
Universal Health Coverage (UHC)



Brachytherapy is a type of radiotherapy used for certain cancers. Paraguay's first public brachytherapy machine was delivered to INCAN in 2018 through long-term support provided by the IAEA. Facing Forward Film "Rays of hope".

Language English

Universal Health Coverage aims to ensure everyone has access to quality essential health services without financial hardship. It has the potential to greatly improve global health and reduce poverty, but it can only be achieved if UHC health benefit packages are fully funded, leaving no population behind.

Fast Facts

- Universal Health Coverage (UHC) is a system where everyone, everywhere has access to high-quality health care services that they need and without facing financial hardship.
- UHC has the potential to greatly improve global health and reduce poverty, but it can only be achieved if noncommunicable diseases (NCDs) are included in national UHC health benefit packages.
- At least half the world's population is currently without comprehensive coverage of essential health services, and millions are pushed into extreme poverty each year because of out-of-pocket payments in healthcare.^[1]
- In September 2023, a High-Level Meeting on UHC provides a key moment for advancing the prevention and control of NCDs together with other health priorities. An advocacy brief outlines the key advocacy asks.

What is Universal Health Coverage?

Universal Health Coverage (UHC) is a commitment rooted in the belief that the highest attainable standard of physical and mental health is a fundamental human right, and that all people should have access to quality essential health services without suffering financial hardship.

UHC builds on countries' basic health care packages and aims to provide comprehensive and high-quality health services throughout the life course for the entire population, and across the continuum of care, which includes health promotion, prevention, screening, management, rehabilitation, and palliative care services.

It also ensures that individuals are protected from high out-of-pocket expenses and prioritises marginalised communities. Primary Health Care (PHC) is considered to be the driving force for UHC, as it empowers communities, promotes social accountability and multisectoral action, and enables the integration of healthcare services and innovative digital solutions.

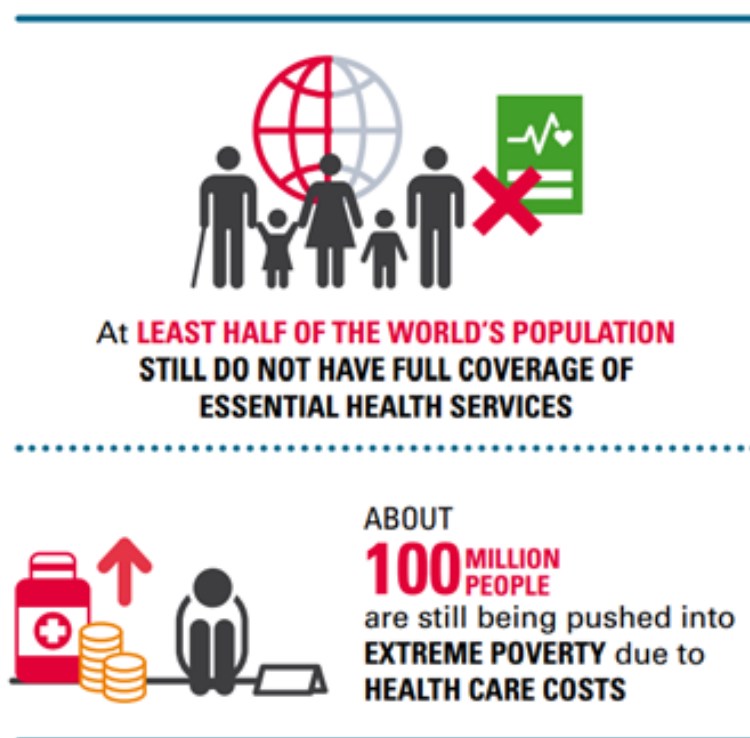
Political commitments towards health for all

In September 2023, the second United Nations High-Level Meeting (HLM) on Universal Health Coverage (UHC) will take place, providing an important opportunity to advance the prevention and control of noncommunicable diseases (NCDs) together with other health priorities.

The occasion will also take stock of progress made since the first HLM on UHC in 2019, and identify areas to advance UHC policy to meet health targets. Specifically, Sustainable Development Goal (SDG) 3.8, which aims to “achieve UHC, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.”

In 2019, world leaders signed the first Political Declaration on Universal Health Coverage, where they committed to progressively reach one billion additional people by 2023 with quality essential health services and affordable essential medicines. They also committed to stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030.

