
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. The Executive Board at its 152nd session in January 2023 considered an earlier version of this report and adopted decision EB152(5).¹
2. In September 2023, the United Nations General Assembly will convene a series of high-level meetings to mark the halfway point towards the Sustainable Development Goals, review progress relating to the Goals since 2015 and identify priority actions from 2023 onwards to ensure the fulfilment of the 2030 Agenda for Sustainable Development. Three of the high-level meetings will focus on progress towards Goal 3, namely universal health coverage,² tuberculosis³ and pandemic prevention, preparedness and response.⁴ The high-level meeting on universal health coverage presents an opportunity to go beyond the status quo and strengthen health systems for the future based on primary health care. This is critical to deliver essential health services and build resilience against global shocks, thereby ensuring preparedness for current and future pandemics and other crises, including climate change.
3. Preparations for these high-level meetings come at a time when the world has endured almost three years of the coronavirus disease (COVID-19) pandemic and is also facing crises resulting from climate change and natural disasters, national and regional conflicts, profound economic recession, spiralling inflation rates, 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.
4. Urgent action is needed. Strengthening health systems to deliver essential services, supported by development assistance where required, has been central to countries' recovery from previous conflicts

¹ Document EB152/5; see also the summary record of the 152nd session of the Executive Board, fifth meeting (section 3) and sixth meeting (section 2).

² See <https://www.who.int/activities/preparing-for-the-un-high-level-meeting-2023-and-achieving-health-for-all>; and [https://apps.who.int/gb/ebwha/pdf_files/EB152/B152\(5\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(5)-en.pdf) (accessed 15 May 2023).

³ See <https://www.who.int/activities/preparing-for-the-un-high-level-meeting-on-the-fight-against-tuberculosis--2023> (accessed 15 May 2023).

⁴ See [https://sdg.iisd.org/events/unga-high-level-meeting-on-pandemic-prevention-preparedness-and-response/#:~:text=The%20UN%20General%20Assembly%20\(UNGA,the%20multifaceted%20consequences%20of%20pandemics](https://sdg.iisd.org/events/unga-high-level-meeting-on-pandemic-prevention-preparedness-and-response/#:~:text=The%20UN%20General%20Assembly%20(UNGA,the%20multifaceted%20consequences%20of%20pandemics) (accessed 15 May 2023).

and crises. Evidence-informed approaches and tools exist to help countries to cope with challenges and continue towards the progressive realization of universal health coverage, the Sustainable Development Goals and Health for All.

5. This report aims to inform Member States of progress towards universal health coverage based on the latest available data, and of evidence-based priority areas for action, especially to orient health systems towards primary health care. WHO's 75th anniversary in 2023 provides an opportunity to inspire and catalyse additional multisectoral, multilateral action, by governments and all relevant stakeholders, towards the progressive realization of universal health coverage and Health for All.

Progress towards universal health coverage

6. A key target of Sustainable Development Goal 3 (target 3.8) is to achieve universal health coverage. Progress towards universal health coverage is tracked by two indicators of the Sustainable Development Goals: indicator 3.8.1, which measures coverage of essential health services, and indicator 3.8.2, which measures the incidence of catastrophic health spending and is focused on relatively large out-of-pocket health spending exceeding a lower threshold of 10% or a higher threshold of 25% total household consumption or income (budget), as one type of indicator of the lack of financial protection in health. Recognizing that for poor and near poor people, out-of-pocket health spending might be a source of financial hardship, even when it is not relatively large, indicators of impoverishing health spending are also used to track the lack of financial protection in health and link the universal health coverage target to Sustainable Development Goal 1 (End poverty in all its forms everywhere). These indicators capture the population that is impoverished or further impoverished by out-of-pocket health spending. Global monitoring reports on universal health coverage progress are produced by WHO and the World Bank Group every two years.¹

7. On indicator 3.8.1 of the Sustainable Development Goals, the universal health coverage index increased from 45 to 67 between 2000 and 2019, with a slowdown in the rate of progress since 2015 when compared with pre-2015 gains. The largest gains between 2000 and 2019 occurred in the African Region.

