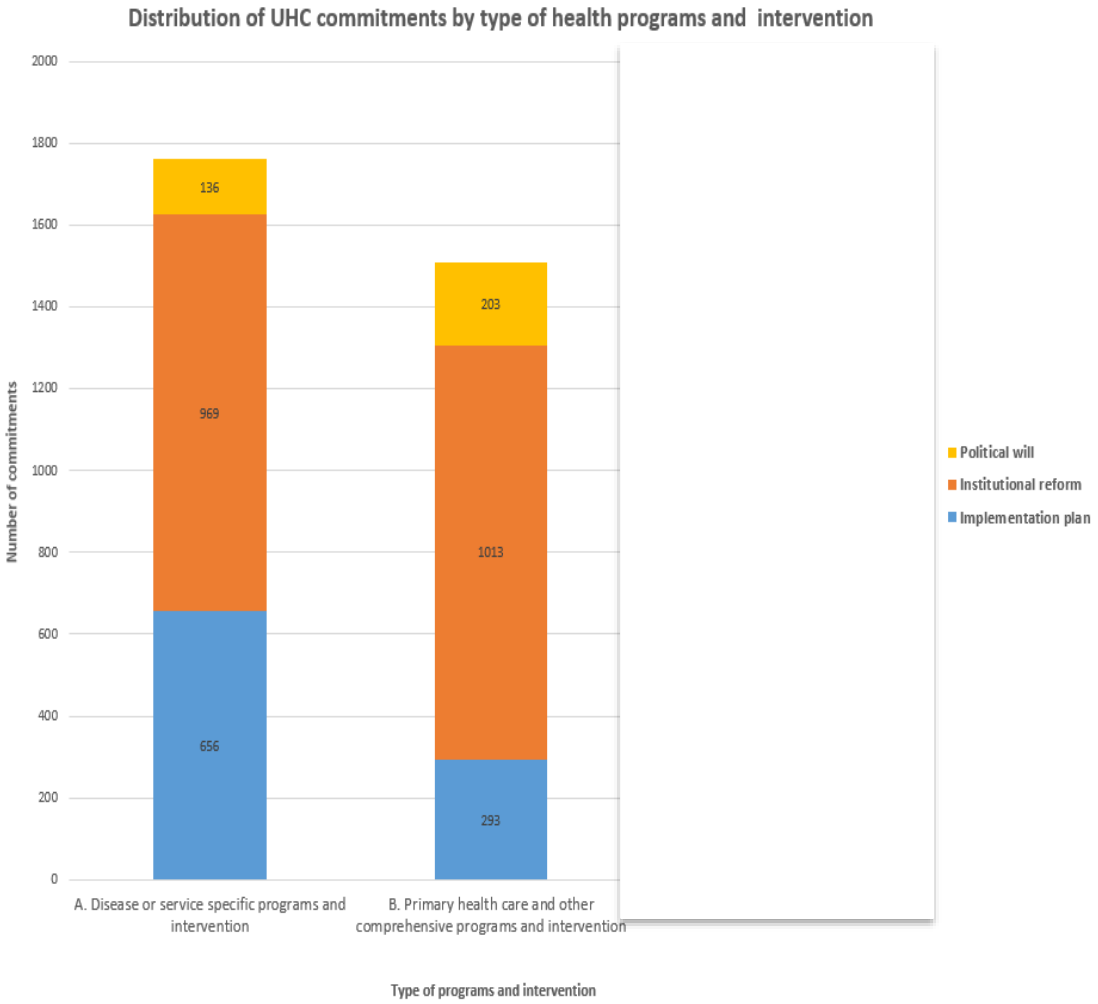


Figure 4. *Distribution of commitments across different health programs;* ***Ref. Data:*** *State of UHC Commitment review 2021, 2022 (policy document review across 139 countries)*

8 UHC commitment areas covered in the review:

Commitment area 1 (Ensure Political Leadership Beyond Health): While the majority of countries recognize UHC as a goal, there is a lack of concrete operational steps towards achieving UHC. Only 11% of countries adopted a roadmap or strategy to achieve UHC and more than 50% of countries set zero or less than five measurable UHC-related targets in their policies.

