



# STAKEHOLDER VOICES

on Tracking Universal Health Coverage:  
2017 Global Monitoring Report

December 2017 Conference Draft

# ABOUT UHC2030

**All countries need strong health systems**

to achieve universal health coverage (UHC) by 2030. Every person, wherever they are, should be able to access and afford quality health services.

**UHC2030 provides a multi-stakeholder platform**

to promote collaborative working in countries and globally on health systems strengthening.

**We advocate increased political commitment**

to universal health coverage and facilitate accountability and knowledge sharing.

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# EXECUTIVE SUMMARY

Universal Health Coverage (UHC), whereby all people and communities have access to needed health services of good quality and without risk of financial hardship, underpins health in the Sustainable Development Goals (SDGs). In addition, progressive universalism, where those most in need benefit first, will operationalise the SDG commitment to leave no one behind. As countries make policy choices and allocate resources in the name of achieving UHC, accountability mechanisms will be crucial to expose who benefits and who is left behind.

Monitoring is an essential function for accountability. [The Tracking Universal Health Coverage: 2017 Global Monitoring Report](#)<sup>1</sup> issued by the World Health Organization and the World Bank Group in December 2017, reveals how countries are delivering on their commitment to expand coverage of essential health services and protection against the financial hardship of accessing health care, according to SDG target 3.8. The findings of the report are alarming: at least half of the world's population remains without access to quality essential health services, 800 million people spend at least 10% of their household budget on out-of-pocket expenses for health care, and these costs drive almost 100 million people into extreme poverty each year.

Data alone will not achieve accountability. Monitoring must lead to multi-stakeholder review and remedial actions, course correction or sanctions. Multi-stakeholder engagement during reviews of progress can give voice to vulnerable communities and bring legitimacy to and shared ownership of the decisions made. The International Health Partnership for UHC 2030 (UHC2030) is committed to strengthening such accountability processes for UHC, and our diverse reach and convening power makes us well-placed to facilitate multi-stakeholder dialogue for accountability.

The launch of the Tracking Universal Health Coverage: 2017 Global Monitoring Report provides an opportunity for multi-stakeholder review of progress. It is for this purpose that UHC2030 has compiled commentaries on the findings of the Global Monitoring Report from adolescents and youth, civil society, The Elders, the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent and the Inter-Parliamentary Union.

## Key messages emerging from the stakeholders' commentaries

- **An urgent call to action:** with fewer than 5000 days to reach UHC by 2030, the Tracking Universal Health Coverage: 2017 Global Monitoring Report is an urgent call to action.
- **Inadequate progress:** the report findings reveal slow, uneven and inadequate progress, with worsening financial protection in many countries and unacceptable levels of inequality. Behind the statistics are billions of people who are denied their right to health due to failures by their governments and the international community. Primary health and community systems must be prioritised, with sufficient focus on sexual, reproductive, maternal, newborn, child and adolescent health.
- **Persistent measurement gaps:** the report reveals persistent gaps in the data, and particularly refined disaggregation to monitor inequity. We must measure what matters and with sufficient quality to track progress across the SDGs. Credible data, from a range of sources, is vital to inform accountability processes and drive action.
- **Politics, power and resources:** progress towards UHC is a political process; it is about who has voice and power to shape priorities. Inadequate political leadership and financial constraints remain major obstacles to equitable progress. There should be greater focus on domestic resource mobilisation and particularly progressive taxation, with the removal of financial barriers to access including user fees. Global solidarity remains important, through sufficient and effective development assistance for health.
- **Rights and equity:** equity and inclusiveness must be at the forefront of UHC, within the context of the human right to health. This is essential for UHC to deliver on the commitment to “leave no one behind”. We should be monitoring whether people with disabilities, mental health conditions, or in humanitarian settings are benefitting from UHC reforms. Inequality, discrimination and stigma remain drivers of coverage, and discriminatory laws must be changed. Reforms in the name of UHC that fail to address health inequalities should no longer be called UHC.
- **UHC is critical for the SDGs:** the report shows that service coverage correlates with health outcomes. This justifies the global priority given to UHC as a foundation for health in the SDGs and a contributor of progress towards other goals.
- **Accountability matters:** the evidence is a wake-up call to citizens and civil society to stand up, come together and demand action. We must protect and empower citizens to hold their governments and other stakeholders to account, with effective and adequately resourced oversight mechanisms. Advocacy, knowledge exchange and accountability are essential for UHC.

