State of universal health coverage commitment:
a step-by-step guide for the country profile dashboard

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Taking action for universal health coverage

Objectives:

- This guide provides an overview of how to use the State of universal health coverage (UHC) commitment's country profile dashboard to monitor the UHC commitments made in each country.

Potential users:

- Governments
- State and non-state actors
- Public and individual users who want to learn more about how their countries are making progress towards UHC

Potential uses:

Findings from the Dashboard can be used to:

- Prepare for UHC progress reviews, including national voluntary reviews (VNRs) for United Nations reporting processes on the sustainable development goals (SDGs) and other policy reports.
- Identify gaps in UHC commitments for advocacy and to hold governments accountable.

The State of UHC commitment's country profiles:

The country profile dashboard provides information about each country's UHC commitments, including:

1. Overview of UHC commitment progress
2. Progress on SDG 3.8 indicators (service coverage and financial protection)
3. Institutional efforts to achieve UHC
4. Priority services and population groups and equity
5. Public perception and social participation
6. Multi-stakeholder collaboration for UHC

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Taking action for universal health coverage

Acronyms

- UHC: Universal health coverage
- VNR: Voluntary national review
- SDG: Sustainable development goal
- LGBTQIA +: lesbian, gay, bisexual, transgender, queer (questioning), intersex, asexual (agender) and others
- RMNCH: Reproductive, maternal, newborn and child health

Although the majority of countries recognize universal health coverage (UHC) as a goal, there is **a lack of concrete action and public financing for health**. Even before the pandemic, progress towards UHC was off-track, and we are now further from reaching our SDG targets on UHC for 2030. To get back on track, governments must make ambitious commitments and take meaningful action. As the stewards of people's health, governments are responsible for ensuring that all people have access to quality health services without facing financial hardship. They should communicate clearly and implement effective actions to ensure that no one is left behind.

This document provides all stakeholders involved in UHC review processes with an overview of the State of UHC commitment country profile dashboard. It provides guidance on how to use the dashboard, including what data it provides and how to interpret it for UHC progress reviews. This is especially important in view of the upcoming **United Nations General Assembly high-level meeting on UHC** in September 2023 and thereafter.

Non-state actors also can use this information to advocate for governments to take action on UHC and to hold them accountable.

The State of UHC commitment review brings a unique **multi-stakeholder view** to a simple question: **Are countries acting on their commitments to UHC?**

Data used in the country profile dashboard are collected from:
- **Policy review of national health plans/strategies and VNRs**
- **Global repository data, such as WHO Global health observatory**
- **Multi-stakeholder surveys**
- **Country consultations**
- **Media monitoring**

The data is collected and analyzed based on the Key commitment areas in **the 2019 UHC political declaration's Key targets, commitments and follow-up actions**.
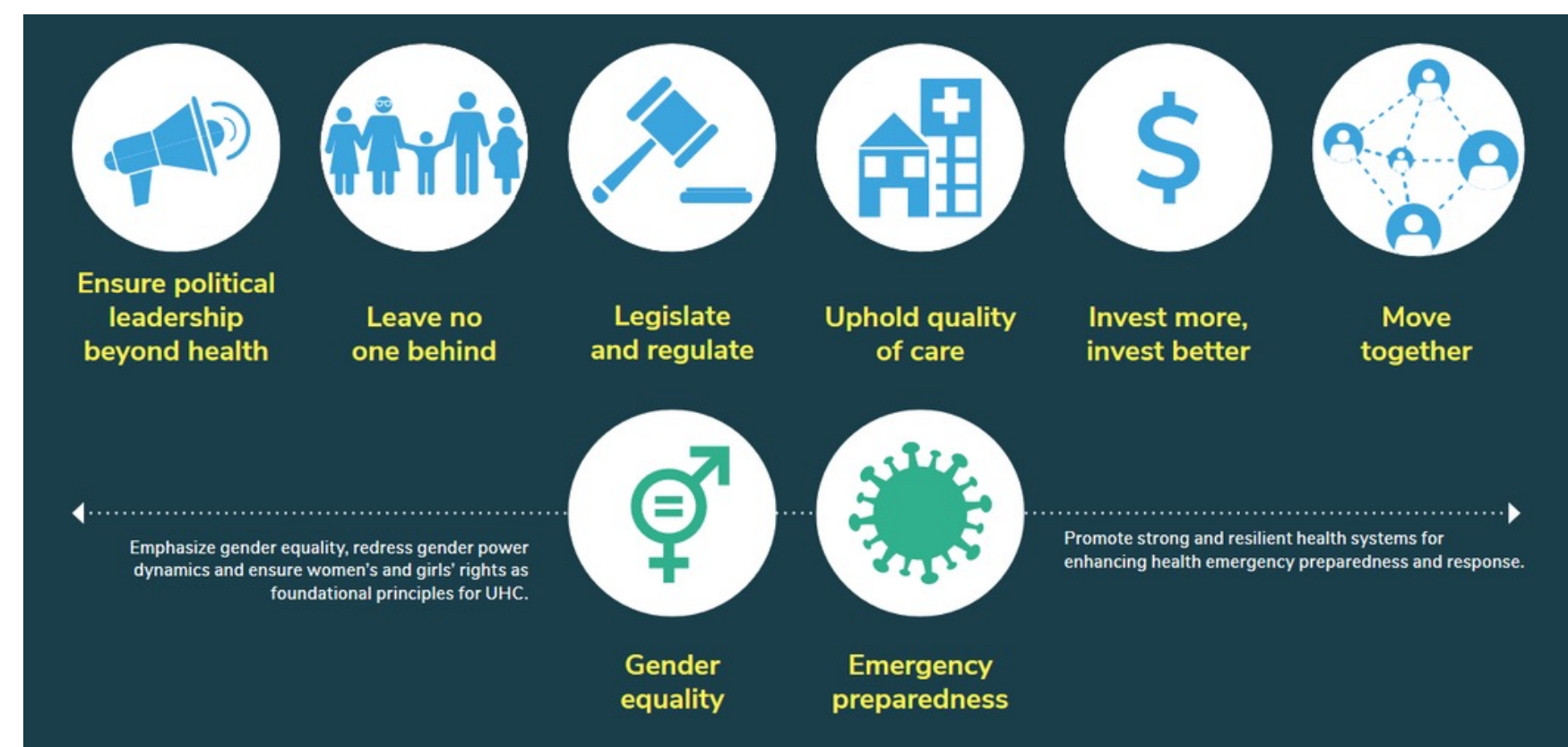
Country profile dashboard

Country profile dashboards provide an overview of:

- National commitments made in policies and government documents;
- Progress on implementing and taking action on UHC commitments;
- Insights from state and non-state actors on the country's progress on UHC.

This user guide is separated into six sections, which correspond to the six sections of the Country profile dashboard.
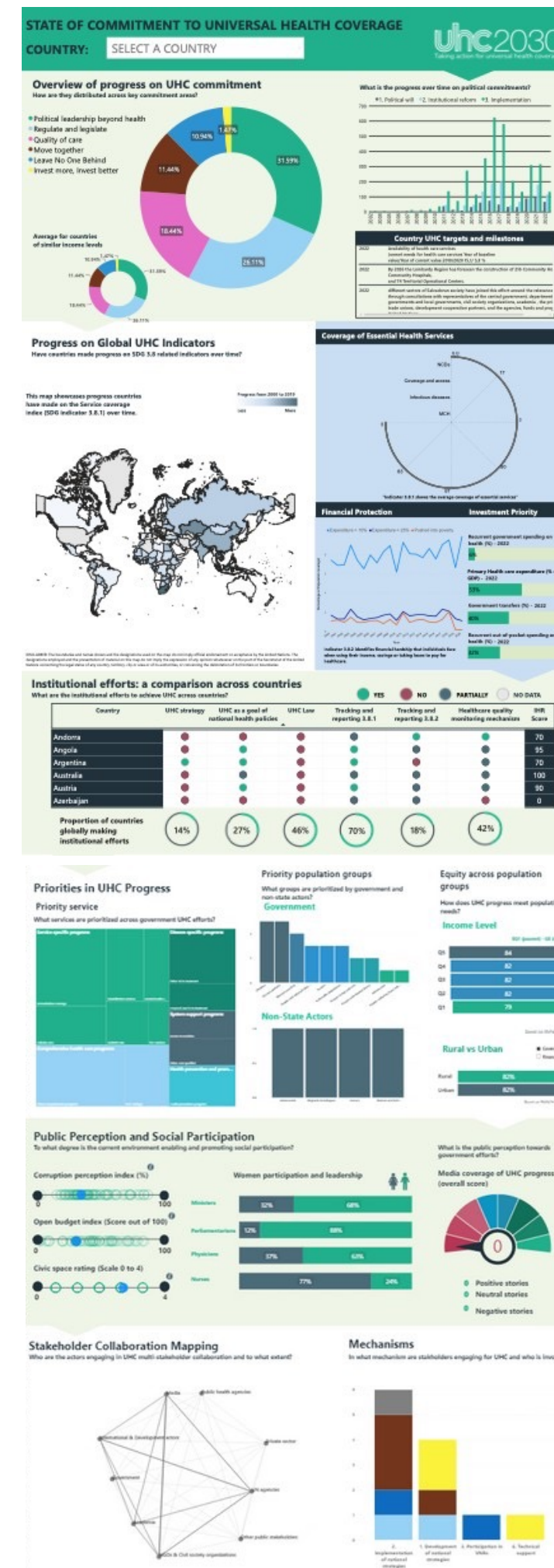
When looking at the visuals, we ask ourselves two questions:

What does the visualization represent?