- Only about 27% of countries included progress on SDG 3.8.1 (coverage of essential health services) and less than half (about 46%) of countries tracked and reported progress on SDG 3.8.2 (proportion of the population with large household expenditure on health as a share of total household expenditure or income) in their policy documents or VNR reports.
- The majority of countries included health outcomes, but only a limited number of countries included progress on the SDGs, particularly SDG indicators 3.8.1 and 3.8.2 in their policy documents or VNR reports. About 27% included progress on SDG 3.8.1 and about 46% of countries did for SDG 3.8.2 in their policy documents or VNR reports.

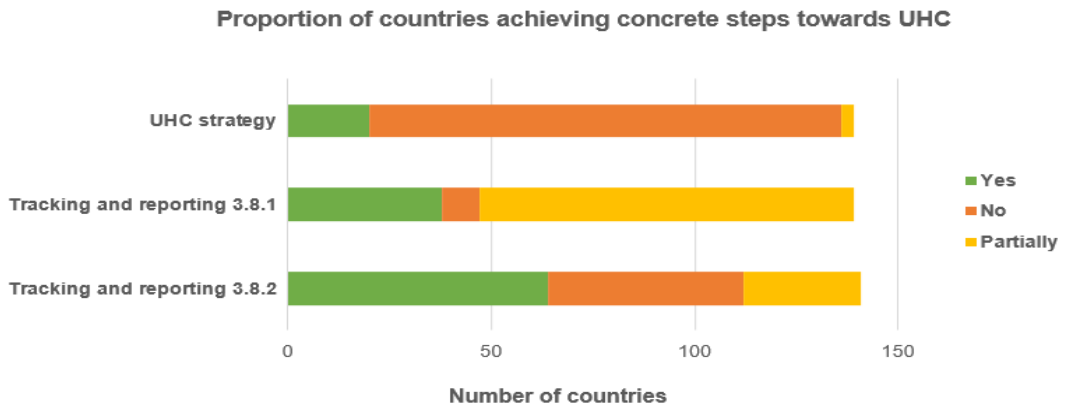


Figure 5. *Proportion of countries achieving concrete steps towards UHC;* ***Ref. Data:*** *Qualitative indicators from policy review 2021, 2022, including: Indicator 3.1 Clear UHC strategy/road map; Indicator 1.3 Tracking and reporting on 3.8.1; Indicator 1.4 Tracking and reporting on 3.8.2*

Leave No One Behind

Commitment area 2 (Leave No One Behind): Vulnerable groups continue to face financial barriers to access the health services and commodities they need. Although around 65% of countries have committed to institutional reforms to reduce the financial barriers, individuals face challenges in accessing health services. Civil society representatives and communities highlighted those existing efforts do not adequately reach vulnerable populations and these reforms have yet to be implemented. Existing financial protection policies do not reach communities facing multiple vulnerabilities due to the legal, sociocultural, and economic barriers they face. Populations are only considered as recipients and not active stakeholders in UHC.

- About 65% of countries have existing policies that are meant to reduce the financial barriers individuals face to accessing health care. Most of these policies include increasing the affordability of medicine or free access to specific health services, but few focus on establishing national insurance schemes.
- Although financial protection is the dimension of UHC that governments have made the least number of commitments to, within the commitments made the majority are institutional reforms.
- The populations identified as vulnerable groups include: people living with disabilities, young people and adolescents, migrant populations, indigenous populations, women and gender minorities, and LGBTQI+.