# Adolescent and youth commentary

The SDGs are a roadmap to a world without poverty, inequality, and preventable illnesses by 2030. We, the International Federation of Medical Students Association and the International Youth Alliance on Family Planning, subscribe to the overarching theme of the SDGs, “Leave no one behind!”, and are staunch supporters of the ideas of Universal Health Care, one of the SDG3 targets and a pillar to achieve the other goals. Yet, this recently released global monitoring report highlights the unfortunate variance in quality, equality, and data availability that exists in healthcare and is a sobering reminder of the work that still needs to be done.

“Leaving no one behind”, means that UHC must always be addressed through a human rights lens. In addition to the report’s emphasis on the importance of a rights-based approach in UHC, the elimination of harmful laws and policies that affect women, adolescents and young people, as well as (other) marginalised populations must be a priority. Stigma, inequality and discrimination are barriers to UHC and therefore national-level human rights laws should help ensure that essential services are available, accessible and affordable for everyone.

UHC is also about ensuring quality and not just basic provisions of health care and services. No access to quality medical care disproportionately affects people who already face barriers to health care. The Health Care Quality Indicators, an Organisation for Economic Cooperation and Development-led initiative that addresses effectiveness, patient safety and responsiveness, bring to focus the provision of high quality care and services. Additionally, the time trends presented in the UHC report on service coverage suggest that the quality of interventions and their related care must be prioritised to provide a more holistic approach towards UHC.

Ensuring comprehensive family planning as well as youth- and adolescent-friendly services cannot be emphasised enough. These should include a full range of prevention, care and treatment (including sexual, reproductive, and mental health). Additional medical services should be delivered by a workforce sensitised to the social determinants of health and to health care provision that is non-discriminatory and non-stigmatising.

Finally, the report uses impressive data to measure global indicators. These data are collected through surveys conducted all over the world. For instance, the data used to measure catastrophic spending, one of the UHC indicators, represent data collection from almost 90% of the world's population.

**Stigma, inequality and discrimination are barriers to UHC and therefore national-level human rights laws should help ensure that essential services are available, accessible and affordable for everyone.**

The report acknowledges methods that were used to fill gaps in missing data availability in order to produce global incidence estimates. However, it would be helpful if the sources of the survey data used and demographics targeted were more easily identifiable. This would be useful in understanding how the various UHC indicators were measured. As was made very clear in this report, additional data is necessary to fill gaps where estimations were used.

UHC should serve as an underlying foundation to achieve SDG health targets, to end poverty and to pave the road to equality. Cross-sectoral investments to improve quality, health equity and rights, as well as data, will support the global community to be better equipped to measure and work towards UHC for all and leave no one behind on the road to 2030.

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# Civil society commentary

Despite the international commitment to UHC, half of the world's 7.3 billion people do not have access to essential health services; the number of people impoverished by health spending remains unchanged; and catastrophic health expenditure is on the rise. Health coverage has been increasing at a rate of just over 1% per year.

The report's findings leave no room for doubt – progress is too slow and in the case of financial protection, many countries are travelling in the wrong direction. Inequalities in service coverage remain unacceptably high.

The greatest obstacles to progress are lack of political will and financial constraints. On top of systemic challenges - including the shortage of health workers, unaffordable and inaccessible medicines, and poor procurement - exclusion from health services is largely driven by inequality and discrimination. In some countries, donor agencies and governments appear more interested in enabling a greater role for health care businesses than in delivering on their duty to fulfil the right to health. The WHO and World Bank should be categorical – national approaches that fail to redress or exacerbate health inequalities can no longer be called UHC. There must be renewed efforts to reduce inequality by placing equity at the core of all interventions in alignment with the SDG commitment of “leaving no one behind”.

When public financing is low, regressive out-of-pocket spending fills the gaps and exposes millions to financial insecurity and impoverishment. Countries must move towards universal health systems funded predominantly by public sources. This will only be possible through domestic resource mobilisation with priority given to progressive taxation. Governments should spend at least 5% of their Gross Domestic Product on the health sector with increased focus on primary health and community systems to provide essential health services. This should in no way be an argument to reduce global solidarity and aid must continue to support countries' reforms towards UHC.