Despite these political commitments, UHC has yet to be fully realised . About half of the global population lacks access to essential health services and 100 million people are driven into extreme poverty every year due to out-of-pocket health expenses.[\[2\]](#) [2] And, according to 2019 targets, we still need to reach 710 million people by 2030.[\[3\]](#) [3]



Figures 1

Source: Tracking Universal Health Coverage: 2017 Global Monitoring Report(11)

Implementing Universal Health Coverage – where are we now?

Noncommunicable diseases such as diabetes, cardiovascular disease, cancer, and chronic respiratory disease, are leading causes of death and disability worldwide and account for 71% of deaths globally. A staggering 85% of premature deaths from NCDs occur in low- and middle-income countries.

Many countries are struggling to integrate NCDs into their Universal Health Coverage (UHC) benefit packages and are not on track to reach SDG 3.4, which calls for a one-third reduction in NCD deaths through prevention and treatment,

and promotion of mental health and wellbeing.[\[4\]](#) ^[4]

While data on the inclusion of NCD prevention and care in UHC packages is limited, what does exist tells a story of significant gaps in coverage within and between countries.

Service Coverage

Access to high-quality essential services across the continuum of care which leave no one behind

Many countries struggle with providing adequate coverage and access to NCD services across the continuum of care, including screening, diagnosis, treatment, rehabilitation and palliative care. For example, half of adults living with diabetes are undiagnosed and unable to access insulin[\[5\]](#) ^[5]; hypertension is only under medical control for 1 in 5 people[\[6\]](#) ^[6]; chronic kidney disease often goes untreated[\[7\]](#) ^[7], and over 90% of cancer patients in low-income countries lack access to radiotherapy[\[8\]](#) ^[8].

Too often, health systems are fragmented and focused on single-disease care rather than an integrated, life course approach.

The 2023 State of UHC Commitment Review states that while many countries have set UHC as a goal in their national policies and plans, only a small number have developed a clear action plan to achieve it, and efforts have often been focused on vertical health programmes rather than comprehensive care for the population.[\[9\]](#) ^[9]

Population Coverage

Equity in access to health services across all populations, which leave no one behind

Despite efforts to improve access to healthcare services for all populations, health inequalities persist, particularly for marginalised groups and those with low socioeconomic status. These individuals have a higher risk of dying from NCDs due to lack of access to health services and exposure to risk factors. Out-of-pocket payments for healthcare also push these groups into poverty.

[Learn about an integrated primary health care programme that leaves no population behind in Jordan!](#) ^[10]

The 2023 State of UHC Commitment Review tells us that many UHC implementation efforts have often only focused on specific population groups and discriminatory practices have been reported. The pandemic has likely worsened these inequalities and there is limited participation from non-state actors in efforts to improve UHC monitoring, evaluation, and accountability. What's more, only a small number of countries have implemented formal accountability mechanisms for UHC.

Financing Coverage

When financial-risk protection mechanisms are in place to ensure that the cost of using care does not put people at risk of financial hardship.

The 2023 State of UHC Commitment Review shows that countries [are primarily focused on service and population coverage for UHC](#), but there is a lack of emphasis on financial coverage.

Only 45% of countries have set specific national spending goals for health in their plans and policies, [and there has been no increase in primary healthcare spending in recent years](#). This lack of investment on top of the ongoing financial barriers to healthcare continue to exacerbate the burden of NCDs worldwide, despite international policy goals and targets for NCDs and UHC.

How can we make Universal Health Coverage a reality?

Realising Universal Health Coverage (UHC) and SDG 3.8 will only be possible if NCDs are included in national UHC policies and in conjunction with efforts to also reach NCD goals in SDG 3.4.

The current global NCD agenda is centred on addressing five major diseases ([cardiovascular disease](#) [11], [cancer](#) [12], [diabetes](#) [13], [chronic respiratory disease](#) [14], and [mental and neurological conditions](#) [15]) and five modifiable risk factors (tobacco use, physical inactivity, alcohol use, unhealthy diets, and air pollution). Since these diseases are chronic and develop slowly, they require a life-course approach, making it crucial to integrate NCD prevention and care into UHC.

Therefore, it's important that NCD prevention and care services are funded and included across the continuum of care in national UHC health benefits packages. This includes the menu of cost-effective interventions known as the Best Buys, and policies that go beyond the health system, like taxation, labelling, and marketing measures, are also fundamental to achieve UHC.