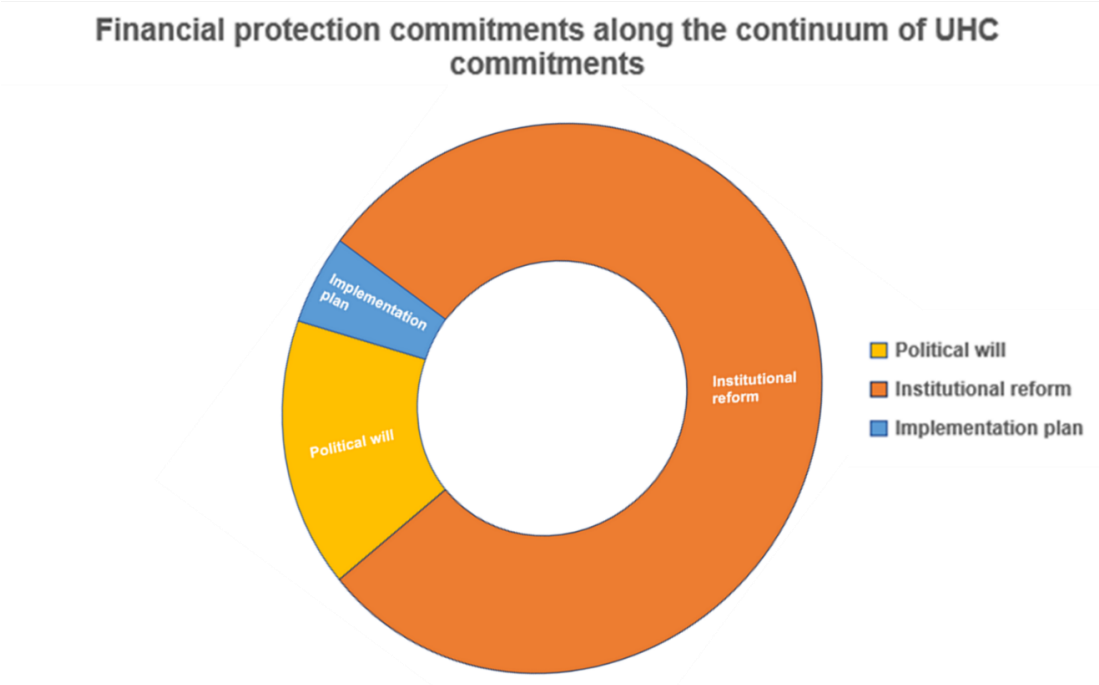


Figure 6. Financial protection commitments along the continuum of UHC commitments; Ref. Data: *Indicator 2.2 - Existence of a policy commitment to reducing financial barriers to health services; Policy review 2021, 2022*

Regulate and Legislate

Commitment area 3 (Regulate and Legislate): More than half of countries (57%) have adopted legislation to guarantee equitable access to quality and affordable healthcare and protect against financial hardship through a UHC law, and about 70% of countries have used UHC as a goal for their health plans. However, only a small minority of countries (11%) have adopted a clear action plan or road map to specify how they will achieve these goals.

- Analysis of the WHO Global Health Observatory data showed differences in UHC legislation across various income-categories, where low-income countries f have the highest proportion of countries with a UHC law, compared to other income-level countries. The opposite trend is observed for upper middle-income countries, where the number of countries without a UHC law is more than double the number of countries with a UHC law.

