Universal Health Coverage: Frequently Asked Questions

1. What is Universal Health Coverage (UHC)?

The main goal of UHC is that all people have access to effective and high-quality health services, without experiencing financial hardship. Universal coverage means that all people, regardless of race, gender, social status or other differentiators should be able to access the services they need. Further, these services should include not only curative care, but a range of health services including promotion, prevention, rehabilitation and palliative care, and they should be of sufficient quality to be effective. Another goal of UHC is to provide financial risk protection. Out-of-pocket payments at the point of care discourage people from using health services when they need them. Instead, forms of pre-payment and risk pooling, including publicly-funded services and insurance systems, should be implemented to improve financial protection by reducing average out-of-pocket health expenditure and the risk of catastrophic health expenditure.

2. How does UHC align with USAID’s priorities?

The goals of UHC align with USAID’s priorities of Ending Preventable Maternal and Child Deaths (EPCMD) and creating an AIDS-Free Generation (AFG); USAID has supported UHC reforms in many countries. USAID’s Vision for Health Systems Strengthening (HSS) advocates for HSS efforts that propel countries towards UHC. USAID’s Vision includes 4 strategic outcomes (financial protection, essential services, population coverage and responsiveness) that are closely aligned with the goals of UHC.

3. How does UHC relate to broader goals for development, including the Sustainable Development Goals?

The idea of UHC as a goal of health policy has gained wide acceptance at country and global levels. UHC is now a target under the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015. Under Goal 3 of the SDGs, “Ensure healthy lives and promote wellbeing for all at all ages,” Target 3.8 aims to “Achieve 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.” Furthermore, UHC is linked with better outcomes in other SDGs, including family planning, gender equality, and economic development. The SDGs will support countries and development partners to prioritize and coordinate their efforts. By including a target to achieve UHC by 2030, the SDGs demonstrate visible commitment of governments to prioritize UHC.

4. How is UHC measured?

Measuring a goal as ambitious and complex as UHC has long posed a challenge to the international health community. Much progress has been made in recent years, however, particularly with the development of the WHO and World Bank UHC Measurement Framework (2014). This framework analyzes UHC by its component parts: health service coverage, financial protection, and equity. For service coverage, the framework recommends a set of commonly collected tracer indicators of access to priority services such as antenatal care, immunization, and skilled birth attendance.
For financial protection the framework suggests two indicators: catastrophic health expenditures, defined as household health expenditures above a certain threshold of consumption; and impoverishment due to health expenditure, which measures the percentage of households pushed into poverty (or further into poverty) as a result of paying for health services. To measure equity among different population groups for financial protection and health service coverage indicators, the framework proposes that each indicator be disaggregated by gender, wealth quintile and place of residence.

In addition to this UHC measurement framework, others have explored composite indicators of UHC (Wagstaff et al. 2015, Avila et al. 2015). These composite indexes are meant to provide one summary indicator of a country’s performance towards UHC.

5. What progress has been made towards UHC?

Countries have made varying levels of progress towards UHC, and much work remains. A recent WHO/World Bank Report that used the UHC measurement framework found that 400 million people around the world lack access to essential health services. Nonetheless, the challenge of achieving UHC has galvanized countries to undertake ambitious health reforms that transform the way health services are financed and organized to expand access and achieve financial protection. Some promising examples include Peru, Ghana, Rwanda, and Thailand.

6. How does USAID support countries’ UHC efforts?

USAID has extensive experience in supporting countries to provide health services and strengthen their health systems. This work in turn supports efforts to move towards UHC. Some specific ways that USAID Missions and USAID/Washington can assist countries to advance towards UHC include:

- Supporting surveys and information systems that provide policymakers with data for evidence-based decision-making, such as Demographic and Health Surveys, Health Accounts, and electronic health information systems
- Contributing to the design of health benefit plans, and to the design of insurance systems and health reforms in general
- Evaluating and supporting new approaches to improving health systems and health services, such as performance-based incentive schemes and public-private partnerships
- Supporting strategic planning processes and other mechanisms that generate policy dialogue to achieve UHC

7. Where are additional resources on UHC Located?

This annotated bibliography presents resources that provide an overview of UHC and also delve into specific topics within UHC, such as measurement, health financing, and benefit plans. The bibliography also includes links to relevant websites that can provide additional resources.