

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues

Universal health coverage: moving together to build a healthier world

Report by the Director-General

1. The landmark political declaration of the high-level meeting on universal health coverage entitled “Universal health coverage: moving together to build a healthier world”¹ is the most comprehensive set of health commitments ever adopted at this level and a powerful statement of the world we want. Heads and representatives of State and Government showed strong political vision and commitment to ensuring universal health coverage for the people they serve. In paragraph 13 of the declaration, United Nations Member States recognized the importance of primary health care as “the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals”. World leaders have committed themselves to leadership across policy areas within and beyond the health sector in order to achieve objectives for universal health coverage within Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). In paragraphs 6, 20, 55 and 59, the political declaration explicitly emphasizes the roles that governments and all stakeholders should take. It sets out a road map of commitments: “to progressively cover 1 billion additional people by 2023 with ... safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030”;² and “to stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to ensure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations”.³

2. The Secretary-General of the United Nations congratulated the assembled leaders on their commitment to universal health coverage, noting that it was at the centre of the 2030 Agenda for Sustainable Development and inseparable from Member States’ work on sustainable development. He also emphasized that health is a fundamental human right and a means to prosperity. World leaders signalled their strong political commitment in affirming that it is a precondition for achieving the Sustainable Development Goals, realizing the right of all people to the highest attainable standard of health, and as a guarantor for long-term sustainable development.

¹ United Nations General Assembly resolution 74/2, adopted 10 October 2019.

² United Nations General Assembly resolution 74/2, paragraph 24(a).

³ United Nations General Assembly resolution 74/2, paragraph 24(b).

UNIVERSAL HEALTH COVERAGE AND THE CENTRAL IMPORTANCE OF PRIMARY HEALTH CARE

3. The essence of universal health coverage is universal access to a strong and resilient people-centred health system, with primary health care as its foundation.¹ This implies that all people will be able to obtain the nationally determined health services they need. Primary health care is the most equitable, efficient, cost-effective and sustainable platform for delivering most of these services. It comprises primary care, community engagement and multisectoral action, and is intended to provide holistic, people-centred services in communities across the life course. It is the best means we have of changing the trajectory towards ensuring universal health coverage and achieving other health-related targets and the Sustainable Development Goals by 2030.

4. The efficacy of primary health care has been widely recognized for at least 40 years. The Declaration of Alma-Ata (1978) reaffirmed health as a fundamental human right and positioned primary health care as a basic package of services designed to address the main health needs in communities. WHO's Thirteenth General Programme of Work, 2019–2023, approved in 2018, includes a commitment to people-centred primary health care as the means to move towards universal health coverage. Member States reinforced that position later the same year in the Declaration of Astana adopted at the Global Conference on Primary Health Care: from Alma-Ata towards universal health coverage and the Sustainable Development Goals (Astana, 25 and 26 October 2018).

5. Primary health care is a foundation for effective, efficient and equitable health systems, supplemented by emergency care, hospital-based treatment and crisis management of epidemics when needed. Primary health care with a strong health workforce can provide most of the services that people need for their health and well-being through the life course, including those for women's, children's and adolescents' health, communicable and noncommunicable diseases (including mental health conditions), occupational health, environmental health, and healthy ageing. Organized appropriately, primary health care is an approach to health service delivery that can respond relevantly to changing epidemiological and demographic trends and social and cultural contexts that affect health. Service delivery close to care seekers' homes – by health care workers who know the traditions, practices and cultures of their communities – has the potential to address inequities in access to health care, including gender-based and power differences and violations of human rights related to health and well-being. Rights, gender and equity perspectives should be at the core of primary health care programming.

UNIVERSAL HEALTH COVERAGE 2019 – MONITORING REPORT: HIGHLIGHTS, ACHIEVEMENTS AND CHALLENGES

6. WHO's 2019 monitoring report, "Primary health care on the road to universal health coverage",² found that coverage of essential health services increased from a global average of 45 (of 100) in 2000 to 66 in 2017. All regions and all income groups recorded gains, but the pace of progress has slowed since 2010. This progress, however, masks gross inequities. For example, although the decline in global poverty has driven increased health service use and coverage, the related increase in out-of-pocket health spending has resulted, conversely, in more people experiencing financial hardship that has pushed many of them into poverty, which is unacceptable; WHO's monitoring report notes that the incidence of

¹ See document A71/4, paragraph 29.

