Universal Health Coverage: Five Questions

What is Universal Health Coverage (UHC)?

UHC, often called universal coverage, requires that all people obtain the health services they need without the risk of severe financial problems linked to paying for them.[i] At the same time, the health services people receive need to be of good quality. It is not something that can be achieved in all countries overnight, but all countries could take actions to move more rapidly towards it, or to maintain the gains they have already made.

Is it just about health financing?

Health financing is critical. Without financial risk protection in health – the assurance that they will not suffer severe financial problems if they need to use health services – people will defer seeking care or not seek it at all. If there are insufficient funds for health, or if they are wasted, the services people need will not be available. However, while appropriate health financing strategies are essential to enable countries to move closer to UHC, they are not sufficient by themselves. If motivated health workers are not located in sufficient numbers close to the people who need them, or medicines are unavailable, or if the quality of care is low, for example, it is difficult to reach UHC. All parts of the health system need to be considered together when developing strategies for moving closer to UHC.

Is UHC only about treatment?

All people should be able to use the services they need to maintain and improve their health. This includes prevention, promotion, treatment and rehabilitation. Access to these services must be timely and the services need to be of good quality.

How is UHC linked to sustainable development?

Universal coverage with needed health services maintains and improves health. Good health allows children to learn and adults to earn. It helps people escape from poverty and provides the basis for long term economic development. At the same time, financial risk protection in health prevents people from being pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow – destroying their own futures and often those of their children. UHC is a critical component of sustainable development.

Sustainable development also has a direct impact on health through improvements in incomes, education, and environmental conditions. For that reason, health indicators are important in monitoring progress towards sustainable development. This is critical for discussions around goals, targets and indicators to follow the Millennium Development Goals (MDGs) in which the aspiration to achieve UHC must be recognized as being a prerequisite for sustainable development.

How can progress towards UHC be measured?

In terms of coverage with health services, the first component of UHC, a number of indicators are already included in the set used to measure progress towards the Millennium Development Goals for health. They are reported in Table 1 along with the health outcome indicators associated with them. In the post-MDG agenda, many countries will undoubtedly be looking to track progress in coverage with interventions for other major causes of disease that were not part of the MDG framework and to monitor health outcomes relating to these conditions, particularly relating to non-communicable diseases and mental health. We have not included these indicators in the table because they are in the process of being discussed and agreed internationally.

Financial risk protection in health is not included in the current set of MDG goals and indicators, but is a critical component of UHC and critical also for sustainable development. A number of indicators of the extent of financial risk protection in a country are available. The most common are the proportion of the population pushed into poverty each year, and the proportion suffering financial catastrophe as a result of direct, out-of-pocket payments for health. The former captures the impact of even small health payments on the near-poor, while the latter captures the impact of large health payments on people at all income levels so they cover slightly different dimensions of financial risk protection. They are also included in Table 1.

These indicators show only the average level of coverage or financial risk protection in a country. Countries will also seek to disaggregate these indicators to track progress in reducing inequalities across population groups. All the indicators in Table 1 could be disaggregated by income or wealth, age, sex, indigenous status etc.

It is also useful to monitor indirect indicators and determinants of health service coverage and financial risk protection. The share of out-of-pocket payments in total health expenditures is highly correlated with the incidence of catastrophic expenditures and is a useful indirect indicator of the extent of financial risk protection, for example. The availability of essential medicines, the number of health workers per population and their geographical distribution, and the number of hospital beds per population are examples of indicators that show how easy, or how difficult, it will be to move closer to universal coverage. There are many such indicators, and for more information see the fact sheet entitled "Monitoring and Measuring Universal Health Coverage".

Table 1: Selected Indicators of Health Service Coverage and Financial Risk Protection, the two Components of UHC

Indicators of universal coverage	Number of countries or territories with at least 2 data points
Health Service Coverage associated with the MDG Targets[1]	
Proportion of 1 year-old children immunized against measles	188
Proportion of births attended by skilled health personnel	162
Contraceptive prevalence rate among married women	135
Antenatal care coverage (at least one visit/at least four visits)	133/58
Unmet need for family planning	68

Condom use at last high-risk sex among 15-24 year old (women/men)	34/24
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (men/women)	21/49
Proportion of population with advanced HIV infection with access to antiretroviral drugs	104
Proportion of children under 5 sleeping under insecticide-treated bednets	70
Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	73
Proportion of tuberculosis cases detected and cured under directly observed treatment short course	205
Proportion of population with access to affordable essential drugs on a sustainable basis	NA[2]
Health Outcomes associated with the MDG Targets[2]	
Prevalence of underweight children under-five years of age	103
Under-five mortality rate	189
Infant mortality rate	189
Maternal mortality ratio	166
Adolescent birth rate	211
Incidence/prevalence/death rates associated with tuberculosis	205/205/205
HIV prevalence among population aged 15-49 years	141
Incidence/death rates associated with malaria	0/0
Financial risk protection indicators[3]	
Incidence of catastrophic health expenditure due to out-of-pocket payments	112
Incidence of impoverishment due to out-of-pocket payments	112
Selected Health System Determinants of Health Service Coverage[4]	
The number of health workers per population, and their geographical distribution	205/33[5]
The number of hospital beds per population and their geographical distribution	199[6]
% of population within 1 hour (or x kilometres) travel of a primary health facility	na
Availability of essential medicines	43[7]

Source: ***http://mdgs.un.org/unsd/mdg. Accessed 29 May 2012***

[1]When the indicator has multiple parts, the parts are listed in parentheses. The number of countries/territories (as per UN reports) with at least 2 data points presents the information corresponding to the different parts separately.

[2] This indicator is not reported consistently in the MDG datasets.

[3] The number of countries/territories with at least 2 data points for the financial risk protection indicators is taken from WHO records of countries with more than one recent household expenditure survey that include health expenditures.

[4] This is only a selection of the possible health system availability and quality indicators.

[5] The number of countries here corresponds to countries with at least 1 known data point for the number of physicians.

[6] The number of countries here corresponds to countries with at least 1 known data point for an aggregate number of hospital beds.

[7] The number of countries here corresponds to countries with at least 1 known data point for the median availability of selected generic medicines in public facilities.

[i] WHA58.33 of 2005 and WHA64.9 of 2011