How can we interpret the data?

Section 1
Overview of UHC commitment progress

Section 2
Progress of SDG 3.8 indicators related to UHC

Section 3
Institutional efforts to achieve UHC

Section 4
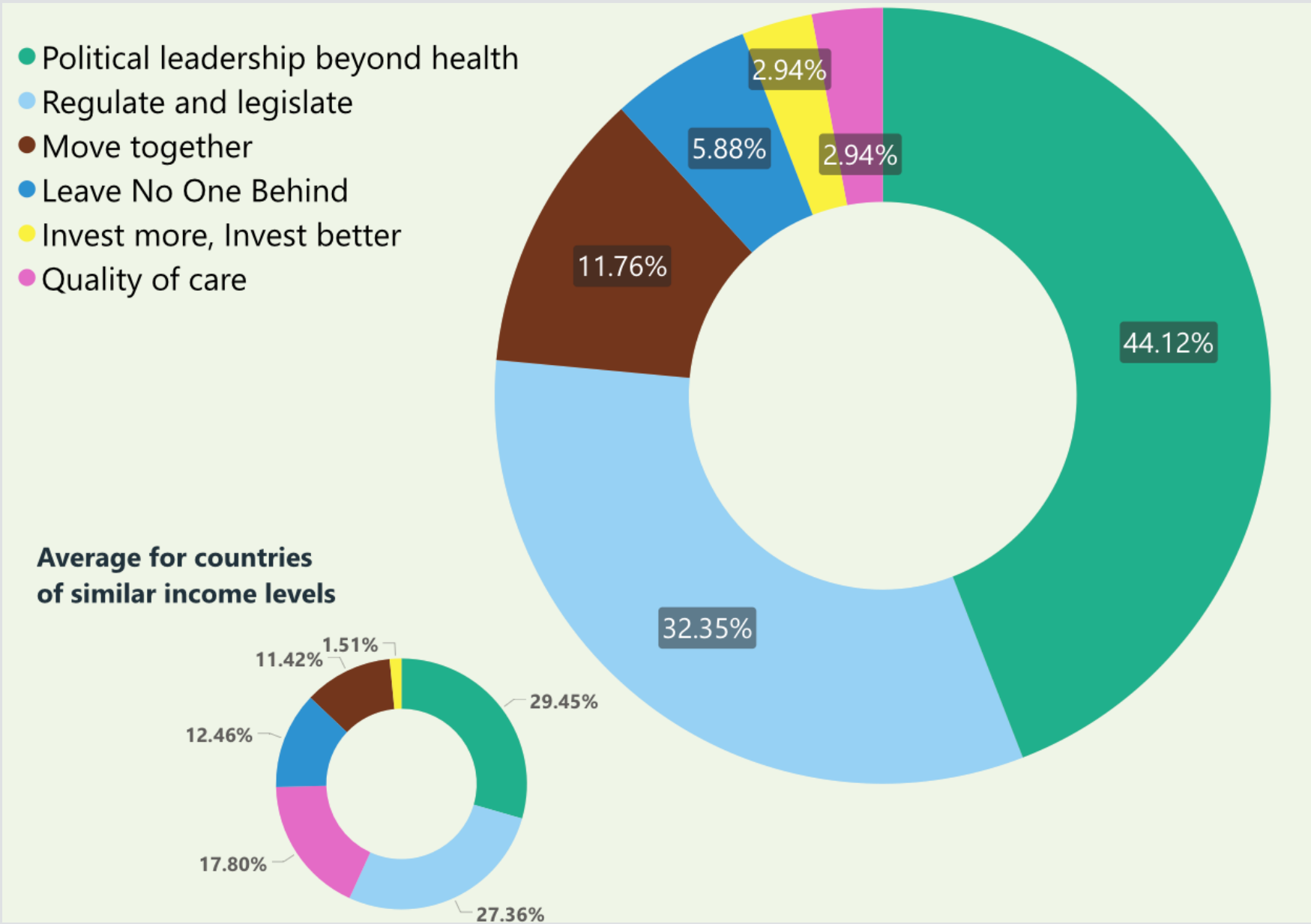Priority services and population groups and equity

Section 5
Public perception and social participation

Section 6
Multi-stakeholder collaboration for UHC

Progress on UHC cannot be achieved without political commitments and action. This section provides insight into the types of UHC political commitments and their distribution across the key commitment areas.

Distribution of political commitments across key commitments areas

- Political leadership beyond health
- Regulate and legislate
- Move together
- Leave No One Behind
- Invest more, Invest better
- Quality of care

44.12%
32.35%
11.76%
5.88%
2.94%
2.94%

Average for countries of similar income levels

1.51%
11.42%
12.46%
17.80%
27.36%
29.45%

? The larger pie chart displays the distribution of political commitments across the 6 key commitment areas based on government policies and VNRs for the selected country.

In the selected country,
- Major commitments are Political leadership beyond health (~44%), followed by Regulate and legislate (~32%) and Move together (~12%).
- The commitments to Leave No One Behind (<6%), Invest more, Invest better (<3%), and Quality of care (<3%) are less common.
- To achieve UHC, countries must make progress across all commitment areas.

? The smaller pie chart shows the **distribution of political commitments across key commitment areas in countries with the same income level.**

In countries of similar income levels,
- Political leadership beyond health (~29%), Regulate and legislate (~27%), Quality of care (~18%), Leave No One Behind (~12%), and Move together (~11%) are the major commitments.
- Invest more, Invest better (<2%) is less common.
- This comparison helps identify the country's gaps across key commitments areas.

Section 1: Overview of UHC commitment progress (2/2)

Progress towards UHC can be achieved through political will, institutional reforms and implementation. This section provides insight into the types of UHC political commitments and their UHC targets and milestones.

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Different types of political commitments over the years
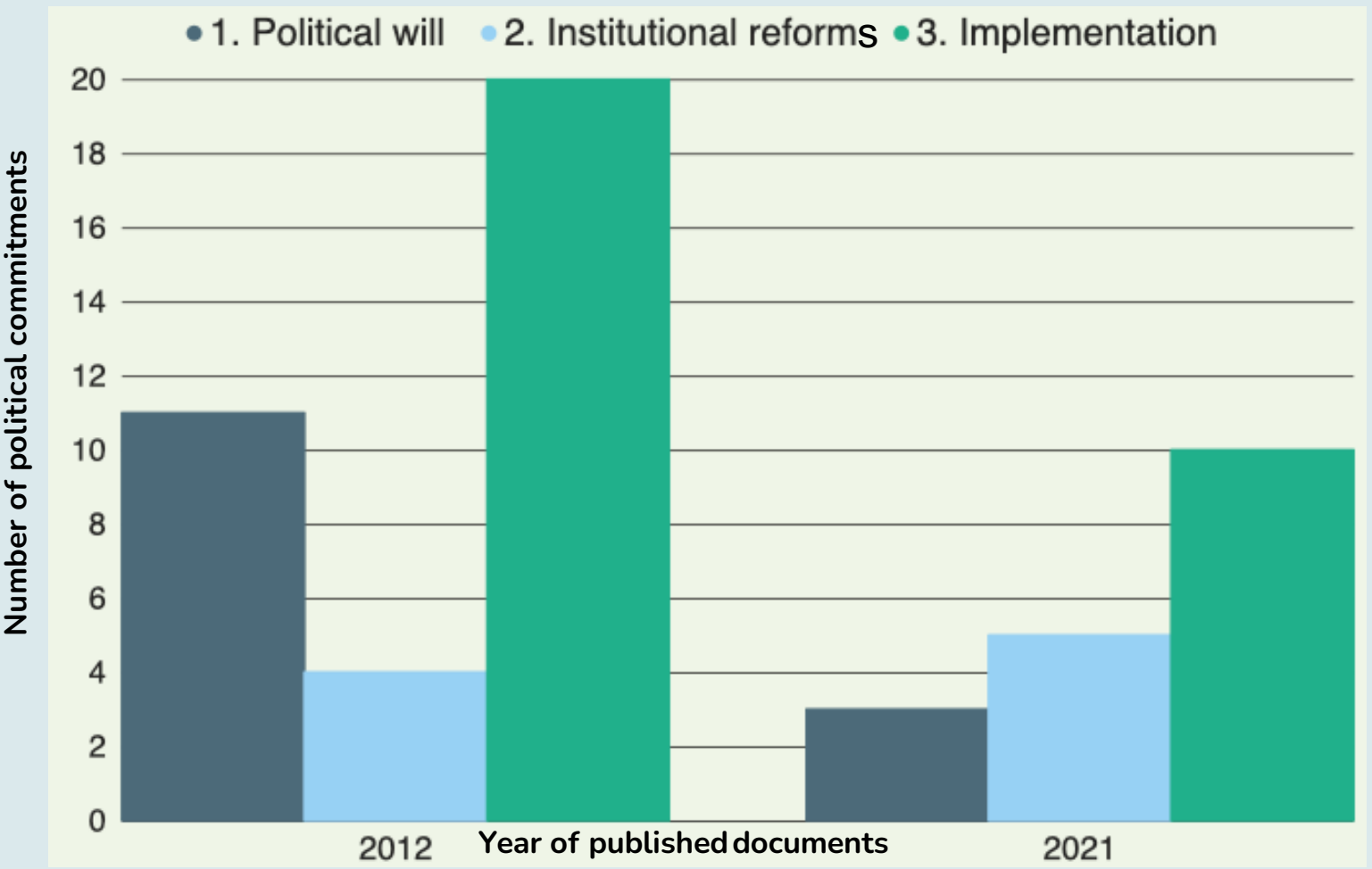
This bar graph displays **the number of political commitments over time,** assuming that progress towards UHC can be achieved through **1. Political will**, **2. Institutional reforms** and **3. Implementation**.

