

Ensuring and measuring universality in UHC

The Sustainable Development Goals (SDGs) have a little over a decade to be achieved. The passing of the New Year marks an appropriate point for reflection on past activities and for looking ahead to ensure that the global health community continues to build political momentum. A series of events and declarations in 2018 laid the groundwork for the global health community and policy makers to make 2019 the year to spur action to achieving universal health coverage (UHC).

At the World Health Assembly in May, 2018, Dr Tedros Ghebreyesus, Director-General of WHO announced the triple billion targets to be achieved by 2023: an additional 1 billion people covered by UHC; 1 billion people with better protection from health emergencies; and 1 billion people enjoying better health and wellbeing. Commemoration of the 40th anniversary of the Alma-Ata Declaration was another opportunity for health ministers and policy makers to reaffirm their commitments to UHC, notably through strengthening primary care health services. And on UHC Day, Dec 12, 2018, UN member states unanimously passed a resolution to hold a high-level meeting on UHC on Sept 23, 2019, along with a resolution to accelerate progress toward achieving global UHC (SDG target 3.8).

But simply convening a UN high-level meeting is not enough. Two such meetings, held during the 2018 UN General Assembly, focused on non-communicable diseases (NCDs) and tuberculosis. The resulting political declarations were, to put it mildly, disappointing. Each failing to endorse real action. For NCDs, political pressure from powerful member states quashed support for fiscal policies targeting commercial determinants of health. Similarly, the high-level meeting to end tuberculosis concluded with no mandate of specific country targets for disease control or accountability mechanisms.

These political failures cannot be repeated with the upcoming high-level meeting on UHC. The questions of exactly how UHC is defined and implemented must be carefully considered. Clear strategies to implement and finance UHC are essential to ensure that the first of the triple billion targets and SDG target 3.8 are met.

Often touted as a panacea for health, UHC is not a one-size-fits-all solution. Protection against financial risk for individuals and families seeking health care is central to UHC. But financing cannot be siloed from provision of

accessible, high-quality health services. Realisation of true universality exists within a framework that encompasses the entire continuum of care from population-wide preventive measures to individualised palliative care.

Effective UHC implementation relies on building adequate infrastructure, including access to screening, accurate and timely diagnostics, and, importantly, a skilled health workforce. Training and upskilling community health workers, nurses, and physicians must remain a global priority. Coverage must be tailored to reach populations who are less likely to seek or have access to quality care, such as women, LGBTQI people, immigrants, and marginalised populations. For example, for women in some settings, access might rely on control of family financial resources or the ability to travel to seek appropriate care. For other populations, stigma remains a major challenge.

How will WHO's commitment to 1 billion more people benefitting from UHC be measured? That answer was revealed last month in a proposed WHO Impact Framework, to be considered at the agency's forthcoming Executive Board Meeting. The crucial metric will be a UHC Index. This Index will measure service coverage and financial hardship. Service coverage will focus on 39 tracer indicators categorised according to type of care (eg, promotion, prevention, treatment, rehabilitation and palliation) and age. The Index will measure quality by estimating *effective coverage*. These tracer indicators will be combined into an overall metric for UHC. Financial hardship through catastrophic or impoverishing payments will also be calculated—further work is planned to define the level at which hardship is estimated (eg, 10% of total household expenditure spent on health care in a given year). A reliable Impact Framework will be essential to deliver accountability for WHO's ambitious promise.

UHC is the cornerstone of good health and wellbeing for all. Ensuring true universality of coverage relies on developing specific country-level policies that meet the needs of all, including women, adolescents, and vulnerable populations. Without doing so, the September high-level meeting on UHC will fail and even risks hindering global progress toward achieving the SDGs. UN member states, the global health community, and other stakeholders must work together to seize the opportunity to make 2019 the year of UHC. ■ *The Lancet*



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For on more on the UN high-level meeting to end tuberculosis see [World Report Lancet 2018; 392: 1183](#)