



**UHC2030 STEERING COMMITTEE**  
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**Albert Borschette Conference Centre**  
**European Commission**  
**Rue Froissart 36, Brussels**

# **State of UHC commitment report: Draft concept note**

**For Information**  **For Review & Advice**  **For Approval**

## Report on State of the UHC Commitment Draft concept note

### Purpose

To provide a multi-stakeholder consolidated view on the state of global and country commitments to making progress towards SDG target 3.8 – Universal Health Coverage (UHC). The report will support the advocacy and accountability efforts of the UHC Movement asking political leaders to take the necessary action to implement the UHC Political Declaration adopted at the UN High-level meeting in 2019. It will also be used to track action on related commitments made by the global health stakeholders.

The report will be more “political”, “country-focus” and “action oriented” in nature and so complement the more “technical” and “global” UHC monitoring report focusing on UHC indicators (i.e. Service Coverage and Financial Protection).

Monitoring progress on UHC and holding governments accountable to take the necessary actions may require data that may not be readily collected by national institutions when it comes to political dimensions around rights, governance and equity. As such, the report would aim to provide country stakeholders with the necessary additional evidence to feed into inclusive and participatory review processes which countries have committed to conduct for assessing progress towards achieving UHC.<sup>1</sup> Such review processes should provide the basis to report into the regular Global and Country preparatory process of the UN High-Level Political Forum (e.g. Voluntary National Review, Health Thematic Review, and SDG Progress Report).

### Approach

The report will follow the “UN HLM on UHC in 2019 - Key Targets, Commitments and Follow-up Actions” along with the UHC Key Asks. A preliminary analytical framework is provided at Annex 1 and proposes the following outline for the potential contents of the report, including how different chapters related to the key commitments:

- **Chapter 1 – Delivering Political Commitments:**  
UHC is primarily the responsibility of governments, which ensure people’s health as a social contract. Achieving UHC is essential for inclusive development, prosperity, and fairness, and requires political decisions that go beyond the health sector. This chapter will track new political commits made by High-level Political Leaders (e.g. Heads of States and Governments, Ministers and Heads of International Agencies), new UHC-related legislation/policy and UHC-related political debates in upcoming national elections; relevant information on domestic resource mobilization/health related information on government revenues and taxes. **Key Commitment Areas:** 1 - *Ensure political leadership beyond health*, 3 - *Legislate and regulate*, 5 - *Invest more, invest better, Gender equality and rights*
- **Chapter 2 - Towards Progressive Universalism:**  
Health is enshrined as one of the fundamental rights of every human being. UHC is key to reducing poverty, discrimination and promoting equality, equity and social cohesion. This chapter will aim at operationalizing this commitment for monitoring and accountability purposes, a mix of quantitative and qualitative assessment. It will look at the deep dive country-level monitoring progress of UHC from equity-lens and identify who is left behind and why in terms of health coverage and financial protection. **Key Commitment Areas:** 2 - *Leave no one behind*, 4 - *Uphold quality of care*, 5 - *Invest more, invest better, Gender equality and rights*

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<sup>1</sup> Engage all relevant stakeholders, including civil society, private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health and social-related policies and reviewing progress for the achievement of national objectives for UHC (paragraph 54)

- **Chapter 3 - Moving and Working Better Together:**

Countries must take active steps to meaningfully engage non-governmental actors - particularly from unserved, underserved or poorly-served populations - in shaping the UHC agenda. Global Health Stakeholders should support countries better in achieving SDG3. This chapter will document good country case studies of multi-stakeholder engagement mechanisms and social participation, which include civil society organisations and private sector entities, in health policy development and accountability processes. This chapter will also track the implementation of the commitments made by the 12-multilateral health-related agencies under the Global Action Plan of Healthy Lives and Wellbeing for All: Working Better Together; progress of the UHC2030 Private Sector Constituency statement on private sector role to aggregate, accelerate and amplify private sector's efforts in achieving UHC; and improvement of the cross-programmatic collaboration under the umbrella of UHC with program specific partnerships in health. **Key Commitment Areas:** 6 - *Move together, Gender equality and rights*

### Method of work and data sources

Quantitative data (e.g. equity disaggregation of country progress) will be drawn from available databases at [SDG Data Portal](#), [UHC Data Portal](#) and [Poverty & Equity Data Portal](#); Qualitative data (e.g. country legislation/policy) will be extracted from WHO [Country Planning Cycle Database](#) and existing relevant publications; specific survey tools will be developed to crowdsource inputs (e.g. political commitments, political debate and country case studies) from UHC2030 constituency partners. More details about indicators and data sources are available in the annex 1. Considering feasibility of reviewing domestic health inequity rather global or cross-country equity issue, primary focus would be [UN HLPF Voluntary National Review \(VNR\)](#) countries (40-50 every year<sup>2</sup>). This focus country approach also allows UHC2030 to systematically feed into the country-led multi-stakeholder dialogues on comprehensive review on Sustainable Development (starting from early January every year).

