
Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage

Report by the Director-General

INTRODUCTION

1. In September 2023, marking the halfway point of the timeline for reaching the Sustainable Development Goals, the United Nations General Assembly will convene a series of high-level meetings to review progress since 2015 and identify priority actions from 2023 to achieve the 2030 Agenda for Sustainable Development. Three of the planned high-level meetings will focus on aspects of health, namely universal health coverage,¹ tuberculosis and pandemic prevention, preparedness and response. Progress on the health-related Sustainable Development Goals, including financing for development and job creation in the health and care economy, will also be among the themes of other high-level events and meetings in 2023.
2. Preparations for these high-level meetings come at a time the world has endured almost three years of the pandemic of coronavirus disease (COVID-19), and concurrently faces crises from climate change and natural disasters, conflicts, profound economic recession, spiralling inflation, public and private debt, and growing energy and cost-of-living challenges, all of which have a direct bearing on the health and well-being of the world's 8 billion people.
3. Urgent action is needed. Strengthening health systems to deliver essential services has been central to the recovery of countries from previous conflicts and crises, supported by development assistance where required. Evidence-informed approaches and tools exist to help countries cope with challenges and get back on track towards the progressive realization of universal health coverage, the Sustainable Development Goals and Health for All.
4. This report therefore aims to inform and engage Member States in a discussion on: progress towards universal health coverage based on the latest available estimates; priorities areas for action, including orienting health systems towards primary health care; and the opportunity afforded by WHO's 75th anniversary in 2023 to inspire and catalyse additional multisectoral, multilateral action by

¹ <https://www.who.int/activities/preparing-for-the-un-high-level-meeting-2023-and-achieving-health-for-all>, accessed 11 January 2023.

governments and all relevant stakeholders towards the progressive realization of universal health coverage and health for all.

Progress towards universal health coverage

5. A key target of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) is to achieve universal health coverage. Progress towards universal health coverage is tracked via two indicators: 3.8.1, coverage of essential health services; and 3.8.2, catastrophic health spending.

6. The 2021 global monitoring report on universal health coverage produced by WHO and the World Bank Group tracks two decades of progress.¹ Between 2000 and 2019, the UHC service coverage index increased from 45 to 67, with fastest gains in the African Region. Nonetheless, global progress is not on track to achieve the UHC service coverage index minimum threshold of 80 by 2030. Out-of-pocket spending on health as a share of total household expenditure (indicator 3.8.2) increased continuously between 2000 and 2017, with the total population facing catastrophic or impoverishing health spending estimated to be between 1.4 and 1.9 billion people in 2017.

7. Averages of global, regional and national progress on universal health coverage often mask inequalities. For example, service coverage for reproductive, maternal, child and adolescent health tends to be higher among people who are richer, more educated and living in urban areas. People living in poorer households and with family members aged 60 and older are more likely to incur catastrophic and impoverishing health spending. Further, catastrophic health spending related to essential services does not take into account foregone health care for people who face barriers to accessing those services.

8. Annual reviews of the state of commitment to universal health coverage conducted by UHC2030 show that although the majority of countries recognize universal health coverage as a goal that is reflected in laws and national plans, a lack of concrete operational steps coupled with inadequate public financing for health are pushing progress towards relevant targets for 2030 further off track. Moreover, the commitments of countries do not address all three dimensions of universal health coverage, namely service coverage, population coverage and financial protection. Most commitments are focused on service coverage (44%) and population coverage (43%), and on average, commitments and clear targets concerning the financial protection dimension (13%) are lacking. There is systematic under-prioritization and underinvestment in reducing financial barriers to health care. Countries continue to rely on fragmented disease and service-specific programmes and interventions instead of operationalizing comprehensive commitments to universal health coverage delivered through one national policy and integrated national health system.²

9. When considering Sustainable Development Goal 3 and other targets supported by universal health coverage, similar trends in insufficient progress and inequities are observed. These include targets related to health and well-being at all ages: maternal, newborn and child health; communicable diseases including HIV/AIDS, malaria, tuberculosis and neglected tropical diseases; noncommunicable diseases including heart diseases, diabetes, cancer and chronic respiratory diseases and their risk factors; mental

¹ Tracking universal health coverage: 2021 global monitoring report. Geneva: World Health Organization; 2021 (https://apps.who.int/iris/handle/10665/357607?search-result=true&query=2021+global+monitoring+report&scope=&rpp=10&sort_by=score&order=desc, accessed 13 December 2022).

