PRIORITISING PRIMARY HEALTH CARE

Primary health care must be prioritised as the first step towards UHC, ensuring high-quality, accessible health and nutrition services for all communities, free at the point of use, with a focus on reaching the most deprived and marginalised communities.

A strong primary health care system can meet 90% of all health needs, according to the World Bank.[1] The World Health Organization recommends that 57% of government health expenditure should be on primary-level services.[2]

Adequate numbers of well-trained and remunerated health workers, especially deployed in areas of need, are required to progress towards achieving UHC.

More skilled health workers can often help reduce child mortality

The graph shows under-five mortality rates by skilled health workers for 42 Countdown countries with available data.

Data: UN Inter-agency Group for Child Mortality Estimation / WHO

PAYING FOR UNIVERSAL HEALTH COVERAGE

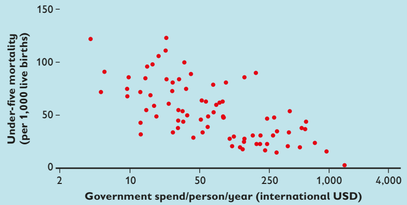
In too many countries, people are paying out-of-pocket for their healthcare. This is the least fair way to pay for health.

Our projections show that in 2030, 1.2 billion people will spend at least 10% of their household budget on healthcare and 282 million will spend 25% – which can cause financial catastrophe.

Governments need to increase public spending on healthcare to at least 5% of GDP. And they must raise revenue for health systems in an equitable way, through progressive taxation which is organised in a single pool and covers the whole population, and purchase services in a strategic way. They must remove out-of-pocket payments for health and nutrition services, such as user fees, at least for vulnerable populations and priority services.

Countries with higher expenditures on health often encounter lower child mortality

The graph shows under-five mortality rates by government expenditures on health per capita for 80 Countdown countries with available data.



Data: UN Inter-agency Group for Child Mortality Estimation / WHO

ACCOUNTABILITY FOR UNIVERSAL HEALTH COVERAGE

UHC legislation is critical in ensuring that all governments are obliged by law to deliver on their health commitments.

Legal guarantees recognising the right to health for all citizens are the foundation to ensuring UHC and should be supported by strong policy frameworks, costed plans, and mandatory space for civil society engagement.

Civic space is critical for civil society and communities to be able to advocate for improved fiscal space for health and increased domestic investment in primary health care.

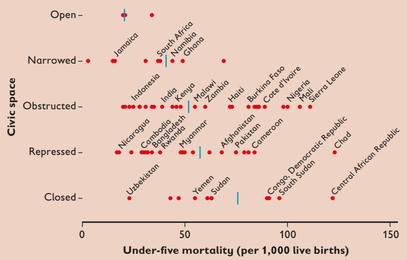
Governments and donors should support and encourage community and civil society participation in planning, budgeting and monitoring to improve allocation of health resources and to increase efficiencies in the way health funds are spent.

We cannot measure what we don't know. Governments and donors should invest in national and sub-national research and budget analysis and share this information with civil society, to improve transparency and strengthen accountability.

Countries with higher mortality rates are often countries with less civic space

The graph shows under-five mortality rates by civic space as measured by the CIVICUS Monitor for 72 Countdown countries with available data.

The blue line indicates the weighted average for each group and each red dot represents one country.



Data: UN Inter-agency Group for Child Mortality Estimation / CIVICUS Monitor

The global community has committed to work together to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals. Despite this, at least half the world's population still lack access to essential health services and increasing numbers of people are being are pushed into poverty by having to spend too much of their household budgets on healthcare expenses.

Achieving a world in which all people can get the health services they need without financial hardship requires bold actions from governments. There is no single path to achieving UHC and countries must define their own essential health service packages and detailed pathways.

The challenge now is to translate aspirations into achievements. The first-ever High-Level Meeting on Universal Health Coverage taking place in September 2019 provides a unique opportunity to galvanise political action needed to drive progress on UHC. We encourage governments and partners to make sure it is a truly transformational moment.