According to the World Bank and WHO leadership, UHC is within our reach and the capacity is growing to measure success towards this goal. Although much has been accomplished to track progress, the report reveals continuing gaps in data collection, especially in accurately measuring progress in redressing inequality in service coverage and financial protection. Collective action to measure what matters will be critical but even more important is protecting and enabling the ability of citizens to hold their governments and other stakeholders to account.

The report's findings leave no room for doubt – progress is too slow and in the case of financial protection and tackling discrimination, many countries are travelling in the wrong direction. Inequalities in service coverage remain unacceptably high while the role of civil society and community is far from adequately recognised.

Above all we must remember that behind the numbers are billions of human beings denied their right to health. Human beings who face unimaginable suffering because their governments and the international community are failing them. The UHC monitoring report should not only serve as a wake-up call to national leaders and the global community, but also to citizens and civil society who must stand up, come together and demand that governments around the world walk the talk.

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# The Elders commentary

This UHC Global Monitoring Report by the World Health Organization and the World Bank Group is an important contribution to the global debate on the best way to achieve Universal Health Coverage. It is vital that progress towards UHC is measured and evidence presented in a comprehensive fashion to guide policymakers and political leaders.

The Elders have been campaigning for UHC since 2016 because we believe it is the best way to achieve the health Sustainable Development Goal. So we are pleased the monitoring report notes that target 3.8 of the health SDG - "Achieving universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all" - is key to attaining the entire health goal as well as the health-related targets of other SDGs.

The key to the SDGs is that they are integrated and indivisible, balancing the economic, social and environmental dimensions of sustainable development of which health is a crucial part.

The report highlights the scale of the UHC challenge when it says that: "At least half the world's population does not have full coverage of essential services". This should be the key headline that strikes readers of the report and hopefully spurs them on to push for credible and radical UHC policies worldwide.

The report's UHC service coverage index correlates highly with health outcome indicators, i.e. under-five mortality, life expectancy and the human development index; thus demonstrating that consumption of effective health services improves health overall. By setting this out clearly, the report helps to justify the global priority being given to achieving UHC.

It is striking that the two service coverage rates that have shown the most dramatic increases this century – anti-retroviral treatment of HIV, and use of insecticide-treated bed nets – are both services that have been associated with the mass distribution of commodities provided free of charge to users. This emphasises the importance of removing user fees and other financial barriers that stop poor and vulnerable people accessing vital services.

Similarly, the figures given for seven maternal and child health services demonstrate unacceptable levels of inequality in service coverage between the rich and the poor. This again reinforces the need for UHC reforms to allocate health service benefits equitably, and remove financial barriers such as user fees.

The report highlights the scale of the UHC challenge when it says that “at least half the world’s population does not have full coverage of essential services”. This should be the key headline that strikes readers of the report and hopefully spurs them on to push for credible and radical UHC policies worldwide.

Given this, it is surprising that the report underplays the importance of removing fees at the point of service when it says: “UHC does not mean that health care is free of charge”. Of course health services have to be paid for but this should be through pre-paid mechanisms that pool contributions across society, not through imposing direct charges on the users of services. There is extensive research literature to support the view that even the smallest user fees deter poor people from accessing vital services. The President of the World Bank Group himself referred to this when he addressed the World Health Assembly in 2013. What is crucial is that governments provide sufficient public financing to provide a package of essential health services, free at the point of delivery, giving a high priority to the specific needs of women, children and adolescents.

We are looking forward to seeing the UHC Service Coverage and Financial Protection indicators by country, which were not available at the time of preparing this commentary. Enabling political leaders and civil society organisations to see which countries are underperforming will help build pressure on governments to act. We firmly believe that there is an urgent need to advocate, gather evidence, share knowledge and promote accountability given the universal nature of the UHC agenda.

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# UN Secretary-General's Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent commentary

The findings of the UHC report are sobering. At least half the world's population lacks full coverage for health care basics. More people face catastrophic spending for essential health needs, millions are impoverished as a result. Inequities are glaring: the haves (of health coverage) live 21 years longer than the have-nots. And while UHC has expanded overall, Africa and Southern Asia are the furthest from attaining the promise of quality, affordable health care for all.