² UHC2030. State of UHC Commitment Review: key findings (<https://www.uhc2030.org/what-we-do/voices/state-of-uhc-commitment/>, accessed 28 December 2022).

health; substance abuse; road traffic accidents; sexual and reproductive health and gender equality; and social and environmental determinants of health.¹

10. During the height of the COVID-19 pandemic, Member States reported extensive disruptions to essential health services: 92% experienced disruptions, which were reported on average for almost half of the services being monitored (45% of 66 essential services). Disruptions to routine immunization services are of increasing concern: 25 million children under the age of 5 years missed out on routine immunization in 2021 alone. Potentially life-saving emergency, critical and operative care interventions also showed increased service disruptions, with 37% of countries reporting disruptions to ambulance services, 33% to 24-hour emergency room services, and 24% to emergency surgeries during the pandemic. Inequities in access to COVID-19 vaccines are stark, with 22% of the population fully vaccinated in lower-income countries compared to 75% in high-income countries as at 19 December 2022.

11. The COVID-19 pandemic took a significant toll on progress across the Sustainable Development Goals. For the first time in a generation, extreme poverty increased, with an estimated 75 to 95 million more people living in extreme poverty when compared with pre-pandemic projections. Income inequality and cost of living have also risen. Millions of children missed out on schooling and over 100 million more children and youth fell below the minimum levels of proficiency in reading as a result of the pandemic. Women and girls were disproportionately affected due to lost jobs in families, increased unpaid care work and domestic violence. The United Nations Secretary-General has called gender-based violence a “shadow pandemic”, affecting 243 million women and girls.

12. The emerging data signal that the 2023 global monitoring report on universal health coverage will likely articulate a major erosion of progress. Inequalities, across and within countries, continue to be pervasive and can only be countered through global solidarity and concerted action.

Priority areas for action

(a) One national plan with government financing for universal health coverage

13. The 2022 WHO global health expenditure report reemphasizes that government financing of universal health coverage is paramount. The latest data show that higher government spending is associated with lower reliance on out-of-pocket expenditures.² There is wide variation between countries at the same level of public financing in the extent to which they rely on people’s direct contributions, with out-of-pocket payments, to fund the health system. Out-of-pocket payments depend on people’s own ability to find the means to pay for the health care they need. Lacking this ability, they may forgo care, which can lead to a continuing cycle of poor health and more out-of-pocket spending. This situation underscores the importance of national plans, priorities and policies aimed at the progressive realization of universal health coverage.

14. In low-income countries, external aid continues accounts for 29% of health spending on average, but private sources constitute the highest share, accounting for about 40% and leading to high levels of financial hardship.

¹ The Sustainable Development Goals report 2022. New York: United Nations; 2022 (<https://unstats.un.org/sdgs/report/2022/>, accessed 2 January 2023).

² Global spending on health: rising to the pandemic’s challenges. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/bitstream/handle/10665/365133/9789240064911-eng.pdf>, accessed 14 December 2022).

15. When public resources are limited, it is critical to deploy an inclusive, evidence-based process to define a prioritized, costed package of essential health care services with financial protection. Where fiscal space does not allow full population coverage, coverage should be prioritized for populations in the most vulnerable situations, those experiencing greatest financial hardship, and underrecognized and underserved populations, including refugees and migrants. Prioritization must also be age- and gender-responsive, deliberately improving access for women and girls.

16. WHO has a range of tools to support all countries in monitoring and accelerating progress towards universal health coverage. These include the Global Health Expenditure Database, which monitors financial inputs to national health systems and tracks time trends of country health spending, and health financing progress matrices for country-specific recommendations on policy shifts. To support countries in developing evidence-based national plans and packages for universal health coverage, WHO and its partners are developing an integrated health tool that will include the UHC Service Package Delivery and Implementation Tool and the OneHealth Tool for national strategic health planning and costing.

(b) One national health system oriented to primary health care as a foundation for universal health coverage and health security

17. Each country has one national health system, and WHO recommends orienting this health system to primary health care. Primary health care enables universal, integrated access to the full range of quality services and products that people need for health and well-being throughout life. It facilitates people's active participation in decisions affecting their health and well-being. Ninety per cent of essential interventions for universal health coverage can be delivered through primary health care and there are significant efficiency gains from integrated service delivery. It has been estimated that 75% of the projected health gains from the Sustainable Development Goals could be achieved through primary health care, including saving over 60 million lives and increasing average life expectancy by 3.7 years by 2030.¹

18. Inequitable access to medical products is among the main causes of financial hardship. For example, universal health coverage and primary health care could be significantly scaled up to reduce the burden of noncommunicable diseases: an estimated 9 million people living with type 1 diabetes in 2017 rely on life-long treatment with insulin for survival. Among people living with type 2 diabetes, an estimated 63 million people need insulin as part of their treatment, but only about half of them are treated with it. Only 36% of the 826 million people in need of spectacles to correct their distance vision impairment have access to them, and nearly half of the estimated 1.28 billion people with hypertension are unaware of their condition, even though blood pressure monitors are available for individual and home use. Emphasizing the dangers of inequalities, the theme of the World AIDS Day 2022 campaign was "Equalize", and it called on global leaders and citizens to equalize access to essential HIV services, particularly for children and key populations, in order to end AIDS as a public health threat.

