



# GOING UNIVERSAL: HOW COUNTRIES ARE IMPLEMENTING PRO-POOR UNIVERSAL HEALTH COVERAGE REFORMS

Universal Health Coverage (UHC) means that all people can access quality essential health services, without having to suffer financial hardship to pay for health care. Despite some progress, at least half of the world's population still cannot obtain essential health services, according to *Tracking Universal Health Coverage: Global Monitoring Report 2017* issued jointly by the World Bank and the World Health Organization. Each year, close to 100 million people are being pushed into extreme poverty because of health expenses, and 800 million spend more than ten percent of their household budgets on health care. Achieving UHC is not just about better health outcomes. Given that millions are impoverished by health expenses every year, the overarching aim of the Sustainable Development Goals – to end extreme poverty – will also remain out of reach without UHC.

## How Countries Are Driving the Movement Towards Universal Health Coverage

Through UNICO, the UHC Study Series, the World Bank is documenting how countries are driving UHC reforms and policies that benefit poor and low-income populations and improve the efficiency of health services. Many developing countries around the world have been implementing UHC reform programs since the turn of the millennium. Since 2013, the Study Series has looked at UHC reform programs that cover 2.6 billion people in 40 countries. The research has found that countries have pursued one of two clear approaches to UHC:

### APPROACH 1

Directly expanding community and primary care services that serve low-income populations.

This approach is followed by a quarter of the countries studied (low-income countries, as well as middle income countries like Brazil and Croatia).

### APPROACH 2

Ensuring that hospital and higher-complexity services that were previously out of reach for the poor are now open to them.

A public insurance scheme is created for lower income populations, which pays health care providers for services and does not require patients to pay at the point of service. Three quarters of the countries studied in the series followed this path.

### Policy Convergence

Despite the different approaches above, there is convergence on three key promises countries make to their populations in pursuit of UHC. They are committing to:



Expand health services to more people



Cover a broader range of health conditions



Ensure that health care is affordable



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Affordability is at the core of UHC reforms. Countries agree on the need to eliminate copayments for poor populations, and reduce or eliminate it for other covered subpopulations. Only a third of the programs studied involve some form of cost sharing by users.

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### Consensus on Basic Package of Health Services, Much Divergence Beyond That

New research on 46 African countries finds that over 85 percent of countries offer a package of immunizations and interventions to fight HIV/AIDS, malaria and tuberculosis. Around 60 percent of countries also offer reproductive health services and child care as part of the basic package. However, policies diverge regarding what benefits to prioritize beyond the narrow universal basic package. Country studies show great variation on what is covered.

Another major area of divergence is about who to subsidize beyond low income populations. Most countries studied cover the civil service and formal sector workers in a compulsory and contributory way. All countries advancing UHC reforms also fully subsidize health coverage for the poor. However, there is an ongoing debate about the fairness and fiscal sustainability of covering the near-poor, as well as non-poor informal sector workers.

### The Promise and Risk of UHC Reforms

UHC reforms transform health systems, bringing with them the potential for quality, affordable health services for all, especially the poorest. They also bring new risks. First, as health systems become more complex, both technically and politically, they require countries to develop new skills and capacities to manage this complexity. Second, countries are making explicit promises to their populations about better health coverage, which raises expectations about better health and about accountability and transparency. This can be transformational. But not delivering on commitments can create a credibility problem for governments. The transformational promise and sustainability of the movement towards UHC reform depends on country governments and their partners delivering on the promise of UHC.

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For more on UNICO, including the 40 country studies and “Going Universal,” a synthesis of the first 25 countries studies, visit [www.worldbank.org/UNICO](http://www.worldbank.org/UNICO)