



## EXECUTIVE SUMMARY

# Tracking Universal Health Coverage: 2017 Global Monitoring Report



World Health  
Organization



**THE WORLD BANK**  
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WHO/HIS/HGF/17.2

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# PREFACE

This year's joint Universal Health Coverage Monitoring Report is being published at a crucial moment. Never before has there been as much political momentum for universal health coverage as there is right now. And never before has there been greater need for commitment to health as a human right to be enjoyed by all, rather than a privilege for the wealthy few.

Ensuring that all people can access the health services they need – without facing financial hardship – is key to improving the well-being of a country's population. But universal health coverage is more than that: it is an investment in human capital and a foundational driver of inclusive and sustainable economic growth and development. It is a way to support people so they can reach their full potential and fulfil their aspirations.

This is why we, as the leaders of the World Bank Group and the World Health Organization, have made the achievement of universal health coverage a priority for both our institutions. Part of that commitment is this joint 2017 UHC Global Monitoring Report.

The report reveals that at least half the world's population still lacks access to essential health services. Furthermore, some 800 million people spend more than 10 per cent of their household budget on health care, and almost 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses.

This is unacceptable.

But what gives us hope is that countries across the income spectrum are leading and driving progress towards UHC, recognizing that it is both the right and the smart thing to do.

We are also encouraged that – although data availability and analysis are still a challenge – most countries are already generating credible and comparable data on health coverage. We would like to acknowledge the role of the Organisation for Economic Co-operation and Development (OECD) and the United Nations Children's Fund (UNICEF) in making this happen.

Our data have revealed major gaps. The more we know about those gaps – and how different countries are bridging them – the closer we come to identifying what we must do to improve health coverage.

But if the world is serious about meeting its goal of achieving Universal Health Coverage by 2030, we all need to be far more ambitious.

To this end, the World Bank Group and the World Health Organization are committed to working with countries to increase access to essential health services, ensure that people don't fall into poverty because of health expenses, and move closer to our goal of Universal Health Coverage by 2030. That won't be easy, but it's possible. We are ready to make it happen.

**Jim Yong Kim**  
President  
The World Bank Group

**Tedros Adhanom Ghebreyesus**  
Director General  
World Health Organization

# EXECUTIVE SUMMARY

## Introduction

A number of the 17 Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015 have targets that relate to health. However, one goal – SDG 3 – focuses specifically on ensuring healthy lives and promoting well-being for all at all ages. Target 3.8 of SDG 3 – achieving universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all – is the key to attaining the entire goal as well as the health-related targets of other SDGs.

Target 3.8 has two indicators – 3.8.1 on coverage of essential health services and 3.8.2 on the proportion of a country's population with catastrophic spending on health, defined as large household expenditure on health as a share of household total consumption or income. Both must be measured together to obtain a clear picture of those who are unable to access health care and those who face financial hardship due to spending on health care. Since the SDGs aim to “leave no one behind”, indicators should be disaggregated by income, sex, age, race, ethnicity, disability, location and migratory status, wherever data allow. This report presents the results of the latest efforts to monitor the world's path towards UHC.