8. Regarding financial hardship, the trend between 2000 and 2019 was negative. There was an increase in the incidence of catastrophic out-of-pocket health spending as tracked by indicator 3.8.2 of the Sustainable Development Goals, using both the 10% and 25% thresholds of household total consumption or income. The estimated total number of people incurring catastrophic out-of-pocket health spending at the 10% threshold and impoverishing out-of-pocket health spending increased by 31% between 2000 and 2017 and affected between 1.4 and 1.9 billion people in 2017. That year, between 50% and 75% of these people incurred catastrophic out-of-pocket spending at the 10% threshold. By 2019 there was no significant progress as about 1 billion people were still spending out-of-pocket on health with more than 10% of their household budget.²

9. 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

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

² 2023 data updates on universal health coverage progress will be made available at the WHO Global Health Observatory and the Sustainable Development Goals global database.

poorer households and with family members aged 60 and over are more likely to incur catastrophic and impoverishing health spending. Furthermore, financial barriers to accessing essential services lead people to forego health care, and the numbers of people facing such barriers are currently not captured explicitly in either the service coverage index (indicator 3.8.1 of the Sustainable Development Goals) or the incidence of catastrophic health spending (indicator 3.8.2).

10. Annual reviews of the state of commitment to universal health coverage conducted by the International Health Partnership for UHC 2030 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 generally lacking. There is systematic underprioritization 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 a single national policy and unified national health system.¹

11. 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, malaria, tuberculosis and neglected tropical diseases; noncommunicable diseases including heart diseases, diabetes, cancer and chronic respiratory diseases and their risk factors; mental health; substance use disorders; road traffic injuries; sexual and reproductive health and gender equality; and social and environmental determinants of health.²

Impact of the COVID-19 pandemic

12. During the height of the COVID-19 pandemic, 92% of Member States reported disruptions to almost half of essential health services monitored (45% of services disrupted on average). Three years into the COVID-19 pandemic, 84% of countries continued to report disruption to at least one essential health service (23% of services disrupted on average).³

13. Disruptions to routine immunization services are of increasing concern: 25 million children under the age of 5 missed out on routine immunization in 2021 alone. There were also increased service disruptions to potentially life-saving emergency, critical and operative care interventions, 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 economies compared to 75% in high-income economies, as at 19 December 2022.

14. The combined macroeconomic, fiscal and health impact of COVID-19 point to worsening of financial protection globally, with higher rates of foregone care due to financial barriers and more people

¹ The State of Universal Health Coverage Commitment Review key findings (<https://www.uhc2030.org/what-we-do/voices/state-of-uhc-commitment/>, accessed 28 December 2022).

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

³ WHO third and fourth rounds of the global pulse survey.

incurring financial hardship due to persistent out-of-pocket spending on health.¹ The economic outlook, including high debt levels and inflation rates,² will continue to put pressure on government and household budgets alike. Public financing is necessary for progress towards universal health coverage³, and current projections suggest that in many countries overall government spending will not reach pre-COVID-19 pandemic levels until after 2025.⁴ Tightening budgets have direct implications for health and suggest that there will be a sustained worsening of financial protection in the medium term without targeted policy action.

15. The COVID-19 pandemic took a significant toll on progress towards 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 young people fell below the minimum levels of proficiency in reading as a result of the pandemic. Women and girls were disproportionately affected due to job loss, 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.

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

Priority areas for action

(a) Invest more, invest better in one national plan with government financing for universal health coverage

17. The 2022 WHO Global Health Expenditure report re-emphasizes that government financing of universal health coverage is paramount. The latest data show that higher government spending is associated with less reliance on out-of-pocket expenditures.⁵ 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, through 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. Where they lack 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.

18. In low-income economies, external aid continues to account for on average 29% of health spending, higher than government spending on health from domestic sources, which is on average about

¹ WHO and World Bank. Tracking Universal Health Coverage: 2021 Global monitoring report (<https://www.who.int/publications/i/item/9789240040618>, accessed 13 April 2023)

² International Monetary Fund. World Economic Outlook: A Rocky Recovery; April 2023 (<https://www.imf.org/en/Publications/WEO/Issues/2023/04/11/world-economic-outlook-april-2023>, accessed 13 April 2023)

³ World Health Organization. The world health report: health systems financing: the path to universal coverage; 2010 (<https://apps.who.int/iris/handle/10665/44371>, accessed 13 April 2023)

⁴ World Bank. From Double Shock to Double Recovery: Health Financing in the Time of COVID-19; September 2022 (<https://www.worldbank.org/en/topic/health/publication/from-double-shock-to-double-recovery-health-financing-in-the-time-of-covid-19>, accessed 13 April 2023)

⁵ 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).

