

A2. Relevance of UHC for disease- or population-specific interests

Disease-, intervention- and population-specific interests are part of UHC, according to the definition, which specifies necessary services, quality of services and access according to need for all people, with financial protection. Extending coverage of treatment for a specific disease such as AIDS, for noncommunicable diseases and reproductive health services or for populations, such as adolescents, who require specific services is a contribution to UHC.

WHO has developed a [compendium of interventions for UHC](#) (16) for policy-makers, national health authorities and decision-makers to support them in building packages of essential services. The compendium offers a database of over 3500 health actions in all health areas, from which they can choose in planning and budgeting health programmes. The compendium brings together evidence, guidance, resources and cost analysis on one platform. In addition, it gives tips and options for choosing the most cost-effective actions for a comprehensive package suited to the national context.

The database provides a global reference point for organizing and presenting information on health interventions for UHC throughout the life course and for all diseases. It describes a diverse set of actions for prevention, rehabilitation and treatment, as well as inter-sectoral interventions. To sustain the gains made in coverage of specific diseases or populations, effective coverage of priority interventions and services must be increased. Programmes may be efficient on their own but may have inefficient aspects within the health system. To maximize coverage of priority interventions for all, therefore, the overall health system must be strengthened, including cross-cutting sectors such as information and supply systems. This perspective will also improve efficiency, reduce duplication and result in a better-integrated system to respond to the comprehensive health needs of the population (17). As UHC is universal, the whole population and the whole system must be the unit of analysis. Similarly, budget analysis and dialogue make sense at the level of a sector and not just at the level of a disease or intervention (18).

WHO has developed developed a [cross-programme efficiency](#) (19) approach to provide a framework for countries to identify and correct inefficiencies that compromise their governments' capacity to improve, or at least sustain, the delivery of priority health services. The specific aim is to review all the health programmes in each country's health system to detect "cross-programme" duplications, overlaps and misalignments.

WHO has also developed an [online module](#) on cross programmatic efficiency analysis, based on the approach where participants learn how to unpack health programmes based on their common health system functions – financing, governance, service delivery, and creating resources (e.g. supply chain, information systems, health workers) – to understand how they interact with one another and the overall system, and where inefficiencies can be identified.