RECOMMENDATIONS

We call on national governments to:

- Increase domestic health expenditure towards a 5% GDP target; raise revenue for health and nutrition systems in an equitable way through progressive taxation; purchase services in a strategic way; improve public financial management; and remove out-of-pocket payments for health and nutrition services, such as user fees.
- Prioritise primary health care as a critical first step towards UHC, ensuring access to health and nutrition services for the most deprived and marginalised communities to ensure no one is left behind.
- Remove barriers to accessing health and nutrition services, both financial and non-financial, including gender-related barriers.
- Support and empower communities and civil society to participate in planning and advocating for increased investment in primary health care.
- Take a comprehensive, multisectoral approach to health, ensuring UHC is integrated into national nutrition plans and financing, and nutrition in health plans and financing, demonstrating this also through commitments to the UN Decade of Action on Nutrition and the 2020 Nutrition for Growth Summit.

We call on donors and development partners to:

- Ensure that their aid and funding are on-budget; transformative, invest in nationally-driven plans and priorities; support countries to increase domestic fiscal space for health and nutrition; and strengthen equitable health and nutrition financing systems.
- Ensure their support drives progress on the 'leave no one behind' agenda, focusing on access to health and nutrition services for the most deprived and marginalised communities.
- Ensure that civil society organisations and community voices shape health agendas at the global and national levels.

Notes

[1] Doherty G and Govender R, *The cost effectiveness of primary care services in developing countries: A review of international literature*, Working Paper No. 37, Disease Control Priorities Project, World Bank, WHO and Fogarty International Centre of the US National institutes of Health, 2004

[2] Stenberg K, Hanssen O, Tan-Torres Edejer T et al. 'Financing transformative health systems towards achievement of the Sustainable Development Goals: A model for projected resource needs in 67 low- and middle-income countries', *The Lancet*, 5.9, 2017, 875–887. Henceforth: 'SDG Price Tag'

[3] Countdown to 2030 tracks progress in the 81 countries that account for more than 90% of under-five child deaths and 95% of maternal deaths in the world. http://countdown2030.org/

For further information contact Tara Brace-John, Health Advocacy Advisor, t.brace-john@savethechildren.org.uk

Cover photo: Allan Gichigi/Save the Children

Published by
Save the Children
1 St John's Lane
London EC1M 4AR
UK
+44 (0)20 7012 6400

First published 2019

savethechildren.org.uk

UNIVERSAL HEALTH COVERAGE AND ACCOUNTABILITY INDEX

Save the Children

UNIVERSAL HEALTH COVERAGE AND ACCOUNTABILITY INDEX

This Index presents progress on 12 key indicators for driving progress and accountability on UHC. It covers 81 Countdown to 2030 countries that together account for more than 90% of under-five child deaths and 95% of maternal deaths in the world.[3] It shows that without concerted effort from governments, donors, civil society and the international community, we will not achieve UHC by 2030.

PRIORITISING PRIMARY HEALTH CARE

Under-five mortality

Global target: 25 per 1,000 live births by 2030

According to WHO, 5.4 million children under five died in 2017 but globally, the under-five mortality rate has decreased by 58% since 1990. 117 countries have met the SDG reduction target.

Data source: WHO Global Health Observatory http://apps.who.int/gho/data/node.home

Under-five mortality, relative inequality

Save the Children's projections suggest that 49 out of 78 Countdown countries with available data are likely to miss the SDG target. Of the 58 Countdown countries where GRID, Save the Children's Child Inequality Tracker, has projections for levels of inequality, 51 will miss the SDG target for at least one disadvantaged group.

Data source: WHO Global Health Observatory http://apps.who.int/gho/data/node.home

UHC service coverage index

Global target: 100%

The UHC service coverage index is a composite of essential health services. Of the 56 out of 81 Countdown countries with available data on GRID, 34 have less than 50% coverage of essential health services.

Data source: WHO Global Health Observatory http://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOVERAGEv

Skilled health workers

Global target: 44.5 per 10,000 people

Central to achieving UHC is a strong health force. Governments must ensure that adequate numbers of skilled health workers are trained, employed, deployed, supervised, remunerated and retained in areas of need.

Data source: WHO Global Health Observatory http://apps.who.int/gho/portal/uhc-hss-cabinet-wrapper-v2.jsp?id=1030301

PAYING FOR UNIVERSAL HEALTH COVERAGE

Per capita government spend on health

Global target: $86 minimum per capita

Public financing of health services is the most equitable and sustainable way to progress towards UHC. Governments need to increase their per capita spend to ensure that people are not forced to pay out-of-pocket for their healthcare.

Data source: Global health expenditure database http://apps.who.int/nha/database/Select/Indicators/en

Domestic general government health expenditure

Global target: 5%

The Civil Society Engagement Mechanism (CSEM) of UHC2030 and others have identified 5% of GDP as the minimum governments should spend on health.