In the selected country,

- Most of the political commitments are in the implementation phase.
- In 2012, there were 20 commitments in the implementation phase, over 10 commitments in the political will phase and fewer than 5 commitments in the institutional reform phase.
- In 2021, there were 10 commitments in the implementation phase, fewer than 5 commitments in the political will stage and 5 commitments in the institutional reform stage.
- To enhance progress towards UHC, countries need to accelerate the implementation of effective policies in terms of service coverage, financial protection and population coverage. Continuous effort is needed to move from political will and institutional reforms towards implementation of political commitments.

Country UHC targets and milestones

2021	Comprehensive path of care for people with mental problems, mental disorders, of psychoactive substances and epilepsy... key to [...] Increase the percentage of p have access to mental health services. In this way, the percentage of people treate health services17 stood at 4.7% in 2019, 1.6 pp more than what was observed in 20
2021	Achieving the goal sdg 3.8 (To achieve universal health coverage) requires an effe territorialization of health schemes in remote areas of the country to guarantee ac essential and quality services of this type. The provision of this kind of care in Col regulated by the national policy for the provision of health services, obeying Law and its regulatory decrees, whose main objective is to guarantee access and quali services, optimize use of resources and promote user-centered care approaches.

This table summarizes the selected **country's UHC targets and milestones** extracted from the latest national health plans, policies and VNRs, organized by the year when they were published.
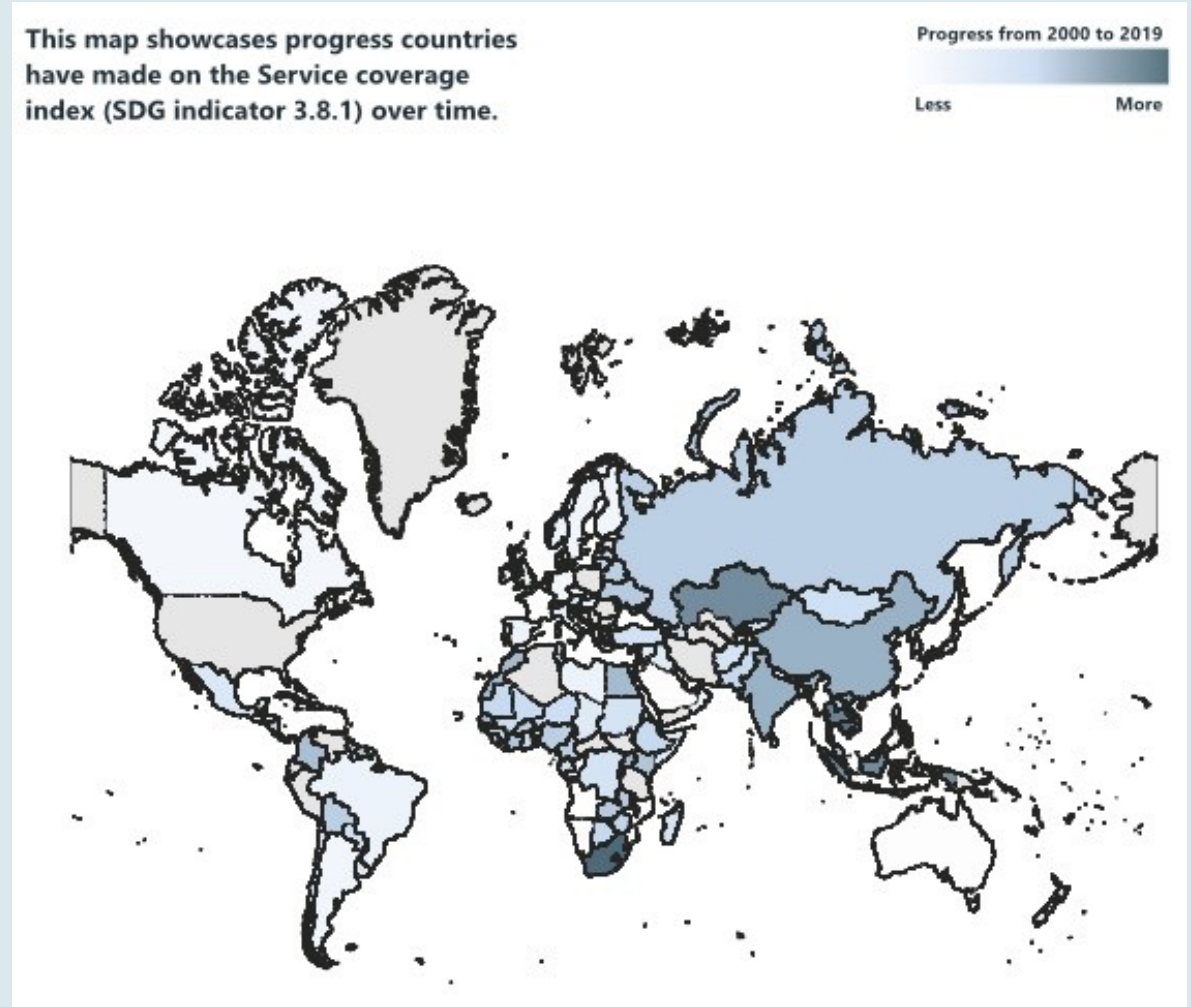
You can scroll down in the table to see all UHC targets and milestones for the selected country. Establishing concrete and measurable UHC targets and milestones helps governments and other stakeholders track UHC progress and increase transparency and accountability.

Section 2: Progress of SDG 3.8 indicators related to UHC (1/2)

Achieving UHC requires progress on both SDG indicators (SDG 3.8.1 Essential service coverage and 3.8.2 Financial protection). This section provides an overview of progress on SDG indicator 3.8.1.
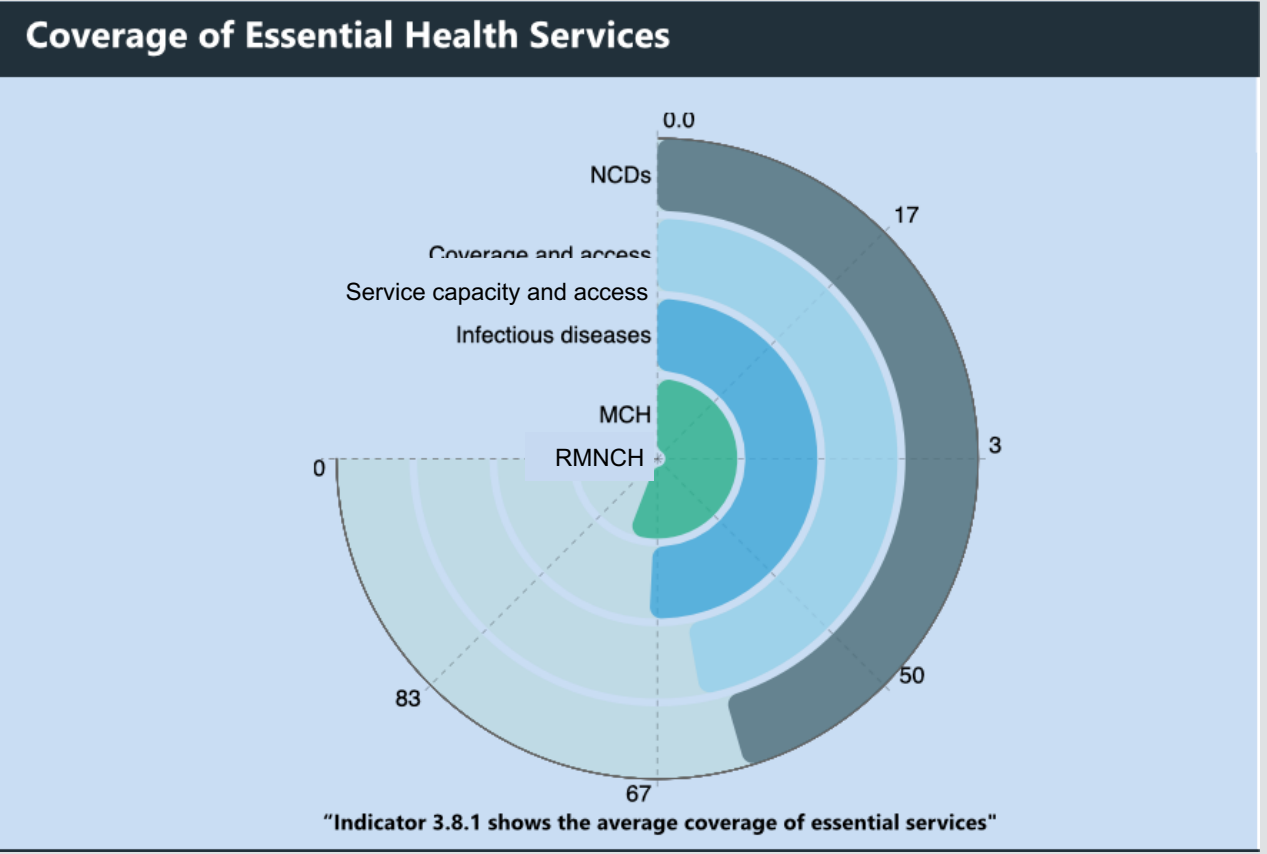
8

? The map **shows countries' overall progress on the Service coverage index** from 2000 to 2019.