### Task team

A task leader and team from the UHC2030 secretariat and relevant constituencies (e.g. Civil Society Engagement Mechanism, Private Sector Constituency, International Agencies), who will provide substantial inputs to the report and lead for the production of specific sections, supported by consultants and writers. Every year, each relevant constituency will nominate one main member and one alternate member to the task team on the state of the UHC commitment.

### Time frame, including launch and frequency of the report:

- **Concept note approval:** UHC2030 Steering Committee, December 2019
- **Analytical framework consultation:** PMAC/UHC Forum 2020, January/February 2020
- **Analytical framework/baseline launch:** Joint High-level Event with IAP/75<sup>th</sup> UNGA, September 2020
- **First report launch:** UHC Day, December 12, 2020
- **Frequency and timing of launching the report:** Annual around UHC Day, December 12

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<sup>2</sup> 2020 - Argentina, Armenia, Austria, Bangladesh, Barbados, Belize, Bolivia, Brunei Darussalam, Bulgaria, Burundi, Costa Rica, DDR of Korea, DRC, Ecuador, Estonia, Finland, Gambia, Georgia, Honduras, India, Jordan, Kenya, Kyrgyz Public, Liberia, Libya, Malawi, Micronesia, Morocco, Mozambique, Nepal, Niger, Nigeria, North Macedonia, Panama, Papua New Guinea, Peru, Republic of Moldova, Russian Federation, Saint Vincent and the Grenadines, Samoa, Seychelles, Slovenia, Solomon Islands, Syrian Arab Republic, Trinidad and Tobago, Uganda, Ukraine, Uzbekistan, Zambia, Zimbabwe (50 countries)

## Annex 1 - Preliminary Analytical Framework

This is a preliminary analytical framework which is provided for indicative purpose. Further thinking is necessary in terms of selecting political commitments which will be monitored.

### Chapter 1 - Political Leadership Beyond Health:

- **New legislation/policy:**
  - National Health Policy Strategy Plan (source: [National planning cycle database](#))
  - National Health Policy Strategy Plan Priorities (source: [National planning cycle database](#))
  - Legal and Political Systems (source: [National planning cycle database](#))
- **Cross-sectoral indicators:**
  - SDG 17.1.1 - Total government revenue as a proportion of GDP, by source (source: [SDG Data Portal](#))
  - SDG 17.1.2 - Proportion of domestic budget funded by domestic taxes (source: [SDG Data Portal](#)); comparison of political commitment with actual financial commitments in the budget
  - Contribution of health and education to the productivity - Human capital index (source: [The World Bank Group Human Capital Index](#))
- **Health system indicators:** (source: [WHO UHC Data Portal](#))
  - Availability of national health sector plan (source: [WHO UHC Data Portal](#))
  - Monitoring of national health sector plan (source: [WHO UHC Data Portal](#))
  - Legislation on universal health coverage (source: [WHO UHC Data Portal](#))
  - Total current expenditure on health as a percentage of Gross Domestic Product (source: [WHO UHC Data Portal](#))
  - Health worker density and distribution (source: [WHO UHC Data Portal](#))
  - Current expenditure on health by general government and compulsory (source: [WHO UHC Data Portal](#))
  - Out-of-pocket payment for health (source: [WHO UHC Data Portal](#))
- **New political commitments:** Desktop search, major international conferences, new survey tool to collect country information from UHC2030 partners – collaboration with external partners (e.g. Global Citizens, Devex, The Elders)
- **Recent political debates:** Desktop search, new survey tool to collect country information from UHC2030 partners – collaboration with external partners (e.g. Global Citizens, Devex, The Elders)

### Chapter 2 - Leave No One Behind:

- **UHC equity indicators:**
  - SDG 1.1.1 - Proportion of population below the international poverty line, by sex, age, employment status, geographical location (source: [SDG Data Portal](#)), including impact of OOPs on people falling below poverty line, or deeper into poverty (source: [WBG Data Portal](#))
  - SDG 1.2.1 - Proportion of population living below the national poverty line, by sex and age (source: [SDG Data Portal](#)), including impact of OOPs on people falling below poverty line, or deeper into poverty (source: [WBG Data Portal](#))
  - SDG 1.3.1 - Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable (source: [SDG Data Portal](#))
  - SDG 3.8.1 - Service coverage index – data disaggregation available by economic status, education, place of residence, but unavailable by sex, age (source: [WHO Health Equity Monitor database](#))
  - SDG 3.8.2 – Financial protection – data disaggregation available by place of residence, sex, age (source: [WHO Health Equity Monitor database](#)), and by economic status (source: [WBG Data Portal](#))
  - SDG 5.1.1 - Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (source: [SDG Data Portal](#))