19. In almost all countries, health and care goods and services are provided by the public and private sectors and nongovernmental organizations, including charitable and faith-based institutions. They all have an important role to play in the progressive realization of universal health coverage and related goals such as Sustainable Development Goals 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and 9 (Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation). Country policy and

¹ Stenberg K, Hanssen O, Bertram M, Brindley C, Meshreky A, Barkley S et al. Guide posts for investment in primary health care and projected resource needs in 67 low-income and middle-income countries: a modelling study. *Lancet*. 2019;7:E1500–10. doi:10.1016/S2214-109X(19)30416-4.

regulatory frameworks should optimize arrangements with non-State actors in alignment with each country's national plan and health system, and universal health coverage principles of ensuring equity and quality.

20. Integrating appropriate, safe and evidence-based traditional and complementary medicine is another potential area to expand services for health and well-being, including through primary health care as noted in the 2019 political declaration on universal health coverage. WHO headquarters, regional and country offices, with the WHO Global Centre for Traditional Medicine, are expanding the Organization's capacities to support Member States with evidence- and data-based strategies in this regard.

21. Individuals, communities and civil society can raise their voices for universal access to high-quality health services, products and information, be well-informed and participate actively in decisions that affect their health and well-being, and demand accountability as rights holders, voters and clients. Lessons and innovations from the COVID-19 pandemic are providing opportunities to scale up primary health care approaches, for example using digital health technologies and promoting public health literacy, self-testing and use of community-based services. WHO has a range of digital health information resources that countries can adapt to provide people with reliable information to promote and protect their health and well-being, including a digital resource specifically for the public.¹

22. Scaling up and sustaining essential public health functions are vital to the recovery and resilience of national health systems for universal health coverage and health security. While some of these functions extend beyond the health sector, primary health care explicitly comprises multisectoral action and provides this integrative link. For example, protecting populations against health threats including environmental hazards is a critical public health function. WHO leads the Alliance on Transformative Action on Climate and Health initiative that aims to support countries build climate resilient and sustainable health systems.²

23. Encouragingly, these priority actions are being reflected in policy in national and regional fora, including recent discussions and resolutions of the WHO regional committees.³ Policy implementation, accompanied by sustainable financing for universal health coverage and primary health care, will result in measurable health improvements in countries, achieving all health-related Sustainable Development Goals.

24. WHO's cross-cutting special programme for primary health care is scaling up capacities to provide country-specific support on reorienting health systems to primary health care as a foundation for universal health coverage and health security. Through this primary health care platform,

¹ Your life, your health: Tips and information for health and well-being (<https://www.who.int/tools/your-life-your-health>, accessed 22 December 2022).

² Alliance for Transformative Action on Climate and Health (ATACH) (<https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health>, accessed 2 January 2023).

³ For example: document AFR/RC71/INF.DOC/6 (2021) Progress report on the implementation of the Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region; resolution EUR/RC71/R3 (2021) Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region; resolution CD59.R12 (2021) Strategy for building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains; resolution SEA/RC74/R1 (2021) Declaration by the health ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to 'build back better' essential health services to achieve universal health coverage and the health-related SDGs; resolution EM/RC69/R.2 (2021) Building resilient health systems to advance universal health coverage and ensure health security in the Eastern Mediterranean Region; resolution WPR/RC73.R2 (2022) Primary health care.

cross-programmatic and partnership support to countries will be intensified in an integrated way. WHO also collaborates on many universal health coverage and health-related initiatives with regional and global partners, including through the Global Action Plan for Healthy Lives and Well-being for All, Universal Health Coverage Partnership and UHC2030.

(c) Leaving no-one behind: equity-oriented research, data and information systems

25. To support the recovery of Member States from the pandemic and the progressive realization of universal health coverage, there is an urgent need to improve research and data to prioritize action and monitor progress.

26. As was central to the COVID-19 pandemic response, research and innovation have a continued role to play in advancing science, technology and facilitating equitable access to the benefits. There is also an urgent need for implementation research on health systems and policy measures to support the progressive realization of universal health coverage based on primary health care.

27. Foundational gaps persist in civil registration and vital statistics. Globally, 25% and 30% of births and deaths, respectively, are not registered, constraining the tracking of access to universal health coverage across the life course.