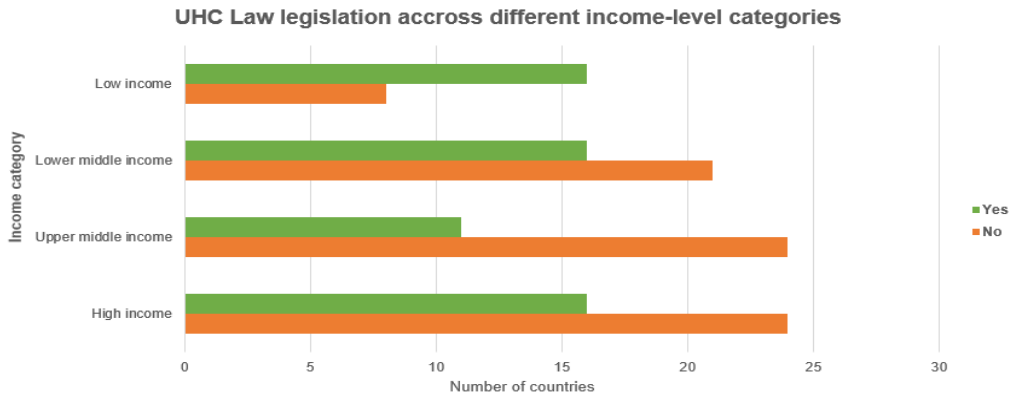


Figure 7: *UHC legislation across different income-level categories;* ***Ref. Data:*** *WHO; the Global health Observatory, Existence of UHC law*

Uphold Quality of Care

Commitment area 4 (Uphold Quality of Care): Discrimination against patients and limited quality and respectful healthcare services remain a widespread challenge to maintain dignity, privacy and confidentiality. Health workers also continue to face hardships due to health workforce shortages and poor working conditions. Discriminatory practices have been mostly recognized regarding LGBTQ+ persons, people suffering from mental illnesses, people with disabilities, women and children.

- 127 negative quotes were extracted from civil society led country consultations and shadow reports concerning the quality of care, while more than 60% are related to the poor quality of health services, 28% are related to the health workforce and more than 10% are related to discrimination practices.

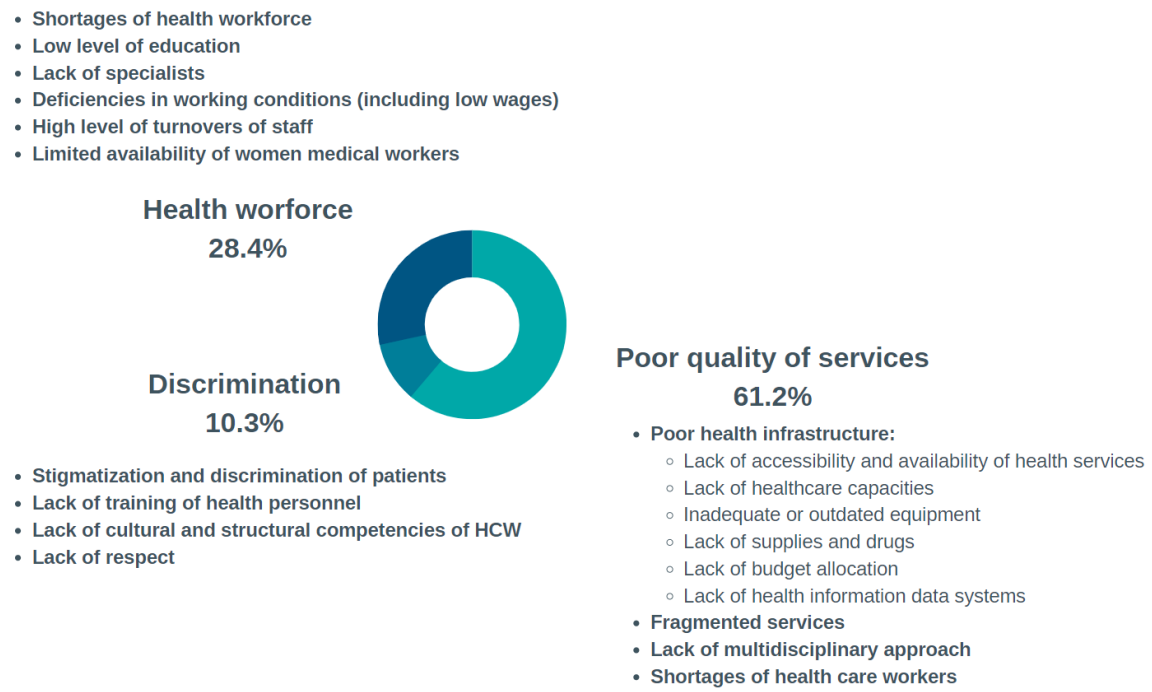


Figure 8. *Quality of care;* ***Ref. Data:*** *CSEM country consultations & VNR shadow reports*

Commitment area 5 (Invest More, Invest Better): Despite continued increases in overall health expenditure in 2020 due to the COVID-19 response, governments' current investment commitments and public spending for health are inadequate to achieve UHC. Overall, countries did not provide detailed information on health expenditures and investments in their VNRs. They provided minimal information about their health investments and some simply reported that they are substantially investing in health.