Progress on SDG 3.8.1 indicator around the world

This map showcases progress countries have made on the Service coverage index (SDG indicator 3.8.1) over time.

Progress from 2000 to 2019
Less — More

- Service coverage improved across all WHO regions between 2000 and 2019.
- The greatest progress was recorded in the South-East Asia and Western Pacific Regions.
- The slower progress was recorded in the Americas and the European Regions, where service coverage gaps are smaller. Given their higher coverage, greater efforts are required to reduce inequalities.

? This graph shows the **country's Service coverage index (SDG 3.8.1)** for reproductive, maternal, newborn and child health (RMNCH), infectious diseases, noncommunicable diseases (NCDs), and service capacity and access in all health areas.

Coverage of Essential Health Services

0.0
NCDs
Coverage and access
Service capacity and access
Infectious diseases
MCH
RMNCH
17
0
3
83
50
67

"Indicator 3.8.1 shows the average coverage of essential services"

In the selected country,
- Service coverage of RMNCH is the highest in the country, followed by infectious diseases and service capacity and access.
- Service coverage for NCDs is the lowest.
- Progress towards UHC starts with tracking coverage of essential services along with financial protection. Countries should strengthen their country data about access to essential healthcare services and ensure the data is available for SDG monitoring.
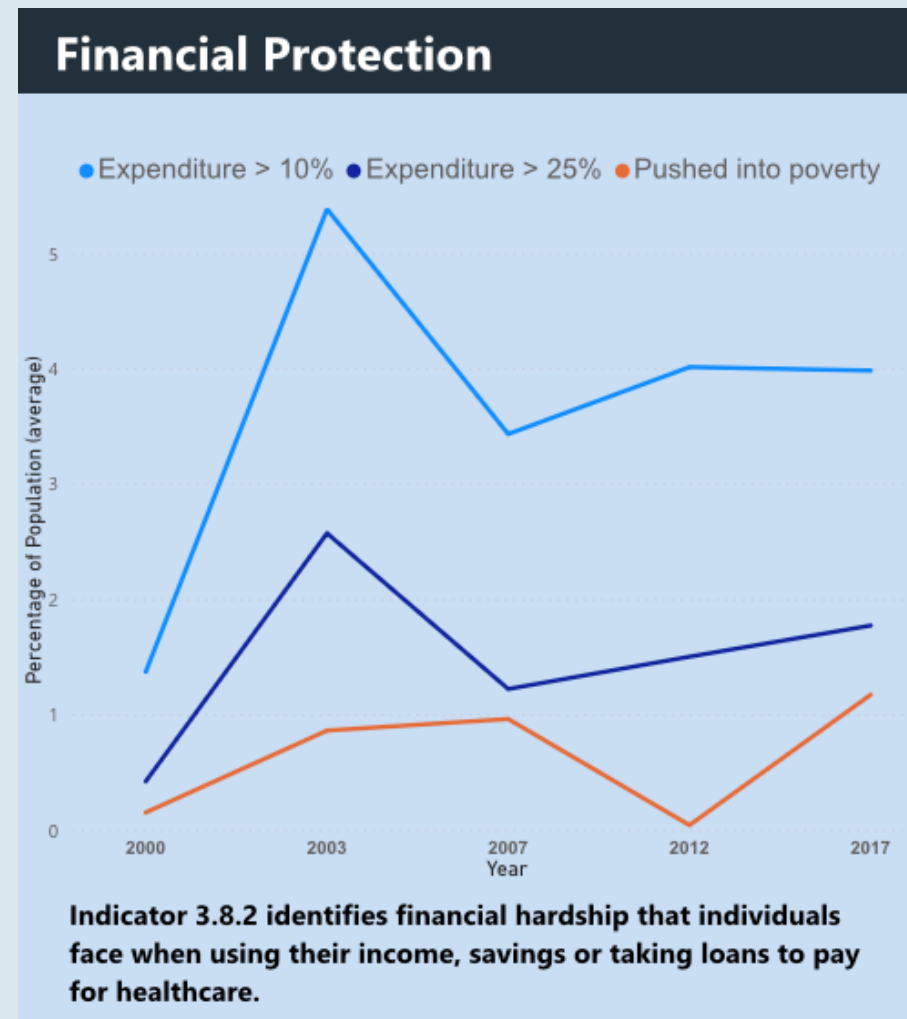
?

The line graph on the right shows the **country's progress on SDG indicator 3.8.2 for financial protection in health** from 2000 to 2017. It compares:
- The percentage of the population for which health spending exceeds 10% and 25% of the household's income or total consumption (catastrophic health expenditure);
- The percentage of the population pushed into poverty due to health spending (impoverishing health expenditure).

Financial Protection

● Expenditure > 10% ● Expenditure > 25% ● Pushed into poverty

Indicator 3.8.2 identifies financial hardship that individuals face when using their income, savings or taking loans to pay for healthcare.

In the selected country,
- The percentage of people facing catastrophic health expenditure decreased between 2002 and 2007. Impoverishing health expenditure increased during the same period.
- The rates remained the same or increased between 2012 and 2017, indicating that the situation has declined for the most vulnerable.
- Achieving UHC requires financial protection policies that reduce financial hardship, alleviate poverty and decrease health inequities across the population.

?

This bar graph shows **the country's current investment priorities in 2019** in terms of:
- Government spending on health (% of total government expenditure)
- Spending for primary health care (% of GDP)
- Government transfers for health (% of current health expenditure)
- Recurrent out-of-pocket health spending (% of current health expenditure)

Investment Priority

Recurrent government spending on health (%) - 2019

4%

Primary Health care expenditure (% of GDP) - 2019

52%

Government transfers (%) - 2019

77%

Recurrent out-of-pocket spending on health (%) - 2019
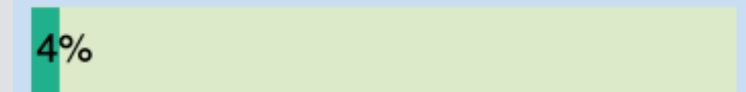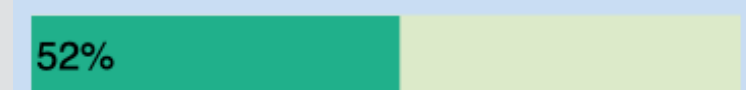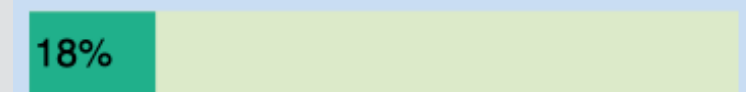
18%

In the selected country,
- The level of government expenditure for health reached 4% of total government expenditure in 2019.
- Primary health care expenditure reached 52% in 2019.
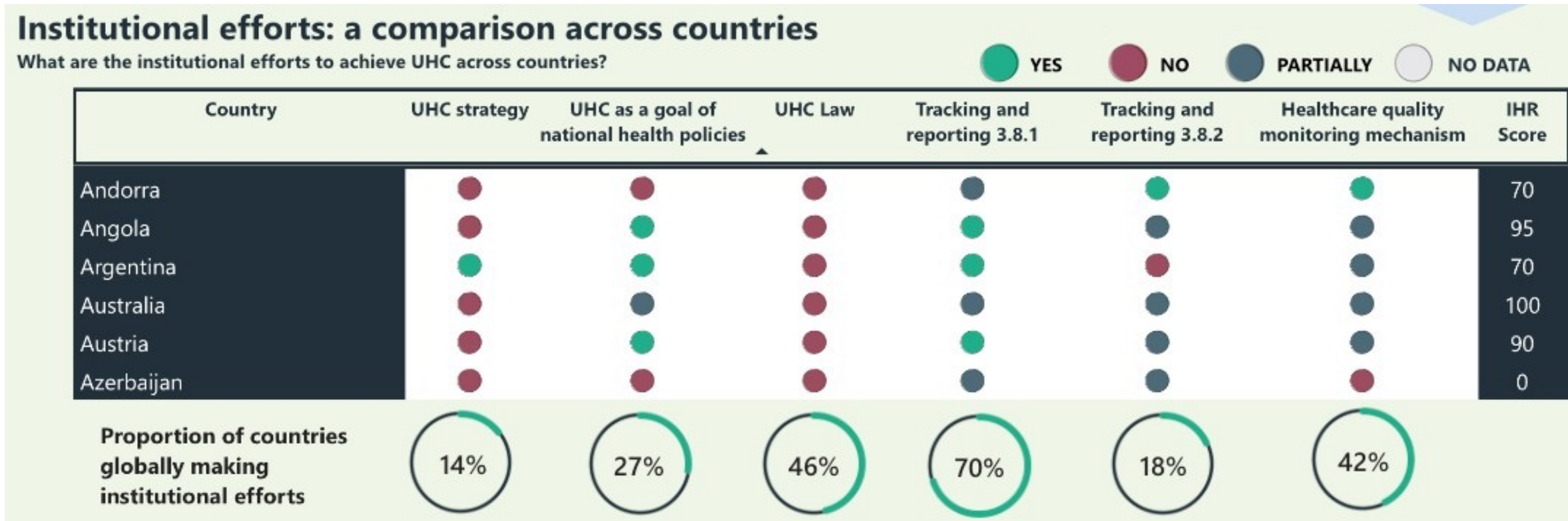- Government transfers for health reached 77% in the same year.
- Recurrent out-of-pocket spending on health reached 18%.