² WHO. Primary health care on the road to universal health coverage: 2019 monitoring report: executive summary. Conference edition. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/328913> accessed 18 December 2019).

catastrophic health expenditure (defined as large out-of-pocket spending in relation to household consumption or income) increased continuously between 2000 and 2015. To arrest that unacceptable situation requires action to implement evidence-based health financing measures.

7. Other monitoring reports issued in 2019 highlight the significant health challenges affecting the most vulnerable population groups. Almost half all deaths of children under 5 years of age in 2018 (47%) occurred in newborns in the first month of life.¹ Many neonatal deaths can be prevented by low-cost interventions that can be delivered through primary health care. In 2017, sub-Saharan Africa and southern Asia together accounted for 86% of all maternal deaths, most of which were preventable.² Ten countries account for 60% (11.7 million) of children worldwide who are not protected by vaccinations, and unprotected children disproportionately live in fragile settings.³ These adverse outcomes occurred despite the world's health and development efforts undertaken since 2000, which have led to dramatic improvements in other places.

8. Governments, in conjunction with the global community, must do more to reach and protect the most vulnerable. To reach the Sustainable Development Goal target 3.8 of achieving universal health coverage, WHO's monitoring report indicates that progress needs to accelerate markedly and that coverage needs to at least double between 2019 and 2030. An updated approach to primary health care is essential to scale up and sustain the progress achieved to date and keep the promise of Health for All. This advance will require people-centred approaches and investments in strengthening health systems so that countries are better equipped to respond to people's health needs across the life course. To turn this into reality, countries will need to recruit and train 18 million health workers globally – not only to achieve the universal health coverage targets but also as an investment in human capital and sustainable development.

9. The monitoring report also calls for a sharper focus on people left behind in all countries in order to target health services to areas of greatest need and accelerate progress towards universal health coverage. Investments in generating high-quality, disaggregated data will help to ensure accountability, thereby providing countries with vital insights into who is unable to access essential health services, why they are being left behind and where more investments are needed.

INVESTING IN UNIVERSAL HEALTH COVERAGE AND ELIMINATING CATASTROPHIC HEALTH EXPENDITURE

10. All people should be able to receive high-quality health care without financial hardship – as rights holders, citizens and taxpayers. The declaration on universal health coverage demonstrates a strong political commitment by governments. It is a means of realizing people's right to the highest attainable standard of health and a sound investment for inclusive and sustainable development. In addition, since human capital, based on people's health and education, constitutes an estimated two thirds of any

¹ UNICEF. Levels and trends in child mortality: report 2019: estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: United Nations Children's Fund; 2019 (<https://www.unicef.org/media/60561/file/UN-IGME-child-mortality-report-2019.pdf>, accessed 15 November 2019).

² WHO, UNICEF, UNFPA, World Bank Group, United Nations. Trends in maternal mortality: 2000 to 2017 – estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/327595>, accessed 15 November 2019).

³ WHO, UNICEF. Progress and challenges with achieving universal immunization coverage. 2018 WHO/UNICEF estimates of national immunization coverage (data as of July 2019) (https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf?ua=1, accessed 25 November 2019).

nation's wealth, the failure to invest in it will restrict economic growth and sustainable development.¹ WHO's monitoring report shows that people are better protected in countries with higher public expenditures on health. To ensure maximum impact, these resources must be invested efficiently and equitably, for example in primary health care as part of universal health coverage.

11. As indicated in the monitoring report, WHO and its partners have flagged the need to accelerate health service coverage between now and 2030 or risk leaving up to five billion people unable to access health care. Governments need to increase spending on primary health care by at least 1% of their gross domestic product in order to achieve health targets by 2030. Investing an additional US\$ 200 billion a year on scaling up primary health care across low- and middle-income countries could save 60 million lives, increase average life expectancy by 3.7 years by 2030 and contribute significantly to socioeconomic development.