- About 45% of reviewed countries explicitly included their current national health spending actions and about 63% included and described their future national spending commitments and targets on health.
- Civil society and communities repeatedly highlighted the need for increased public funds for the health sector, especially to support primary health care, including health prevention and community health workers.
- Despite an overall increase in health expenditure as a % of GDP in the countries included in this review, analysis of global repository data showed no improvement in spending for primary health care as a % of current health expenditure from 2017-2019.

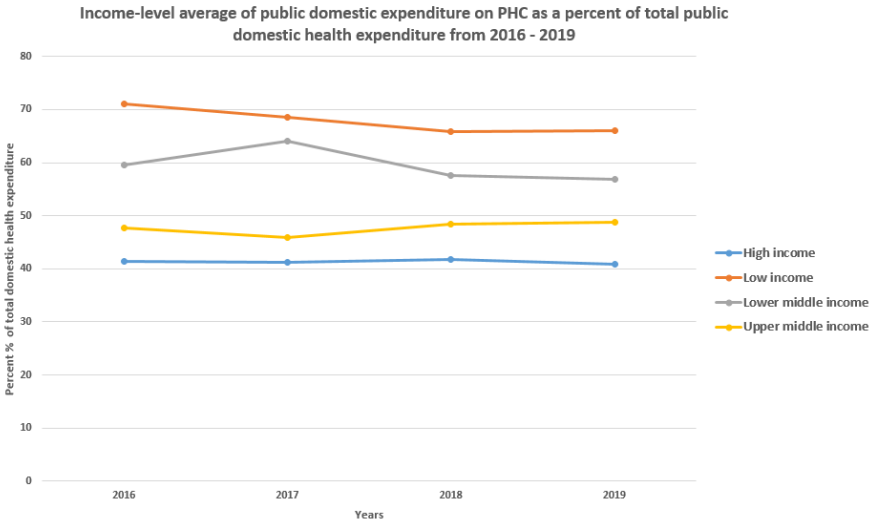


Figure 9: *Income-level average of public domestic expenditure on PHC as a percent of total public domestic health expenditure from 2016-2019;* ***Ref. Data:*** *WHO - NHA*

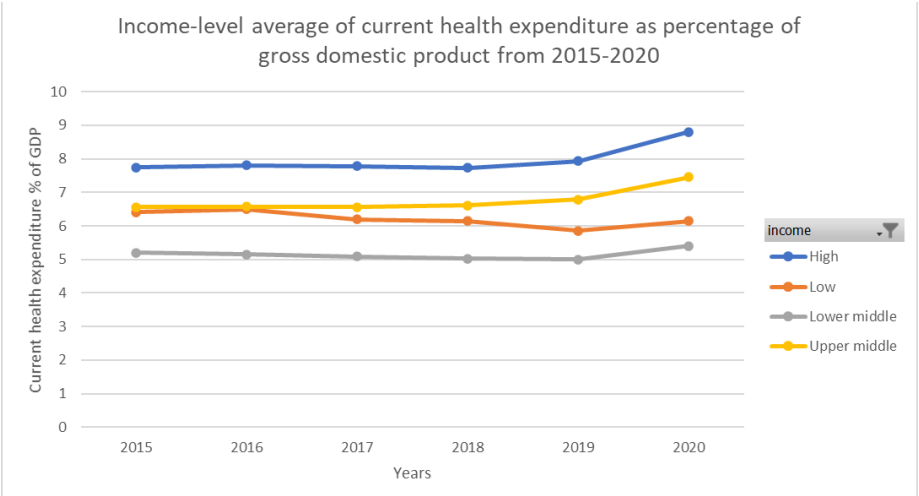


Figure 10: *Income-level average of current health expenditure as percentage of gross domestic product from 2015-2020;* ***Ref. Data:*** *WHO - NHA*