Section 3: Institutional efforts to achieve UHC
Efforts and progress in health policy planning, legalization, reporting, monitoring and capacity are essential to achieve progress towards UHC. This section provides insight into institutional efforts across countries.

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Institutional efforts: a comparison across countries
What are the institutional efforts to achieve UHC across countries?

YES — **NO** — **PARTIALLY** — **NO DATA**

Country	UHC strategy	UHC as a goal of national health policies	UHC Law	Tracking and reporting 3.8.1	Tracking and reporting 3.8.2	Healthcare quality monitoring mechanism	IHR Score
Andorra	NO	NO	NO	PARTIALLY	YES	YES	70
Angola	NO	YES	NO	YES	PARTIALLY	PARTIALLY	95
Argentina	YES	YES	NO	YES	NO	PARTIALLY	70
Australia	NO	PARTIALLY	NO	PARTIALLY	PARTIALLY	PARTIALLY	100
Austria	NO	YES	NO	YES	PARTIALLY	PARTIALLY	90
Azerbaijan	NO	NO	NO	PARTIALLY	PARTIALLY	NO	0

Proportion of countries globally making institutional efforts

| 14% | 27% | 46% | 70% | 18% | 42% |

This table summarizes various institutional efforts and progresses to achieve UHC across countries. The circles and percentages under the table provide proportions of countries globally making institutional efforts. To find your country of interest, scroll down in the table.

		YES	NO	PARTIALLY
UHC strategy	A concrete strategy or action plan on how the country achieves UHC. This document should be specific to all three dimensions of UHC (service coverage, financial protection and population coverage).	Concrete strategy	No strategy	Strategy related to specific dimensions
UHC as a goal of national health policies	UHC is explicitly stated as a goal of national health plans and strategies.	UHC stated as a goal	UHC not recognized	Dimensions stressed as a goal
UHC law	Refers to any applicable law within the country that regulates UHC, including formal written laws. These work by providing the means to create the institutional framework for UHC.	UHC Law existing	UHC Law not existing	NA
Tracking and reporting SDG 3.8.1	If and how countries are reporting on SDG 3.8.1, essential service coverage, in their VNRs.	3.8.1 clearly reported	3.8.1 not clearly reported	Limited information
Tracking and reporting SDG 3.8.2	If and how countries report on SDG 3.8.2 financial protection in their VNRs.	3.8.2 clearly reported	3.8.2 not clearly reported	Limited information
Healthcare quality monitoring mechanisms	A policy, strategy, or plan to monitor and improve the quality and safety of healthcare. These mechanisms should be linked with the key elements of quality of care (effective, safe and patient-centred).	Concrete strategy	No strategy	Strategy partially related to quality of care monitoring
IHR Score	The International Health Regulations (IHR) score is based on the average of 13 IHR core capacity scores and shows the country's level of emergency preparedness. Higher numbers indicate better capacities.	NA	NA	NA

Section 4: Priority services and population groups (1/2)

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This section provides an overview of the health services and population groups that are prioritized by the government in their UHC efforts.

? The below chart shows which health services are prioritized across government UHC efforts and to what extent. Health services are categorized into 5 main categories:
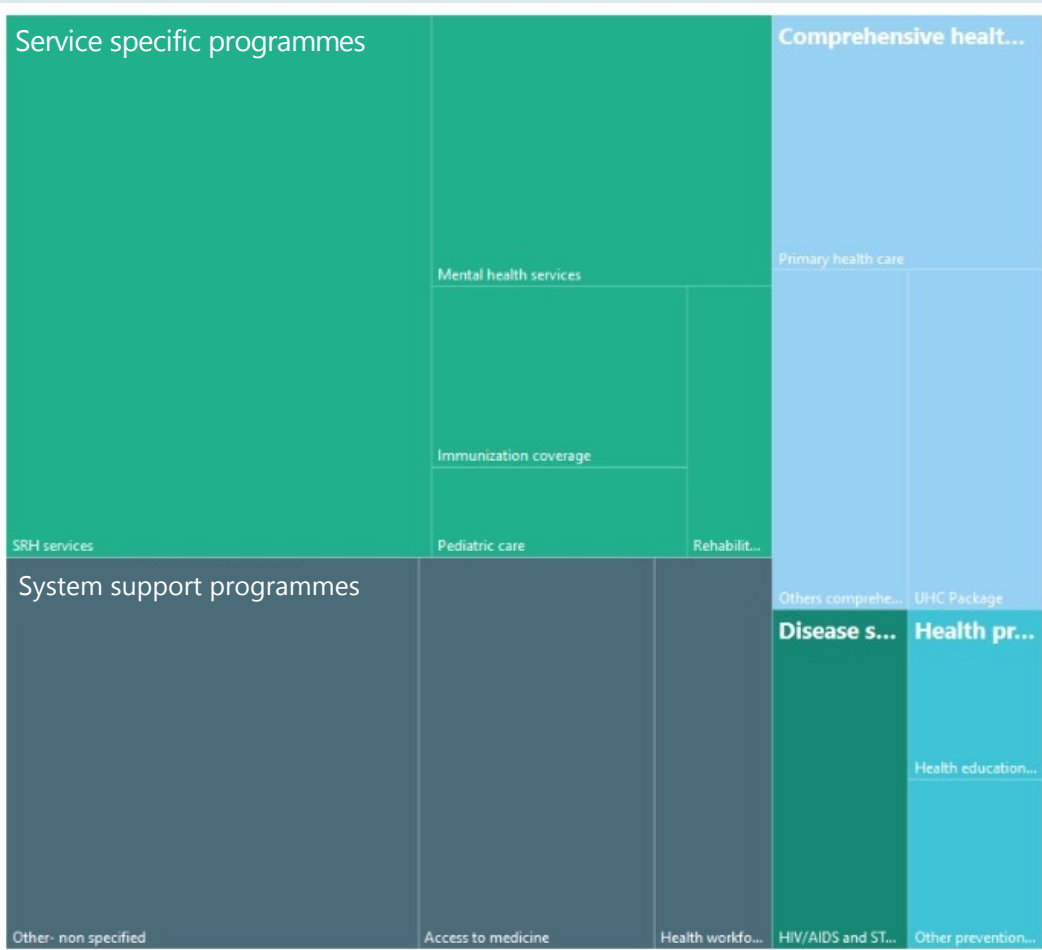- **Service-specific programmes**
- **Disease-specific programmes**
- **Comprehensive health care programmes**
- **Health prevention and promotion programmes**
- **System support programmes**

You can click on the rectangles to learn more about the specific services included under each category.

Priority services

What services are prioritized across government UHC efforts?

? The bar graph on the top shows various **population groups prioritized by governments in their UHC efforts**. The lower graph shows the non-state actors' view about which population groups should be prioritized in UHC efforts.