- SDG 5.6.2 - Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (source: [SDG Data Portal](#))
- SDG 8.8.2 - Level of national compliance with labour rights (freedom of association and collective bargaining) based on International Labour Organization (ILO) textual sources and national legislation, by sex and migrant status (source: [SDG Data Portal](#))
- SDG 10.3.1 - Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law (source: [SDG Data Portal](#))
- SDG 10.4.2 (new) - Redistributive Impact of Fiscal Policy (with Gini coefficient reported) (source: [SDG Data Portal](#))
- Health Equity and Financial Protection Indicators (source: [WBG Data Portal](#))
- Case studies focusing on population groups left behind and how far are countries up to committed to look at those dimensions (source: qualitative research or case studies by key partner agencies, such as GF, Gavi, UNAIDs, IOM, IFRC, OHCHR, UNSD...etc)
- **International solidarity, development assistance for leaving no poor countries behind:** as LICs will not be able to make substantial progress towards UHC with their own resources, the report will analyze trends in DAH and to what extent they prioritize the LICs and fragile settings under the LNOB objective.

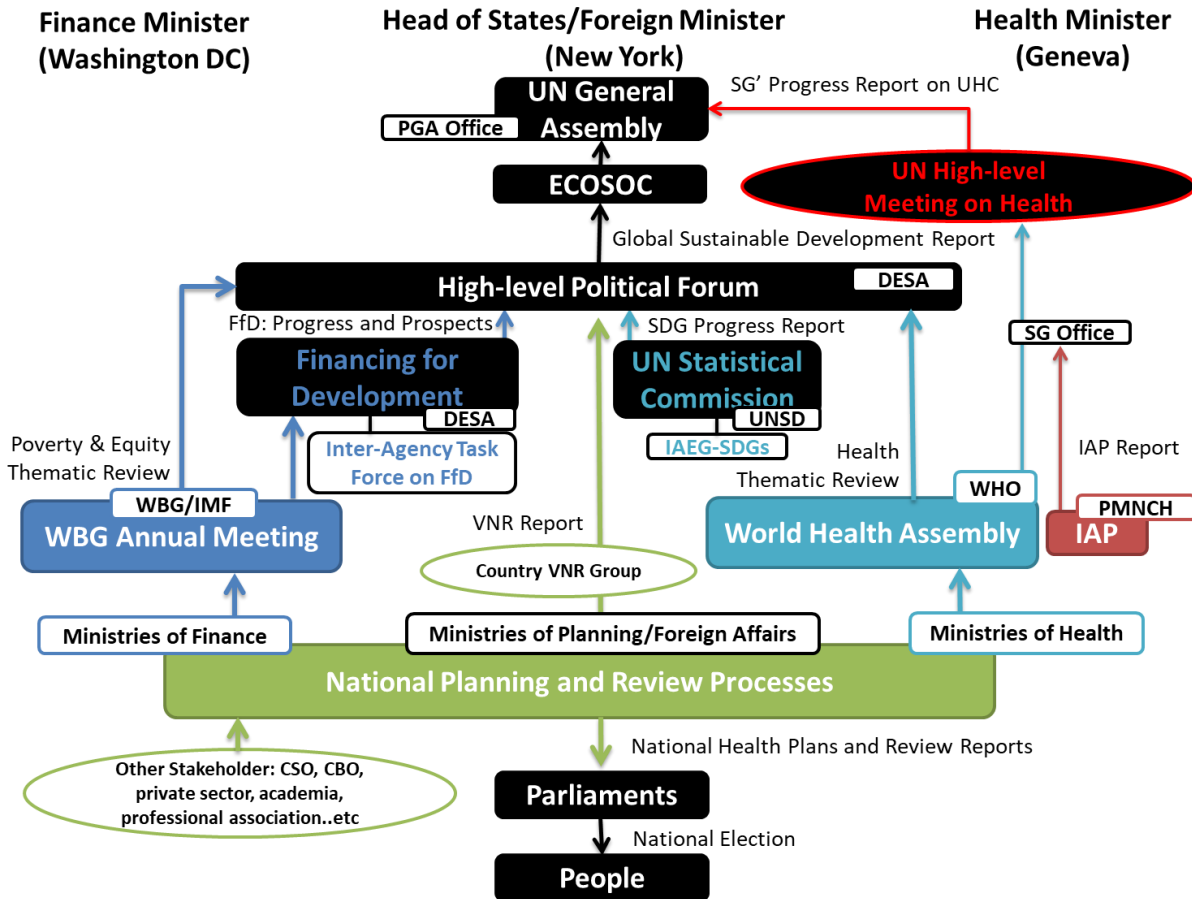
### Chapter 3 - Moving Together:

- **Multi-stakeholder partnership indicators:**
  - SDG 17.16.1 - Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the Sustainable Development Goals (source: [SDG Data Portal](#))
  - SDG 17.17.1 Amount of United States dollars committed to (a) public-private partnerships and (b) civil society partnerships (source: [SDG Data Portal](#)).
- **Moving Together:** Desktop search, new survey tool to collect country case studies of multi-stakeholder engagement mechanisms and social participation from UHC2030 partners – collaboration with external partners (e.g. UHC-Partnership, Social Participation Technical Network, EWEC Independent Accountability Panel, GAP partners, Private Sector Constituency)
- **Working Better Together:**
  - GAP accountability mechanism reports
  - GAP partners reports
  - Country case studies from select “successful” countries where “WBT” is reported yielding progress triangulated via stakeholder survey
  - Qualitative research of key stakeholder views – relevant agencies and programs, stakeholders at global and country levels, 360-degree view

**Annex 2 –Added Value of the Report in the Context of Global and Country Accountability Processes**

The state of UHC commitment report aims to provide inputs to national planning and review processes, bringing multi-stakeholder’s perspective to assess and analyze progress of commitments, especially improvement of domestic health inequity. Such review processes should be used to feed into relevant reporting processes related to the SDGs and strengthen their quality (figure 1).

**Figure 1:**



**National planning and review processes**

The State of UHC Commitment report would aim to provide country stakeholders with the necessary additional evidence to feed into inclusive and participatory review processes. The report would therefore equip national stakeholders with the necessary evidence by helping to compile/synthesize information from various relevant processes and sources of data against selected indicators.

Through national planning, monitoring and review processes (e.g. comprehensive SDG progress review, health sector review, national health assembly or other participatory governance mechanisms), governments and other stakeholders define their strategies to overcome existing bottlenecks and challenges to achieve UHC by 2030. While each country has a different form of mechanism, a typical cycle of accountability includes the following interconnected processes: monitor, review and remedial action, the latter consisting of formal enforceable decisions (e.g. changes in constitutions/laws, policies, budgets, commitments) that need to be implemented and reflected in planning processes.

The commitment to establish inclusive and participatory platforms for reviewing progress for the achievement of national objectives for UHC is embedded in the UN HLM Political Declaration on UHC (paragraph 54). There is ample evidence which confirms that health outcomes are much

better when people participate and engage with health policy processes. Participatory governance mechanisms are therefore vital for responsive, needs-based reforms that leave no one behind in pathways towards UHC.

Monitoring progress on UHC may require data that may not be readily collected by national institutions and are available through multiple processes, particularly when it comes to more political dimensions around rights, governance and equity.

### **Relevant UN official report and review processes**

The State of UHC Commitment report would also provide a useful tool to support such processes and ensure multistakeholder engagement. Since 2015, countries and other stakeholders made various global commitments and joint actions around the internationally-agreed targets, including health-related SDGs and UHC Political Declaration. Stronger national reviews of progress towards UHC, which are evidence-based and include all relevant stakeholders would provide a good basis to feed into relevant SDG and other UN reporting processes.

Major UN official report and review processes related to UHC are listed below:

- **UN High-level Meeting on UHC**: SG's Progress Report to the 75<sup>th</sup> UNGA in 2020 and Progress Report to UN HLM on UHC in 2023
- **UN High-Level Political Forum**: Voluntary National Review (every four years per country), Health Thematic Review (every four year per theme) and SDG Progress Report (Annual)
- **Financing for Development Forum**: Financing for Development: Progress and Prospects (annual)
- **Independent Accountability Panel for Every Woman Every Child**: IAP Report (annual), Report in 2020 to focus on Universal health coverage for all people: accountability for every woman, child, adolescent and those left furthest behind
- **Committee on Economic, Social and Cultural Rights**: Report on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health by Special Rapporteurs (annual)
- **World Health Organization**: World Health Statistics (annual) and UHC Global Monitoring Report, focusing on SDG targets 3.8.1 and 3.8.2 + equity analysis (incl. on gender) (biannual)