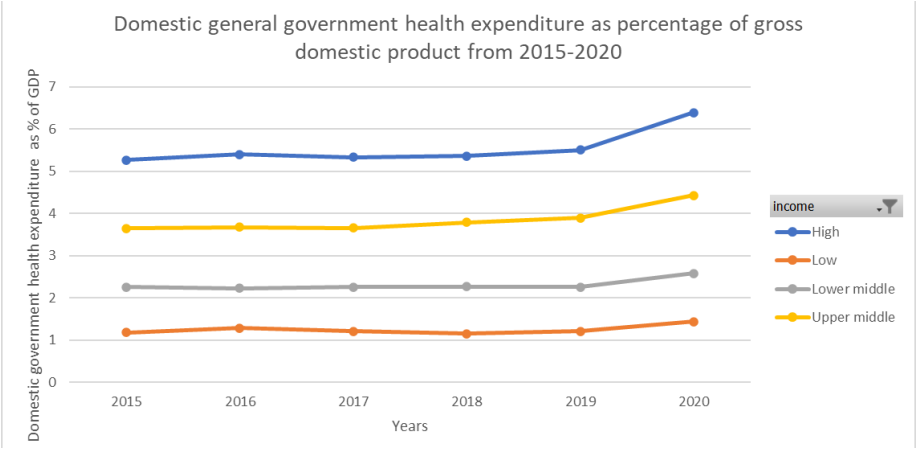


Figure 11: *Domestic general government health expenditure as percentage of gross domestic product from 2015-2020;* ***Ref. Data:*** *WHO - NHA*

Move Together

Commitment area 6 (Move Together): Many countries recognize monitoring and evaluation (M&E) of disease-specific programmes and health infrastructure as part of accountability efforts to track progress on UHC commitments. However, a limited number of countries (10%) have a formal and effectively functioning accountability mechanism for UHC. There is also inadequate engagement of non-state actors in these accountability mechanisms, especially at national level.

- The majority of M&E activities focus on disease-specific or inputs/process indicators, with less attention to service coverage (SDG 3.8.1) and financial protection (SDG 3.8.2) indicators. as indicated through the policy review of 139 countries.
- Civil society and communities emphasized limited space for non-state actors to participate in governments' accountability efforts. There is a need for better integration of non-state actors into the evidence generation and monitoring processes and mechanisms, as well as decision-making processes on actions to be taken.
- About 14% of respondents from the multistakeholder survey undertaken for this review stated that their government actively supports multistakeholder participation in accountability efforts for UHC, while 12% of respondents stated that their government does not support multistakeholder participation in accountability efforts for UHC. About 40% of respondents felt that their governments did not widely and regularly engage with all stakeholders and minimally supported multistakeholder participation in UHC accountability efforts. About 28% of respondents stated that their governments mostly engaged with specific groups of stakeholders and engagement was restrictive. The remaining 6% of respondents were unsure.