Priority population groups

What groups are prioritized by government and non-state actors?
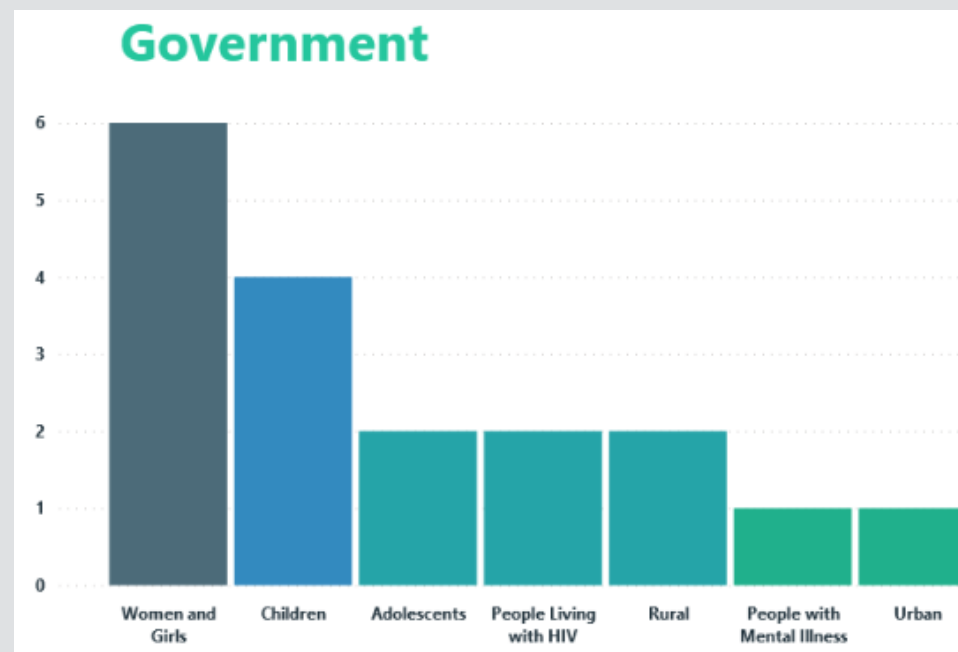

In the selected country,
- The biggest priority is given to service-specific programmes (especially, sexual and reproductive health, mental health, and immunization), followed by system support programmes (access to medicine) and comprehensive healthcare programmes.
- Disease-specific and health prevention and promotion programmes were prioritized the least.
- More effort is needed to enhance comprehensive health programmes and provide essential health services for all.

In the selected country,
- Women and girls followed by children, adolescents, people living with HIV, and rural populations are the most prioritized across government plans and strategies.
- From the perspective of non-state actors, LGBTQIA+ people, migrants and refugees, and people with physical disabilities should also be prioritized across UHC efforts. Improving the participation of non-state actors in government UHC efforts is crucial to ensure that no one is left behind.
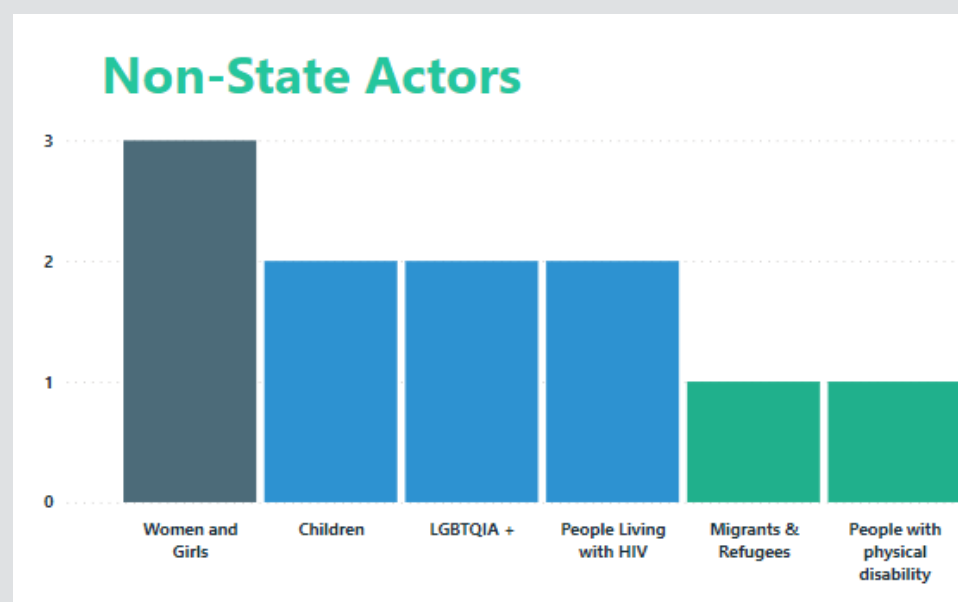
Section 4: Equity across population groups (2/2)

Equity across different socio-economic groups is important to ensure that no one is left behind. This section looks at equity in service coverage and financial protection based on income and geographical situation.

Equity in service coverage across different income groups
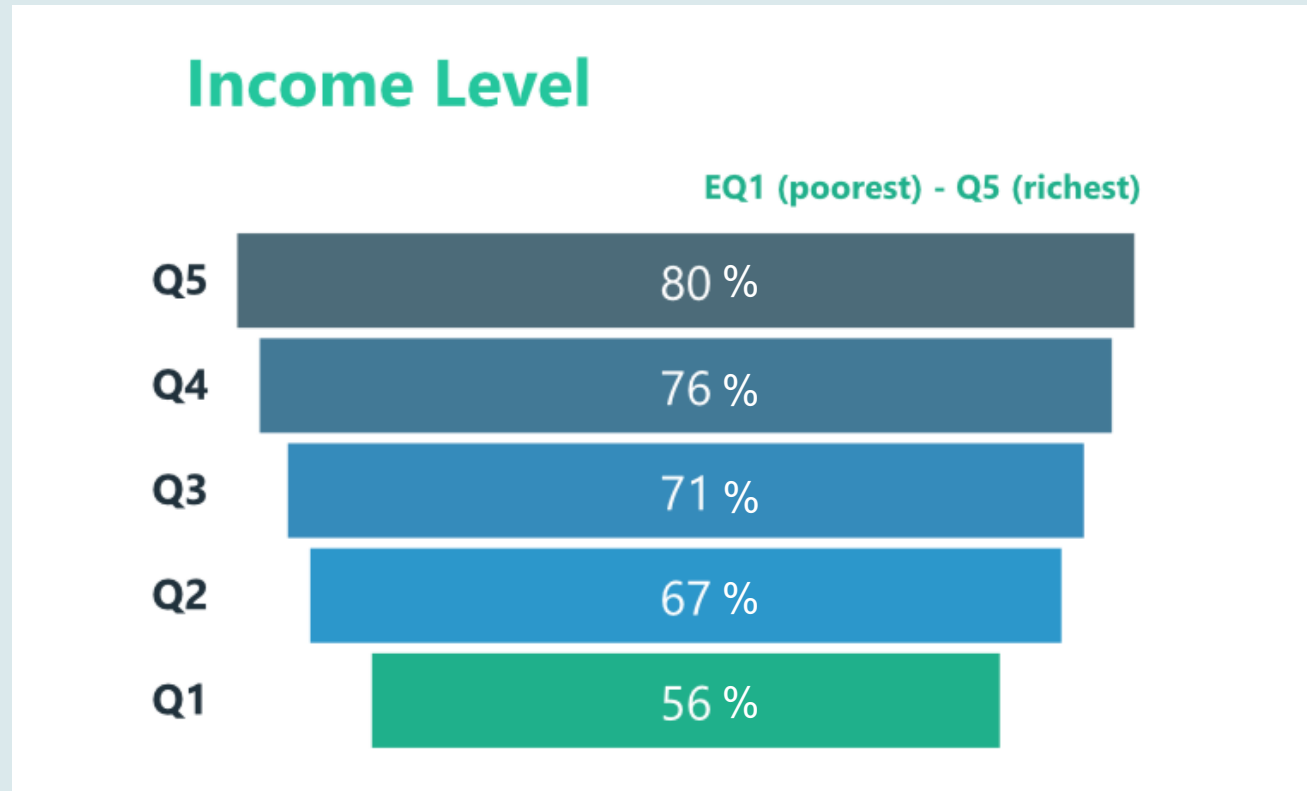
? The above graph shows how UHC progress meets population needs in terms of coverage for RMNCH services across different income groups. Q1 represents the population group with the lowest income, while Q5 represents the group with the highest income.
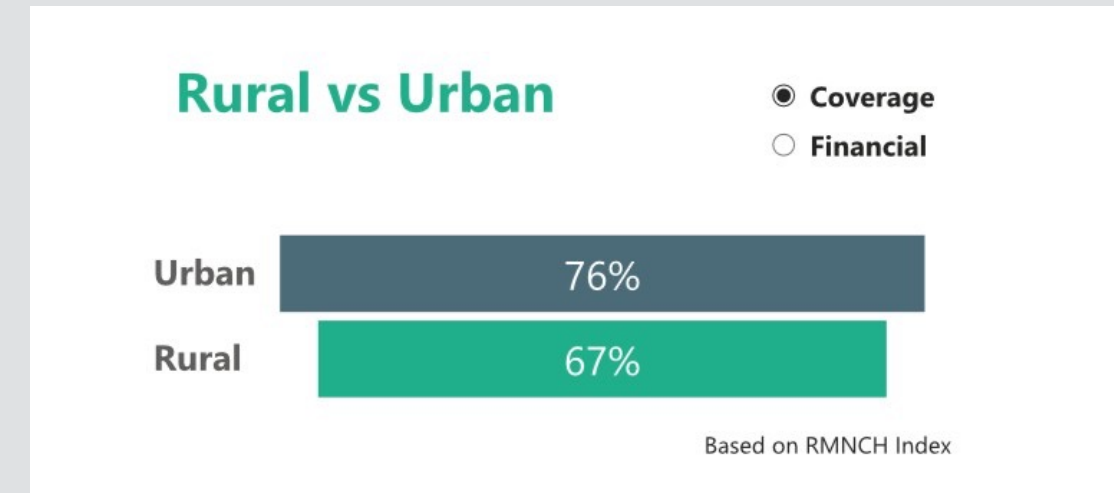
In the selected country,
- 80% of the population's need is met in the richest group while only 56% is met among the lowest income group.
- Ensuring that all people, regardless of their socio-economic status, can access essential services is vital.