Dramatic equity gaps persist in women's, children's and adolescents' health. Progress in family planning has plateaued. Over 200 million women have unmet needs for modern contraception, even though this is one of the smartest investments for achieving the SDGs by empowering women and adolescent girls.

“ Expanding UHC is a political process. It is about who has voice and power in defining health priorities, for whom, and how fairly they are financed. How many countries have policies to ensure people with disabilities, living with HIV, mental health conditions or in humanitarian settings are getting their share of UHC benefits?

As alerted in our 2017 report, Transformative Accountability for Adolescents<sup>2</sup>, one in six of the global population are adolescents who hold the central promise for resolving many health problems and averting heavy burdens on health systems and budgets. They are not mentioned once in the whole report.

What about the right to health? Absent. Human rights? Gender equality? No mention. Are we losing our compass for guiding UHC implementation with equity and inclusiveness at the forefront?

Effective, adequately-resourced oversight mechanisms for people's rights and entitlements under UHC schemes, from local to global levels, will be essential to stay on track. This includes effective regulation of private sector actors, from providers to pharmaceuticals and companies influencing health. The IAP appreciates the report's contributions and its calls for refined data disaggregation focused on equity; and for moving UHC beyond curative care to health promotion and prevention in which comprehensive age-appropriate sexuality education for all adolescents must also form part.

Expanding UHC is a political process. It is about who has voice and power in defining health priorities, for whom, and how fairly they are financed. How many countries have policies to ensure people with disabilities, living with HIV, mental health conditions or in humanitarian settings are getting their share of UHC benefits?

Monitoring should 'paint the picture' of how people are faring under the SDGs, and ensure meaningful pointers for decision-makers. The report tends to reflect a narrow approach from the Millennium Development Goals era, without capturing the inter-connectedness of the SDGs: a missed opportunity to resonate with policy-makers and promote transformative action under the 2030 Agenda. We know the challenges of data availability; all the more reason to exploit a wider array of independent and qualitative sources from the international human rights system, civil society and communities themselves. In this way, global monitoring of UHC and the SDGs can better drive political will and investments, oversight and swift remedial action for strengthened accountability to those who need it most.

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2 Independent Accountability Panel for Every Woman, Every Child, Every Adolescent. Report 2017: Transformative accountability for adolescents: accountability for the health and human rights of women, children and adolescents in the 2030 agenda. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO (<http://iapreport.org/2017>)

# The Inter-Parliamentary Union commentary

As legislators, overseers of government action and community leaders, members of parliament are well placed to promote accountability mechanisms based on credible, comparable data. A decision-making process informed by evidence is an integral part of sustainable development. It is also a prerequisite for parliamentary action, including policy development, legislation, financing, and advocacy. Parliamentarians also have a key role to play in supporting equity-oriented interventions, ensuring that health laws and policies, as well as their implementation, are leaving no-one behind.

“ Leadership and political will are key to ensure that evidence-based legislation and policies are in place as well as solid accountability mechanisms to increase service coverage targeting the most in need without increasing financial hardship.

In the last decades evidence-based legislation and policy interventions have considerably improved the health outcomes of the most vulnerable populations through facilitating accessibility of health services and reducing the incidence of infectious disease. In spite of such achievements, lack of quality health services alongside fragile national health systems and inadequate financial protection coverage for significant portions of the population in low- and middle-income countries, pose an important challenge to achieve universal health coverage.

To counter this situation and accelerate progress, leadership and political will are key to ensure that evidence-based legislation and policies are in place as well as solid accountability mechanisms to increase service coverage targeting the most in need without increasing financial hardship. Parliaments have a key role in creating such an enabling environment. Yet, without scrupulous collection of credible, comparable data, it is hard for political institutions to identify national health priorities or conceive public health policies that are able to address existing inequalities and, ultimately, achieve universal health coverage.

The 2017 Global Monitoring Report on Tracking Universal Health Coverage co-published by the World Health Organization and the World Bank Group represents a significant contribution towards monitoring coverage with essential health services and promoting accountability. The report makes a solid reference point to measure progress on health within the framework of the Sustainable Development Goals. It also encourages countries and regions to develop and rely on internationally comparable data, which would facilitate adjustment of policies and legislation to prioritise areas of intervention and address local priorities.

# UHC2030

International Health Partnership

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