12. The 2019 monitoring report estimates that, besides the additional investment of around US\$ 200 billion a year to scale up primary health care, another US\$ 170 billion a year is needed for a more comprehensive package to achieve universal health coverage. Most countries can raise the necessary funding from domestic resources by increasing public spending on health in general, reallocating spending towards primary health care or doing both. At present, most countries underinvest in primary health care. Countries with the lowest incomes, including many affected by conflict, will continue to require external assistance. The universal solidarity embodied by the Sustainable Development Goals and international human rights should ensure that they receive such assistance.

NEXT STEPS FOR WHO

13. The Secretariat will respond to the high-level political declaration by redoubling its efforts to help Member States to deliver universal health coverage. Its strategy will include several key elements:

- using WHO's new special programme on primary health care (see paragraph 14 below) to customize support for implementation to meet country-specific needs;
- promoting innovation and equity-, gender- and rights-based programming approaches to scale up access to health care and financial protection and reach those furthest left behind;
- facilitating integration, efficiency and effectiveness through working with partners, for instance through the global action plan for healthy lives and well-being for all;²

¹ Lange G-M, Wodon Q, Carey K, editors. The changing wealth of nations 2018: building a sustainable future. Washington, DC: World Bank; 2018 (<https://openknowledge.worldbank.org/bitstream/handle/10986/29001/9781464810466.pdf?sequence=4&isAllowed=y>, accessed 15 November 2019).

² WHO. Stronger collaboration, better health: global action plan for healthy lives and well-being for all: strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/327841>, accessed 20 November 2019).

- strengthening sociopolitical accountability to drive progress towards health and sustainable development goals, as agreed in the high-level political declaration;
- monitoring progress on the commitments in the high-level political declaration on universal health coverage; this monitoring would: be aligned with that for monitoring progress towards the Sustainable Development Goals and the WHO impact framework for the Thirteenth General Programme of Work, 2019–2023; support countries' implementation of the operational framework on primary health care (subject to its consideration by the governing bodies)¹ and inform the United Nations Secretary-General's reports during the seventy-fifth and seventy-seventh sessions of the General Assembly and the second high-level meeting on universal health coverage in 2023.²

14. WHO's special programme on primary health care is being created as a "one-stop" mechanism for providing implementation support to Member States. It will put into action the operational framework for primary health care,³ once it is approved, which outlines 14 levers around which countries and partners may want to prioritize their investments and customize their actions to accelerate progress across all three components of primary health care: (a) multisectoral policy and action; (b) empowering people and communities; and (c) putting primary care and essential public health functions at the core of integrated health services.

15. The special programme on primary health care will use to greatest advantage the technical and policy expertise across the Secretariat, from health governance and financing, the health workforce and systems, maternal, newborn, child and adolescent health through to healthy ageing, sexual and reproductive health and reproductive rights, communicable and noncommunicable diseases and emergencies. WHO's global goods across these areas will guide country investment and implementation for impact. Through the special programme on primary health care, headquarters will work in tandem with regional offices to establish and reinforce regional priorities to support the renewal of primary health care. WHO's country offices will serve as a first point of technical support for national governments and in-country partners on universal health coverage and primary health care, drawing on support from across the Organization as needed.