## Service coverage

### Monitoring coverage of essential health services

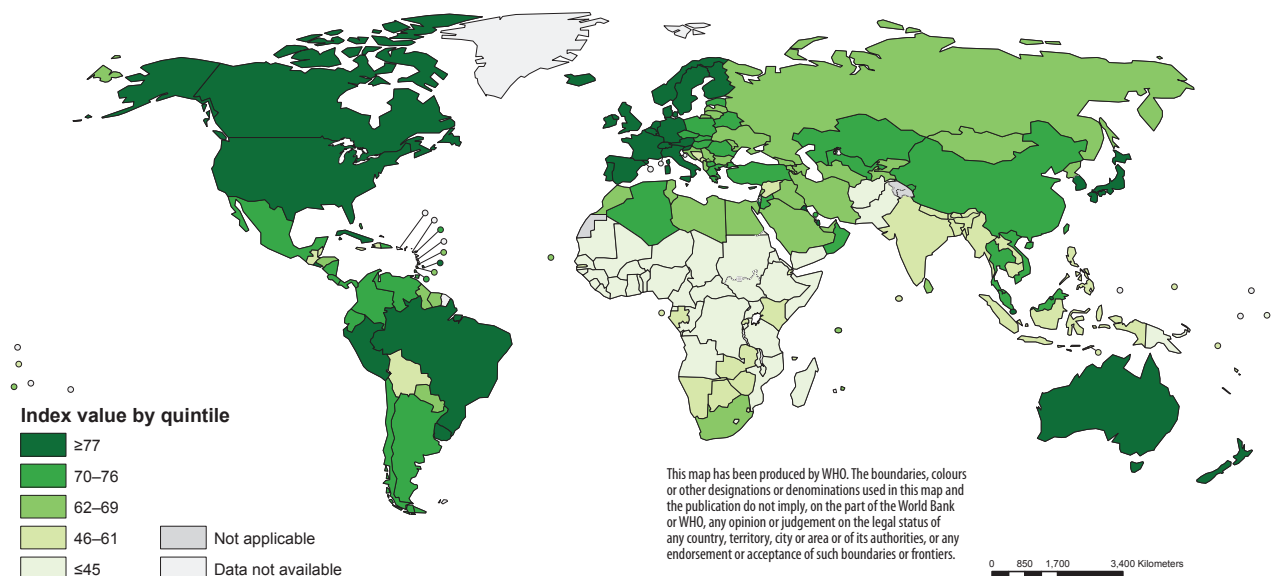
Progress towards UHC is a continuous process that changes in response to shifting demographic, epidemiological and technological trends, as well as people's expectations. The goal of the service coverage dimension of UHC is that people in need of promotive, preventive, curative, rehabilitative or palliative health services receive them, and that the services received are of sufficient quality to achieve potential health gains. A UHC service coverage index – a single indicator computed from

tracer indicators of coverage of essential services – was developed to monitor SDG indicator 3.8.1. For the first time, this report presents methods and baseline results for 183 countries for the index. The UHC service coverage index is straightforward to calculate, and can be computed with available country data, which allows for country-led monitoring of UHC progress.

The levels of service coverage vary widely between countries (Fig. 1). As measured by the UHC service coverage index, it is highest in East Asia (77 on the index) and Northern America and Europe (also 77). Sub-Saharan Africa has the lowest index value (42), followed by Southern Asia (53). The index is correlated with under-five mortality rates, life expectancy and the Human Development Index. Moving from the minimum index value (22) to the maximum value (86) observed across countries is associated with 21 additional years of life expectancy, after controlling for per capita gross national income and mean years of education among adults.

Coverage of essential services has increased since 2000. Time trends for the UHC service coverage index are not yet available, but average coverage for a subset of nine tracer indicators used in the index with available time series increased by 1.3% per annum, which is roughly a 20% increase from 2000 to 2015. Among these nine tracer indicators, the most rapid rates of increase were seen in coverage of antiretroviral treatment for HIV (2% in 2000 to 53% in 2016) and use of insecticide-treated nets for malaria prevention (1% in 2000 to 54% in 2016). Nevertheless, there is still a long way to go to achieve UHC. Although data limitations preclude precise measurement of the number of people with adequate service coverage, it is clear that at least half of the world's population do not have full coverage of essential services. Considering selected health services, over 1 billion people have uncontrolled hypertension, more than 200 million women have inadequate coverage for family planning, and nearly 20 million infants fail to start or complete the primary series of diphtheria, tetanus, pertussis (DTP)-containing vaccine, with substantially more missing other recommended vaccines.

Fig. 1. UHC service coverage index by country, 2015: SDG indicator 3.8.1



SDG: Sustainable Development Goal; UHC: universal health coverage.

## Equity

Because of the lack of data, it is not yet possible to compare the UHC service coverage index across key dimensions of inequality. Until these data gaps are overcome, inequalities in service coverage can be assessed by looking at a narrower range of service coverage indicators, in particular for maternal and child health interventions. For a set of seven basic services for maternal and child health, only 17% of mothers and infants in households in the poorest wealth quintile in low-income and lower-middle-income countries in 2005–2015 received at least six of the seven interventions, compared with 74% in the richest quintile.

Considering changes in large gaps in coverage over time,

## Financial protection

Many families worldwide suffer undue financial hardship as a result of receiving the health care that they need. UHC efforts in this area focus on two issues: “catastrophic spending on health”, which is out-of-pocket spending (without reimbursement by a third party) exceeding a household’s ability to pay; and “impoverishing spending on health”, which occurs when a household is forced by an adverse health event to divert spending away from nonmedical budget items such as food, shelter and clothing, to such an extent that its spending on these items is reduced below the level indicated by the poverty line.

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