Heads of state and governments have an opportunity in 2023 and beyond to remove the burden of health care costs from people living with NCDs by increasing domestic investment and allocating public financing for health, particularly at the primary health care level.

NCD Alliance Advocacy Priorities for the 2023 High-Level Meeting on UHC



[16]

The NCD Alliance is advocating for the inclusion of NCD prevention and care in UHC by prioritising the following areas:

Invest in NCD prevention and control through sustainable resources for UHC

Countries need to properly fund and efficiently manage their health systems to ensure UHC and improve the overall health and economic well-being of their populations.

Despite an increase in global health spending, the distribution is unequal and people in low-income countries often have to rely on out-of-pocket payments for health services.

To achieve UHC, it is important to increase spending on primary health care, allocate a share of spending on UHC health benefits packages towards NCD prevention and care services, implement progressive fiscal policies and pro-health taxes, and phase out subsidies for unhealthy commodities.

Accelerate UHC implementation by including quality NCD services in national health benefit packages

UHC should ensure a broad range of high-quality health services to the entire population. While some countries have made progress towards UHC, many still face challenges such as discriminatory practices, lack of quality in healthcare services, and unequal access to medicines and diagnostics.

To achieve UHC, governments need to expand primary healthcare, include NCD medicines and diagnostics in essential lists, implement public health policies, and address the commercial, environmental, and social determinants

of health through integrated health promotion and prevention efforts

Align development and global health priorities to achieve UHC

UHC and health security are closely related goals that were highlighted during the COVID-19 pandemic, where health service disruptions highlighted health inequities and the importance of universal access to essential services.

A people-centred approach to UHC is important to address the needs of those living with multiple chronic conditions, as well as for communicable diseases like HIV. A whole-of-government and whole-of-society approach which takes into account the role of other sectors and the environment in exposure to NCD risk factors is necessary.

Policy makers must also act to connect policies and planning for health security in wider efforts to strengthen health systems, whether during conflicts, humanitarian emergencies, pandemics, or natural disasters, to achieve the aims of both UHC and health security.

Engage and involving people living with NCDs to keep UHC people-centred

It is crucial that people living with health conditions, as co-owners of the health system, participate in the design, planning, implementation, and evaluation of UHC programmes and services. This will allow for a more transparent and people-centred health system.

However there is currently limited space for non-state actors to participate in UHC design, and very few countries have accountability mechanisms in place. More needs to be done to formalise opportunities for civil society, and increase their capacity to engage in these processes.

[A full list of advocacy asks are contained in our publication NCD Alliance Advocacy Priorities for the 2023 UN High-Level Meeting on UHC.](#) [16]

Related Resource: [NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage \(UHC\)](#) [17]

Related Content: [Jordan puts NCDs at heart of UHC and humanitarian response](#) [18]

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[9] https://ncdalliance-my.sharepoint.com/personal/cmahon_ncdalliance_org/Documents/Universal%20Health%20Coverage%20Page_Jan2023.docx#_ftn9

[10] <https://ncdalliance.org/jordan-puts-ncds-at-the-heart-of-their-humanitarian-response>

[11] <https://ncdalliance.org/why-ncds/ncds/cardiovascular-diseases>

[12] <https://ncdalliance.org/why-ncds/ncds/cancer>

[13] <https://ncdalliance.org/why-ncds/ncds/diabetes>

[14] <https://ncdalliance.org/why-ncds/ncds/chronic-respiratory-diseases-0>

[15] <https://ncdalliance.org/why-ncds/ncds/mental-health-and-neurological-disorders>

[16] <http://ncdalliance.org/resources/ncd-alliance-advocacy-priorities-for-the-2023-un-high-level-meeting-on-universal-health-coverage-uhc>

[17] <https://ncdalliance.org/resources/ncd-alliance-advocacy-priorities-for-the-2023-un-high-level-meeting-on->

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[18] <https://ncdalliance.org/why-ncds/universal-health-coverage-uhc/jordan-puts-ncds-at-heart-of-uhc-and-humanitarian-response>

[19] <https://ncdalliance.org/taxonomy/term/30>

[20] <https://ncdalliance.org/taxonomy/term/834>

[21] <https://ncdalliance.org/taxonomy/term/594>

[22] <https://ncdalliance.org/taxonomy/term/869>