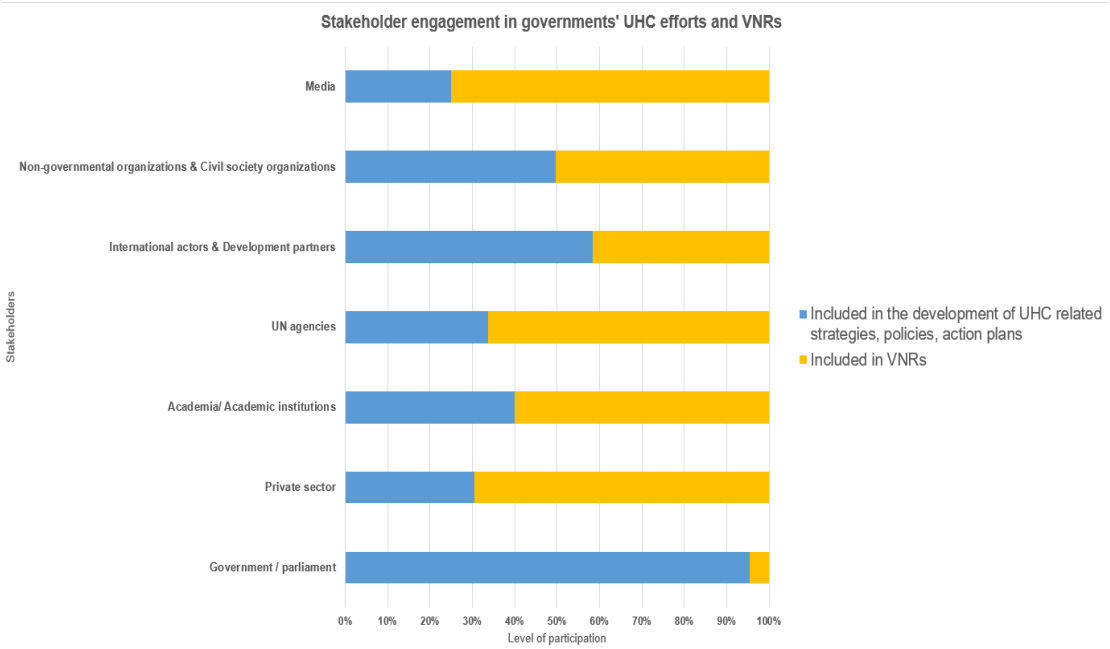


Figure 12: *Stakeholder engagement in government's UHC efforts and VNR's;* ***Ref. Data:*** *State of UHC Commitment review 2021, 2022 (policy document review across 139 countries)*

Gender Equality

Commitment area 7[1] (Gender Equality): Despite women being the majority of the health workforce, there is a lack of commitment towards increasing women's representation in health and political leadership. UHC gender-related commitments are primarily defined as individuals' access to sexual and reproductive health; broader inclusion of women and girls across other health programs and interventions is lacking.

- While 81% of nurses are women, only 45% of physicians are women. This reflects a larger society challenge, as in high-level decision-making roles, women make up only 19% of national parliaments and hold only 20% of all ministerial positions in health. Only 13% of countries reviewed expressed commitments to increase women's representation in health and political leadership.
- Women and girls were prioritized across governmental efforts towards UHC. However, women and girls were prioritized mostly in disease or service specific programmes and interventions (83%). Out of all commitments in the disease or service specific programs and interventions category, the highest priority was given to sexual and reproductive services (77%), followed by HIV/AIDS treatment (6%), malaria treatment (3%) and immunization services (3%).