? The two graphs below compare differences in **coverage of RMNCH services** and **financial protection between rural and urban populations**. The buttons on the top right corner of the graph allow you to display data either for coverage or for financial protection.

Equality in service coverage between rural and urban populations

In the selected country,
- RMNCH coverage for rural populations is lower than that for urban populations by about 9%.

Equality in financial protection between rural and urban populations
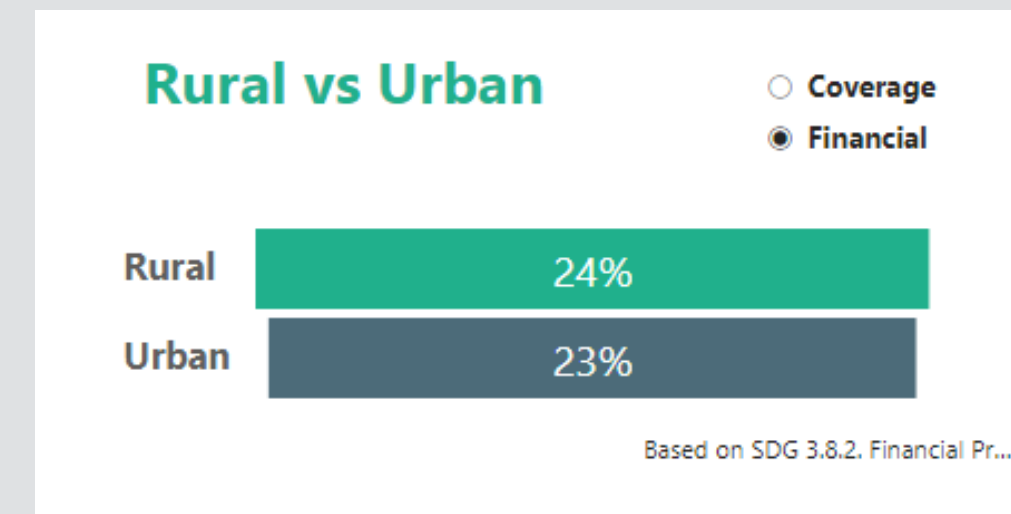
In the selected country,
- Financial protection for rural populations is slightly lower than that for urban populations by about 9%.
- Ensuring that everyone, everywhere can access essential services without financial hardship is vital by reducing access barriers across regions.

Civil participation and anti-corruption efforts are crucial for enhancing UHC. This section provides detailed information about environments enabling social participation.

?

This part of the dashboard section includes data from three different sources:

- **The Corruption perception index** measures how corrupt a country's public sector is perceived to be, on a scale of 0 (highly corrupt) to 100 (very clean).
- **The Open budget index** provides a complete view of how public resources have been raised, allocated and spent during the fiscal year. It ranks the openness of budget processes between 0 (closed) and 100 (open).
- **The Civic space rating** shares data on the state of civil society freedoms. The rating is based on several data sources that reflect the voices of local communities and civil society organizations. The scale measures the level of civil freedom in the country from 0 (closed) to 1 (repressed), 2 (obstructed), 3 (narrow) and 4 (open).

The blue dots on the line graphs show where the selected country stands in comparison to other countries (green dots). You can click on the blue dots to display the country's score.

In the selected country,

Corruption perception index
- The Corruption perception index is lower than for many other countries.
- Corruption erodes trust in the public sector to act in the country's best interests. Countries should integrate and strengthen their anti-corruption mechanisms to eliminate corruption and promote trust.

Open budget index
- The Open budget index is better than for many other countries, but there is still room for improvement.
- The country needs better public access to timely and comprehensive budget information. It should increase public participation in budget decision-making and monitoring as well as the role and effectiveness of the legislature and supreme audit institution in the budget process.

Civic space rating
- The Civic space rating is 3 (narrow).
- Enhancing civic participation is a prerequisite for good UHC governance and accountability. Countries should facilitate and promote the participation of individuals and civil society organizations in policy and decision-making and oversight.
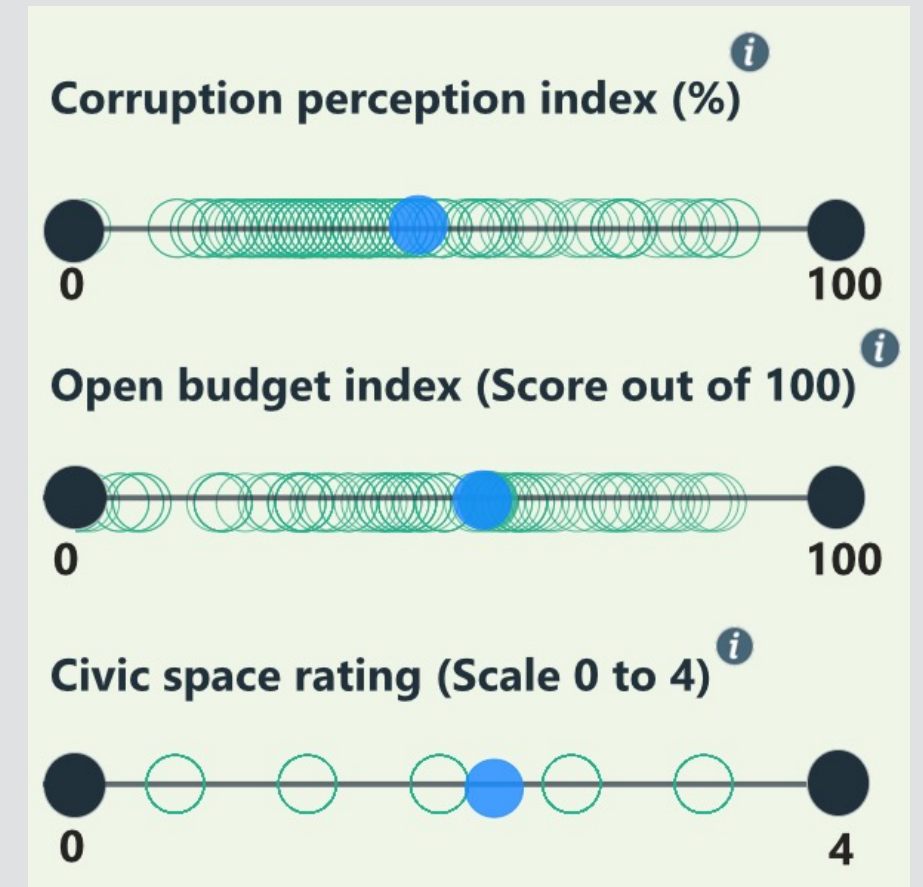
This section provides information about women's participation and leadership and about UHC media coverage.

Women participation and leadership

Ministers	30%	70%
Parliamentarians	21%	79%
Physicians	43%	57%
Nurses	70%	30%
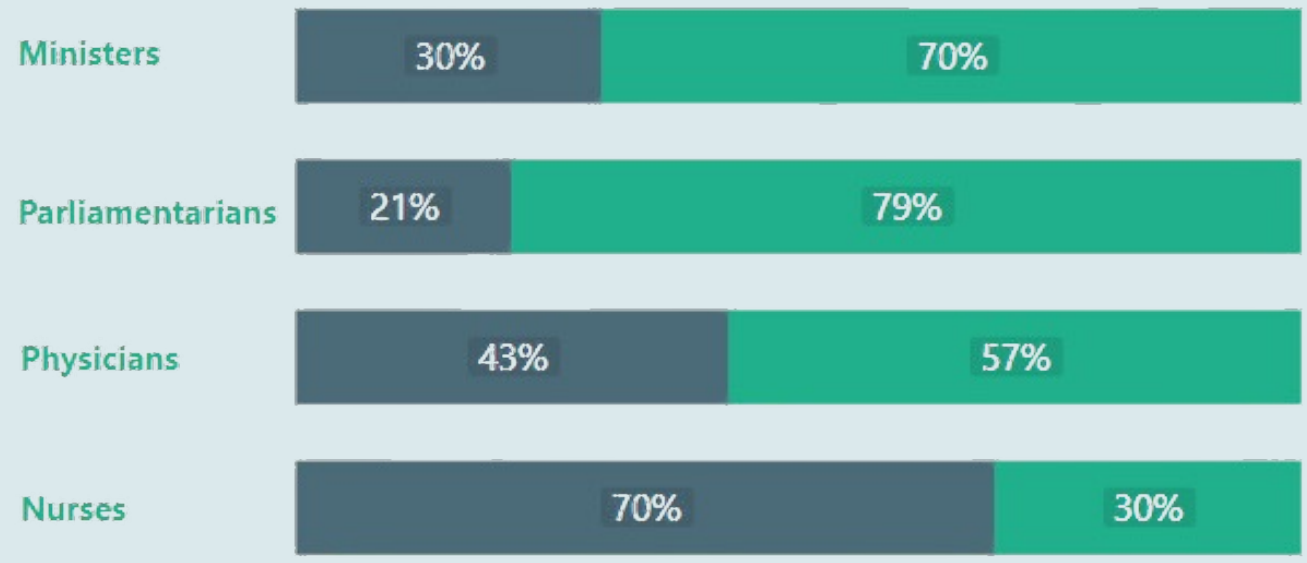
? The above bar graph shows **women's participation in the health sector and across political leadership positions.**

In the selected country,
- Women's participation is significantly higher in the health sector (70% of nurses and 43% of physicians) than in political leadership positions (30% in ministerial or equivalent positions in the government and 21% of parliamentarians).
- To ensure gender equality in line with the UHC Political Declaration, countries must increase women's leadership in health and political sectors.