28. Even though equity is hard-wired into the definition of universal health coverage, disaggregated data are only available for a few components of the UHC service coverage index and only 50% of countries have disaggregated data in their health statistics reports. National and subnational data are essential to identify and address barriers to health equity due to unfair, avoidable or remediable differences among population groups, defined by social, economic, demographic or geographic characteristics (including for indigenous peoples and refugee and migrant populations displaced by conflict and economic and environmental crises).

29. Measurement also needs to be improved regarding the capacity of health systems, including the health workforce density and distribution and the types of health expenditure, particularly for primary health care, and should include monitoring financial hardship, quality of care and foregone care.

30. WHO has a range of tools to support all countries to track progress towards universal health coverage. These include the WHO/World Bank Group global monitoring reports on universal health coverage, WHO's Global Health Observatory with the health inequality monitor, the primary health care monitoring and evaluation framework, SCORE for health data technical package, UHC2030's annual review of the state of commitment to universal health coverage around the world, and the Innov8 approach to review national health programmes to leave no one behind.

(d) Opportunities for multisectoral, multilateral action by all relevant stakeholders

31. WHO's 75th anniversary year in 2023, with the theme of Health for all, offers an opportunity to inspire and catalyse multisectoral, multilateral action by governments and all relevant stakeholders for the second half of the timeline for achieving universal health coverage targets and all the health-related Sustainable Development Goals (2023–2030).

32. The Constitution of the World Health Organization stipulates that Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures. The experiences from COVID-19, Ebola, conflicts and disasters in 2022 have demonstrated that this requires multisectoral, whole-of-government action and not only the

leadership of health ministries. This demands that government, citizens, the private sector, civil society, United Nations entities and all relevant stakeholders collaborate actively in leaving no one behind.

33. The following actions are proposed for the Secretariat in order to inform a coherent health narrative and aligned collective action at the halfway point to 2030 and to secure new actions and investments by national, regional and global actors:

- In preparing for the 2023 high-level meetings of the United Nations General Assembly, support efforts to develop a coordinated approach between health ministries at the Health Assembly and foreign ministries at the General Assembly, reducing duplication of effort wherever possible.
- In preparation for the 2023 United Nations high-level meeting on universal health coverage and its follow-up, convene multisectoral and multistakeholder consultations supported by UHC2030 and its coalition of partnerships, engaging governments, the private sector, civil society, United Nations entities and other partners to review progress and mobilize advocacy and action.
- Convene regular meetings with partners in the Global Action Plan for Healthy Lives and Well-being for All and Universal Health Coverage Partnership, and other major development partners at global, regional and country levels, to review progress towards universal health coverage and related issues concerning health security and the health-related Sustainable Development Goals, and prioritize actions and investments for 2023–2030 in support of each country’s priorities and national plan.
- Engage with global health initiatives, the World Bank, International Monetary Fund and regional economic bodies and institutions to encourage long-term, sustainable investment in universal health coverage and health security, exploring how mechanisms such as the G20 Common Framework for debt treatments might assist with promoting government spending on education, health and social protection.
- Leverage the 75th anniversary of WHO to establish dialogue on Health for All, universal health coverage and primary health care with parliamentary bodies, regional economic bodies and international financing institutions.
- Moving forward to 2030, support Member States in aligning the work of the World Health Assembly and the United Nations General Assembly for example with a coherent mechanism for a comprehensive biennial health review, including in-depth focus on specific health topics as required, in the second half of the timeline for reaching the Sustainable Development Goals.

34. Given the ongoing development process for the 2023 universal health coverage global monitoring report and preparations for the high-level meetings of the United Nations General Assembly in 2023, it is proposed to review and update this report for submission to the Seventy-sixth World Health Assembly.

ACTION BY THE EXECUTIVE BOARD

35. The Board is invited to note this report and, in its discussions, to consider and provide guidance on the specific priority areas for action above, and on any other considerations to promote the progressive realization of universal health coverage. The following questions are proposed as a guide for discussion.

- What priority support do Member States need from the WHO Secretariat, other United Nations entities, global health initiatives and development partners to:
 - strengthen their national plans and increase government financing towards the progressive realization of universal health coverage;
 - reorient their national health system to primary health care as a foundation for universal health coverage and health security; and
 - promote equity through national, regional and global research, data and information systems to ensure that no one is left behind?
- How can alignment be ensured between the Health Assembly and high-level meetings of the United Nations General Assembly on health and subsequent progress reviews in order to guide collective investment and action towards the achievement of universal health coverage and other health-related targets in the 2030 Agenda?

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