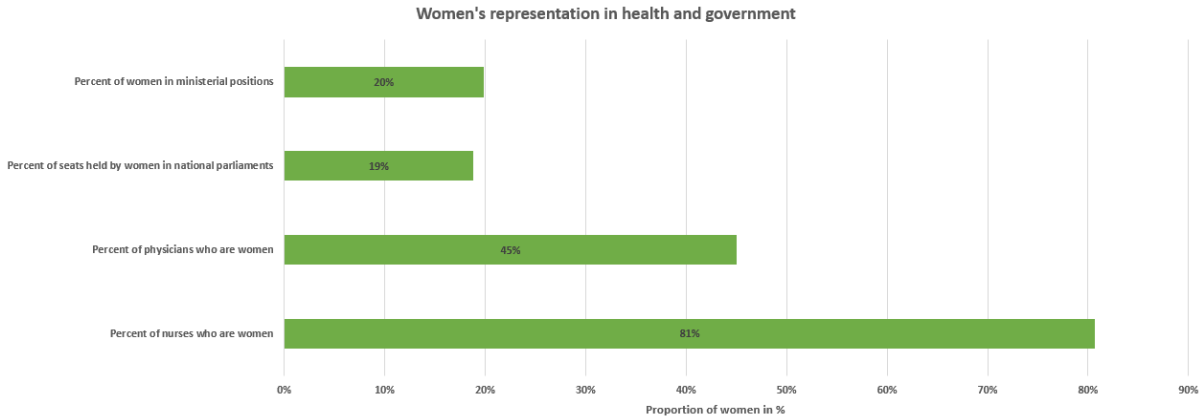


Figure 13: *Women's representation in health and government;* ***Ref. Data:*** *Global repository data on proportion of women in the health sector; Policy review for 45 countries*

[1] Policy document reviews on Gender Equality and Emergency Preparedness related UHC Commitment areas were reviewed only across 45 countries (as a pilot review in 2021).

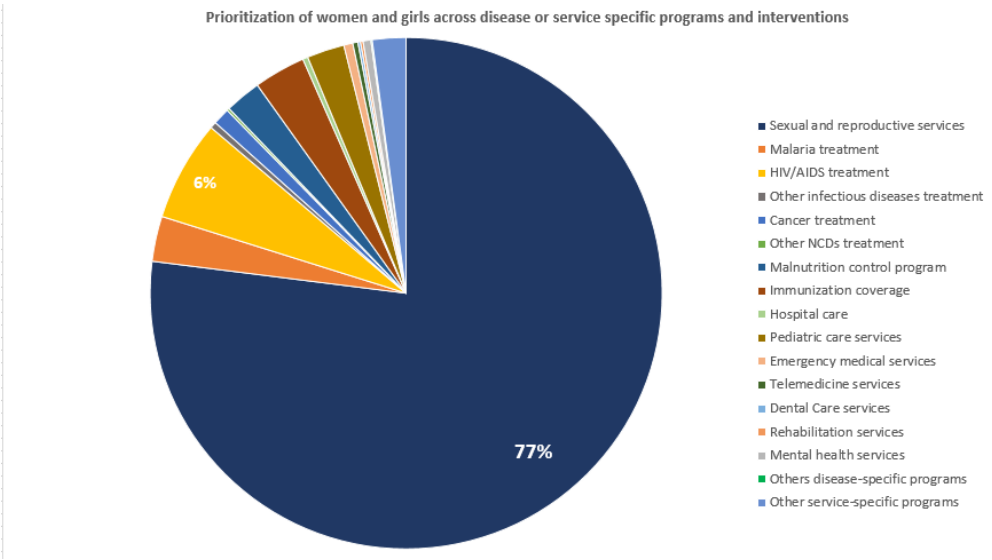


Figure 14: *Prioritization of women and girls across different health services and programs;* ***Ref. Data:*** *State of UHC Commitment review 2021, 2022 (policy document review across 139 countries)*

Emergency preparedness

Commitment area 8[2] (Emergency Preparedness): The COVID-19 pandemic exacerbated inequities and disrupted the provision of essential health services. Based on countries current UHC commitments in 2021 and 2022, UHC may be falling to the sidelines rather than being seen as a central component of and prerequisite to emergency preparedness. UHC and health security are two intertwined goals to protect everyone, everywhere, that we achieve through the same equitable health system - in crisis and calm.

- During the COVID-19 pandemic, many essential health services (e.g., basic immunization and family planning) were interrupted. Additionally, the COVID-19 pandemic overwhelmed already overburdened health workers.
- One lesson learned from the COVID-19 pandemic experience and previous health emergencies is the importance and value of strong public investment in primary health care and strong, resilient and equitable health systems. However, according to the VNR reports in 2021 and 2022, this lesson has not been implemented, yet. Primary health care spending and actionable targets on health systems remain insufficient.

[2] Policy document reviews on Gender Equality and Emergency Preparedness related UHC Commitment areas were reviewed only across 45 countries (as a pilot review in 2021).