26% of health spending. Out-of-pocket spending constitutes a high share, accounting for around 40% and leading to high levels of financial hardship.

19. When public resources are limited, it is critical to deploy an inclusive, evidence-based process to define a nationally prioritized, costed package of health services with adequate government funding to ensure financial protection. Where fiscal space does not allow for coverage of the whole population, 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.

20. It is important that Member States commit to the catchup, recovery and strengthening of the essential immunization programme which has suffered historic backsliding. At the same time, over 13 billion doses of COVID-19 vaccine have been deployed and there is a continued need to achieve COVID-19 vaccination of all those in the high priority groups, including frontline health workers, as a critical countermeasure to the pandemic.

21. 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, which helps to identify country-specific recommendations on the policy shifts required to accelerate progress to universal health coverage. 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 Universal Health Coverage Service Package Delivery and Implementation Tool and the One Health Tool for national strategic health planning and costing.

(b) Reorient unified national health systems towards primary health care as a foundation for universal health coverage, health security and better health

22. Each country has one national health system, and WHO recommends orienting this health system to primary health care. Primary health care enables universal access to the full range of integrated 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. A primary health care approach across all levels of the health system can be used to deliver around 90% of essential interventions for universal health coverage. 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

23. Inequitable access to medical products is among the main causes of financial hardship. For example, progress towards universal health coverage could be significantly accelerated using a primary health care approach to reduce the burden of noncommunicable diseases. In 2017, an estimated 9 million people living with type 1 diabetes, for example, relied 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 around half of them are treated with it. Only 36% of the 826 million people needing

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 ([https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30416-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30416-4/fulltext), accessed 14 April 2023.)

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 World AIDS Day 2022 campaign was “Equalize”. It called on global leaders and citizens to ensure equal access to essential services relating to HIV, particularly for children and key populations, in order to end AIDS as a public health threat.

24. A priority across all countries is to promote the education, recruitment, employment, equitable distribution, retention and performance of competent, skilled and motivated health workers. In many countries this requires a dramatic scale-up of health workforce education and greater public sector investment to expand the payroll and create and sustain new health sector jobs to meet population needs. Countries also need to implement existing international agreements to equitably resource and support the health and care workforce, ethically manage international recruitment of health personnel, and protect all health workers from all forms of violence, attacks, harassment and discriminatory practices, and provide them with decent working conditions, including fair remuneration and occupational health and safety.

25. 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 Goal 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 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.

26. Integrating appropriate, safe and evidence-based traditional and complementary medicine is another potential area in which 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.

27. Individuals, communities and civil society play an important role in promoting universal health coverage, including through: advocating for universal access to high-quality health services, products and information; ensuring they are informed and participate actively in decisions that affect their health and well-being; and driving 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 by 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

28. 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

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).

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 in building climate resilient and sustainable health systems.¹

29. Encouragingly, these priority actions are being reflected in policy-making in national and regional fora, including recent discussions and resolutions of the WHO regional committees.² Policy implementation, accompanied by sustainable financing for universal health coverage based on primary health care, will result in measurable health improvements in countries and in the achievement of all health-related Sustainable Development Goals.

30. WHO's cross-cutting special programme for primary health care is scaling up capacities to provide country-specific support for reorienting health systems to primary health care as a foundation for universal health coverage and health security. Through this primary health care platform, 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, the Universal Health Coverage Partnership and the International Health Partnership for UHC 2030.

(c) Take steps to leave no-one behind, informed by equity-oriented research and data

31. 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; reach those furthest left behind; and eliminate gender inequalities in the health workforce and in access to quality health services throughout the life course.

32. As was central to the COVID-19 pandemic response, research and innovation have a continued role to play in advancing science and technology, and in 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.

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

34. Even though equity is hard-wired into the definition of universal health coverage, disaggregated data are only available for a few components of the universal health coverage 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

¹ Alliance for Transformative Action on Climate and Health (<https://www.who.int/initiatives/alliance-for-transformative-action-on-climate-and-health>, accessed 2 January 2023).