Media coverage of UHC progress

50

50 % Positive stories
0 % Neutral stories
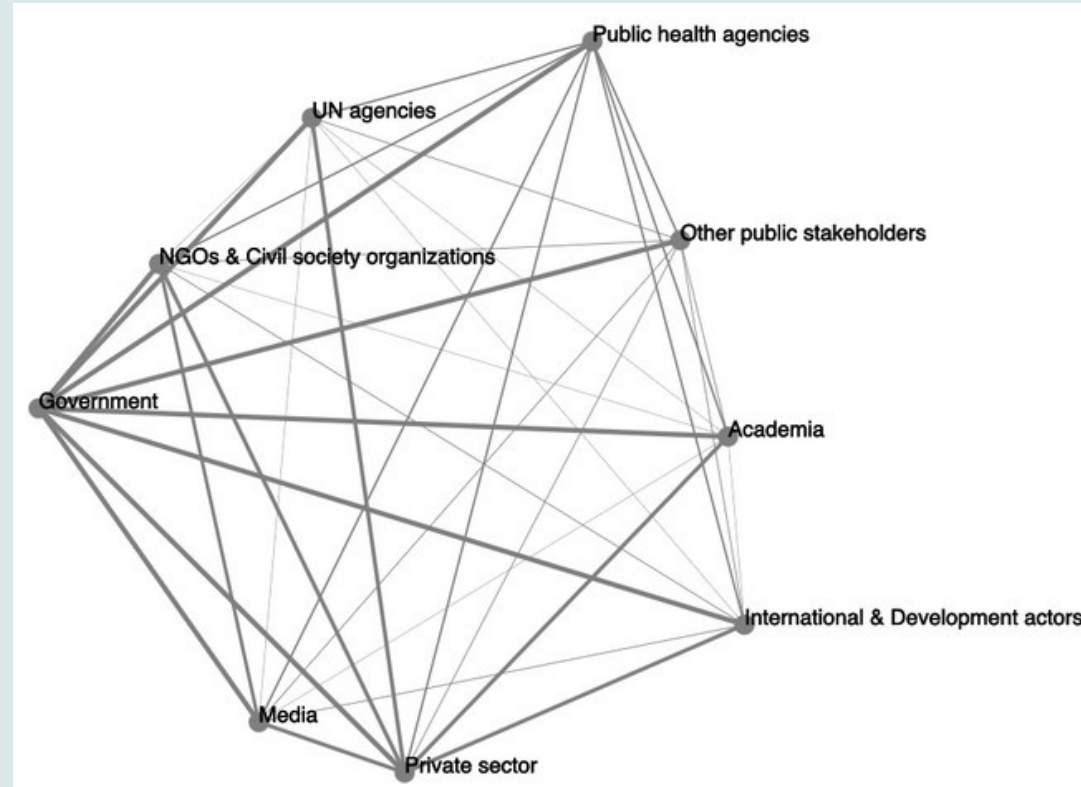50 % Negative stories

? The graph on media coverage represents **public perception of government UHC efforts** extracted from media monitoring. Coverage is categorized according to positive, neutral or negative references to UHC.
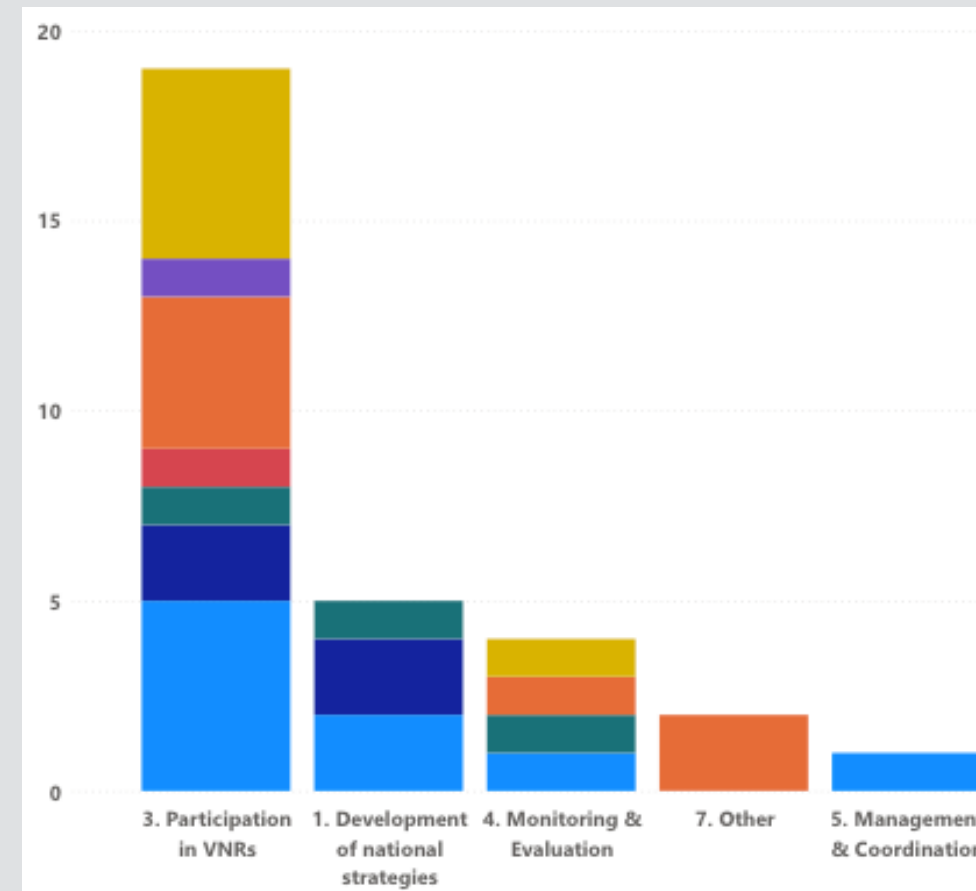
In the selected country,
- 50% of coverage was positive and 50% was negative.
- Political commitments should consider public reactions to secure trust in government policies.

Section 6: Multi-stakeholder collaboration for UHC

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UHC requires strong multi-sectoral action and collaboration among different stakeholders. This section provides an overview of different stakeholders included in UHC efforts and mechanisms for their engagement.

UHC stakeholder map

? This diagram shows which **actors are engaged in UHC multi-stakeholder collaboration** in the country and how they are interconnected. The thickness of the line between the different stakeholders represents the intensity of mutual collaboration.

In the selected country,
- The government plays a central role for UHC collaboration.
- There is a strong collaboration between the government and other stakeholders.
- Although different actors collaborate, the intensity of collaboration among some stakeholders seems insufficient.
- Multi-sectoral action and collaboration must be enhanced to address barriers within and outside of the health sector in a systematic and integrated way.

Stakeholder engagement mechanisms

Types of engagement mechanisms

Types of engagement mechanisms:
1. Participation in development of national strategies
2. Participation in implementation of strategies
3. Participation in VNRs
4. Monitoring and evaluation
5. Management and coordination of various stakeholders
6. Technical support
7. Other

? This bar graph shows the **types of engagement mechanisms for UHC** in the selected country. The different colours on the bars represent different stakeholders engaged in each mechanism. You can click on each colour to see who is engaged.

Main findings:
- The most common engagement mechanism is Participation in VNRs, followed by Participation in development of national strategies, policies or action plans and Monitoring and evaluation.
- There is no engagement identified in terms of Participation in implementation of strategies and technical support.
- The government should support more active engagement of diverse stakeholders in other mechanisms.

UHC2030 is the global movement to build stronger health systems for UHC. It provides a platform to convene and build connections through joint high-level events or gathering of experts and contributes advocacy, tools, guidance, knowledge and learning. This supports all relevant stakeholders to take more effective and coherent action in support of countries' efforts to achieve UHC, based on a shared vision for health systems that protect everyone and a shared commitment to leave no one behind.

UHC2030 brings together diverse partners, including governments, international organizations and global health initiatives, philanthropic foundations, civil society and the private sector. UHC2030 also brings together partnerships, collaboratives and networks which focus on strengthening different aspects of health systems, and promotes mutually reinforcing action and sharing of information, learning and resources.

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UHC Data Portal
- The UHC Data Portal provides access to the data used to track the State of UHC commitment.

Synthesis Report
- The State of UHC commitment synthesis reports summarize key findings from the state of commitment review.

UHC Action Agenda
- The UHC Action Agenda is a set of action-oriented policy recommendations that country leaders should implement to strengthen resilient and equitable health systems, advance health security and deliver health for all by 2030.

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Taking action for universal health coverage