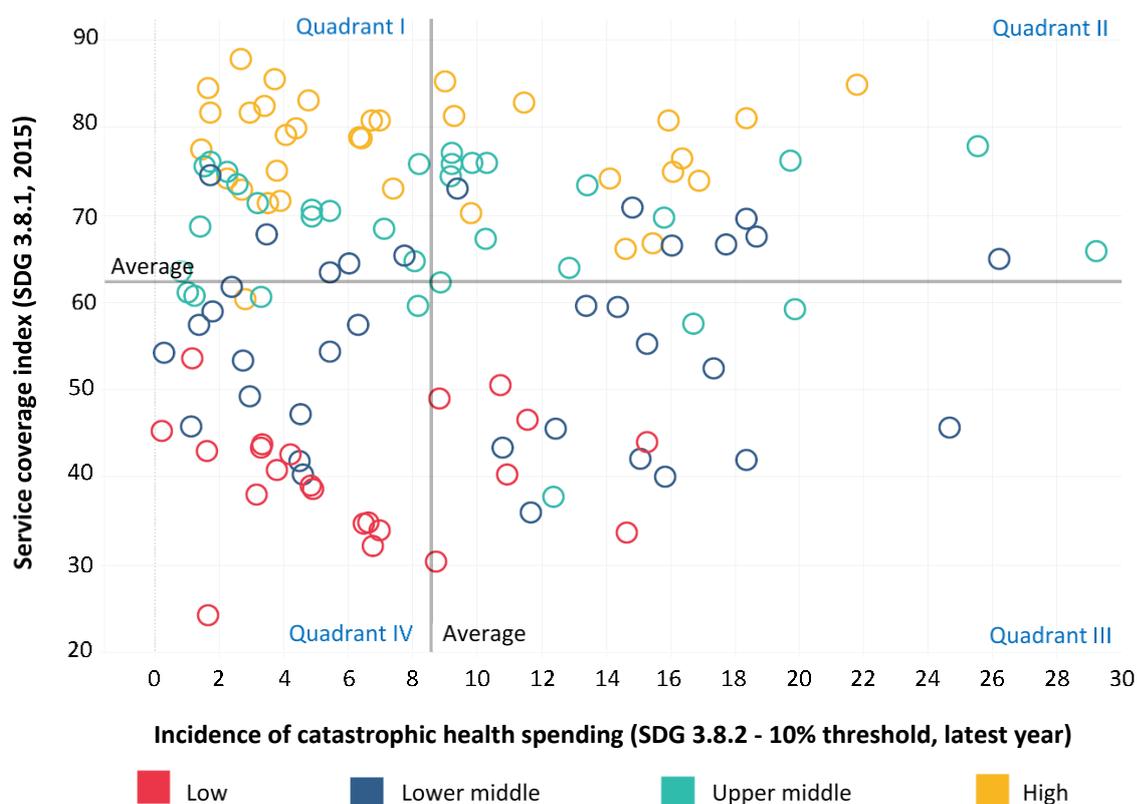
16. WHO's special programme on primary health care will tailor support to countries' specific health and demographic needs and systems requirements. The Secretariat will engage with all countries in different ways, guided by their specific current challenges. The 2019 monitoring report on universal health coverage categorizes countries into quadrants, based on different stages for service coverage and financial protection (see Fig.).

¹ Document EB146/5.

² See United Nations General Assembly resolution 74/2, paragraph 82.

³ For details, see document EB146/5.

Fig. Different stages of service coverage and catastrophic health spending for low-, lower-middle-, upper-middle- and high-income countries^a



^a As measured by the indicators for target 3.8 of Sustainable Development Goal 3, namely coverage of essential health services (indicator 3.8.1) and financial protection when using health services (indicator 3.8.2).

17. Although detailed contextual and political economy analysis is required for each country, the Secretariat's analyses of service coverage and financial protection reveal four broad categories of countries, with distinct implications for policy and technical support, as follows.

Quadrant I. For countries with high service coverage and low financial hardship (mainly high- and upper middle-income countries) the major challenge is to continue to make gains in efficiency, quality and equity.

Quadrant II. For countries with high service coverage but high levels of financial hardship (mainly lower-middle-income countries) ensuring inclusive, universal mechanisms to protect against high out-of-pocket spending will be the key challenge.

Quadrant III. Countries with low service coverage and high financial hardship (mainly lower-income countries) need comprehensive reform of both their service delivery and health financing arrangements, giving priority to addressing inequities.

Quadrant IV. Countries with low service coverage and low financial hardship (mainly highly-vulnerable and conflict-affected countries) need to build the foundations of their health systems, including human resources, supply chains and infrastructure.

18. A core principle in implementing the 2030 Agenda for Sustainable Development is the need to promote integration within health and across sectors. Through the WHO-led global action plan for healthy lives and well-being for all,¹ the Secretariat will further consolidate the strategic partnership between 12 partner organizations. It will strive to work flexibly and effectively with a wide range of actors within and outside the health and sustainable development spheres. Its work will include rapidly setting up interdepartmental and interdisciplinary teams with partners to tackle priority issues, and “convergence programming” for areas of greatest need. More broadly, multisector and multistakeholder approaches are critical to implementing universal health coverage and strengthening primary health care.