² 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 Sustainable Development Goals; 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.

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).

35. 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.

36. WHO has a range of tools to support all countries in tracking progress towards universal health coverage. These include the WHO/World Bank Group global monitoring reports on universal health coverage, the WHO Global Health Observatory with the health inequality monitor, the primary health care monitoring and evaluation framework, the SCORE for health data technical package, International Health Partnership for UHC 2030'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) Exploit opportunities for multisectoral, multilateral action by all relevant stakeholders

37. WHO's 75th anniversary year in 2023, based on 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).

38. The WHO Constitution 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 virus, conflicts and disasters in 2022 have demonstrated that this requires multisectoral, whole-of-government action and not only the leadership of health ministries. The active collaboration of governments, citizens, the private sector, civil society, United Nations entities and all relevant stakeholders is also needed in leaving no one behind.

39. 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 the 2030 Agenda for Sustainable Development and to secure new actions and investments by national, regional and global actors.

- As requested by the Executive Board in decision EB152(5), “provide support to Member States in the preparations for the high-level meeting of the United Nations General Assembly on universal health coverage, and coordinate across the high-level meetings of the United Nations General Assembly on universal health coverage, tuberculosis and pandemic prevention, preparedness and response, in order to ensure synergies among the three meetings and promote coherent, integrated and action-oriented global health agendas.”
- Convene multisectoral and multistakeholder consultations supported by International Health Partnership for UHC 2030 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.
- Facilitate strategic discussions and alignment with partners in the Global Action Plan for Healthy Lives and Well-being for All, the 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, national plan and unified health system.

- Engage with global health initiatives, the World Bank, the 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 WHO’s 75th anniversary to establish dialogue on Health for All, universal health coverage and primary health care with parliamentary bodies, regional economic bodies and international financing institutions.

(e) Track progress for people-centred accountability, with a focus on those left behind

40. Our collective accountability for our commitment to universal health coverage and Health for All is, ultimately, to people, particularly to those being left behind. Individuals and communities can raise their voices to insist on universal access to high-quality health services, products and information without financial hardship, ensure they are informed and participate actively in decisions that affect their health and well-being, and demand accountability, as rights holders, of governments and partners for the progressive realization of universal health coverage and Health for All.

41. To promote accountability and track progress, the 2019 political declaration on universal health coverage set specific global targets. Member States also agreed to set measurable national targets, strengthen national monitoring and evaluation platforms, and support regular tracking of the progress towards the achievement of universal health coverage by 2030. A range of tools are available to support monitoring and accountability efforts for universal health coverage.

- United Nations progress reports, such as the progress report of the United Nations Secretary-General on universal health coverage, the annual Sustainable Development Goals Report, the report on the Global Action Plan for Healthy Lives and Well-being for All, the Special Rapporteur’s report on the right to health, the United Nations series of reports and resolutions on Global Health and Foreign Policy and others.
- WHO Global Health Observatory and universal health coverage dashboards, WHO and World Bank biennial global monitoring reports on universal health coverage, global health expenditure reports, the Health Inequality Monitor and other tracking instruments, such as the Health Financing Progress Matrix and the cross-programmatic efficiency analysis.
- The International Health Partnership for UHC 2030 multistakeholder review of actions that governments undertake to fulfil their commitments towards universal health coverage, including synthesis reports and country-specific profiles on the status of universal health coverage commitment.
- Other reviews led by countries and regional groups, such as the High-level Political Forum Voluntary National Reviews with multistakeholder inputs, regional in-depth reports on universal health coverage and other health-related Sustainable Development Goals and the Universal Health and Preparedness Review.

ACTION BY THE HEALTH ASSEMBLY

42. The Health Assembly 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 question is 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, supported by evidence-based prioritization;
 - reorient their national health systems to primary health care as a foundation for universal health coverage, health security and better health; and
 - promote equity and accountability informed by national, regional and global evidence, data and multistakeholder engagement to ensure that no one is left behind in the progressive realization of universal health coverage and Health for All?

43. The Health Assembly is also invited to adopt the resolution recommended by the Executive Board in decision EB152(5) (2023).

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