19. Innovation and customization are needed at all levels: to bring new and more effective medicines and diagnostics to the market; for more integrated mechanisms of health financing and service delivery; effective regulatory platforms and quality of care; and the use of big data and artificial intelligence to decipher new trends and make national health strategies more effective. Health systems responses need to be customized to specific country contexts and challenges, and to meet the health needs of individuals through the life course, moving away from one-size-fits-all solutions.

20. The Secretariat’s efforts are focused on helping Member States to implement universal health coverage in ways that best suit the needs of their populations, especially those left furthest behind. Equity-, gender- and rights-based programming is needed to reach those with least access to effective health interventions and hardest hit by financial hardship, often women, children and adolescents, older people and others with specific health care needs and in fragile settings. Many people face barriers in gaining access to services related to sexual and reproductive health and reproductive rights. WHO’s work in this area will continue to be guided by the global consensus affirmed in the Sustainable Development Goals and in the political declaration on universal health coverage, paragraph 71 of which also notes the importance of universal health coverage to “[a]ddress the particular needs and vulnerabilities of migrants, refugees, internally displaced persons and indigenous peoples ... in accordance with relevant international commitments [and] national contexts and priorities”.

21. Universal health coverage requires sociopolitical accountability to ensure its realization. The political declaration calls in paragraph 54 for the engagement of “all relevant stakeholders, including civil society, the private sector and academia, as appropriate, through the establishment of participatory and transparent multi-stakeholder platforms and partnerships ...”. The monitor, review, remedy and act cycle of the United Nations Secretary-General’s Independent Accountability Panel for Every Woman, Every Child, Every Adolescent provides an accountability framework for universal health coverage to build on.² The Panel recommends inter alia making universal health coverage the umbrella for health accountability, prioritizing the needs of those furthest left behind.³ WHO will continue to work with key partners on accountability, including through the global action plan for healthy lives and well-being for all, the Office of the United Nations High Commissioner for Human Rights, the Inter-Parliamentary Union, and UHC2030 to promote inclusive sociopolitical participation, engaging parliaments, civil society, academia, media, communities and ultimately citizens. All stakeholders play a role in

¹ WHO. Stronger collaboration, better health. Global action plan for healthy lives and well-being for all: strengthening collaboration among multilateral organizations to accelerate country progress on the health-related Sustainable Development Goals. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/327841/9789241516433-eng.pdf?sequence=1&isAllowed=y>, accessed 15 November 2019).

² United Nations Secretary-General’s Independent Accountability Panel (IAP) for Every Woman, Every Child, Every Adolescent (<https://iapewec.org/>, accessed 18 November 2019).

³ Independent Accountability Panel. IAP statement for the UN HLM on UHC, 23 September 2019 (https://iapewec.org/wp-content/uploads/2019/09/IAP-Statement-for-UN-HLM_23Sept2019.pdf, accessed 15 November 2019).

identifying impediments to equity and progress, and in shaping relevant, context-specific action to drive universal health coverage and realize the rights of all people to the highest attainable standard of health.

22. The political declaration on universal health coverage includes in paragraph 82 a request to the Secretary-General “to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the seventy-fifth session of the General Assembly, and a report including recommendations on the implementation of the present declaration ... during the seventy-seventh session of the General Assembly, which will serve to inform the high-level meeting to be convened in 2023”. In this regard, monitoring of progress on the high-level political declaration’s commitments to universal health coverage will be aligned with monitoring of progress towards the Sustainable Development Goals, the impact framework of WHO’s Thirteenth General Programme of Work, 2019–2023, and, subject to the governing bodies’ consideration, the operational framework for primary health care.¹ This monitoring can be contextualized by countries as part of national health sector planning and Sustainable Development Goal review processes. Together with inputs from sociopolitical accountability processes, this will inform the Secretary-General’s reports on the implementation of world leaders’ commitments to universal health coverage and primary health care contained in the high-level political declaration.

ACTION BY THE EXECUTIVE BOARD

23. The Board is invited to note the report.

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¹ See document EB146/5.