Data source: Global health expenditure database http://apps.who.int/nha/database/Select/Indicators/en

Out-of-pocket expenditure

Global target: Less than 10% of household income

WHO says that if households have to spend more than 10% of their income on health they are pushed into impoverishment; and that if out-of-pocket payments are more than 20% of household income, the consequences can be catastrophic.

Data source: Global health expenditure database http://apps.who.int/nha/database/Select/Indicators/en

Government expenditure on primary health care as a % of government expenditure on health

Global target: 57% of health budgets

According to WHO, 57% of the health budget must be spent on primary health care; this is a good indicator of whether health care is being targeted at the most essential needs of the whole population.

Data source: Global health expenditure database http://apps.who.int/nha/database/Select/Indicators/en

ACCOUNTABILITY FOR UNIVERSAL HEALTH COVERAGE

UHC mandate

Specific UHC legislation is critical in ensuring that all governments are obliged to deliver health commitments. Legal guarantees recognising the right to health for all citizens are the foundation to ensuring UHC.

Data source: WHO Global Health Observatory http://apps.who.int/gho/portal/uhc-hss-cabinet-wrapper-v2.jsp?id=1030103

Space for civic engagement

Civil society engagement and oversight are key to improving health governance, but countries vary to the extent that they allow civil society to engage with government in policy dialogue and in accountability processes.

CIVICUS, the global civil society alliance, assigns each country a rating, as follows:

- Open: The state enables and safeguards the enjoyment of civic space for all people.
- Narrowed: While the state allows individuals and civil society organisations to exercise their rights to freedom of association, peaceful assembly and expression, violations of these rights also take place.
- Obstructed: Civic space is heavily contested by power holders, who impose a combination of legal and practical constraints on the full enjoyment of fundamental rights.
- Repressed: Civic space is significantly constrained. Active individuals and civil society members who criticise power holders risk surveillance, harassment, intimidation, imprisonment, injury and death.
- Closed: There is complete closure – in law and in practice – of civic space.

Data source: CIVICUS Monitor 2018 https://monitor.civicus.org/Ratings/

Budget transparency

To be able to properly monitor UHC, CSOs need to be able to access budget information, engage in budgeting, track expenditure, and monitor budget processes. Civil society engagement in budgeting processes results in needs-based budgeting and more efficient use of resources.

The Open Budget Index assigns countries a transparency score based on the amount and timeliness of budget information that governments make publicly available in eight key budget documents in accordance with international good practice standards. 100 is the most transparent.

Data source: Open Budget Index 2017 https://www.internationalbudget.org/open-budget-survey/open-budget-index-rankings/

Perceived levels of public sector corruption

Health resources get wasted and misused when corruption is unchecked. Every dollar being diverted for other purposes will have an impact on the quality of health services. Perceptions that a country is corrupt also affect expansion of fiscal space and make domestic resource mobilisation a much bigger challenge.

Transparency International publishes its Corruption Perceptions Index annually. Countries are ranked by their perceived levels of public sector corruption, on a scale from 100 (very clean) to 0 (highly corrupt), as determined by expert assessments and opinion surveys.

Data source: Corruption Perceptions Index 2018 https://www.transparency.org/cpi2018

COUNTRIES	Countdown 2030 (81 countries)	PRIORITISING PRIMARY HEALTH CARE				PAYING FOR UNIVERSAL HEALTH COVERAGE				ACCOUNTABILITY FOR UNIVERSAL HEALTH COVERAGE			
		Under-five mortality (per 1,000 live births), 2017	Under-five mortality, relative inequality, 2017	UHC service coverage index, 2015	Skilled health workers per 10,000 people	Per capita government spend on health (US$)	Domestic general government health expenditure as a % of GDP, 2015	Out-of-pocket expenditure as a % of current health expenditure, 2015	Government expenditure on primary health care as a % of government expenditure on health, 2016	UHC mandate	Civic engagement	Budget transparency	
										Country has passed legislation on UHC, 2017	Space for civic engagement, 2018	Budget transparency as per 100 indicators, 2017	Corruption Perception Index, 2018
	Afghanistan	68	2.0	34	6 (2016)	10	1	78	44	No	Repressed	49	16
	Algeria	24	1.9			728	5	28		Yes	Repressed	3	35
	Angola	81	2.6	36		93	1	33		No	Repressed	25	19
	Azerbaijan	23		64	103 (2014)	241	1	79		Yes		34	25
	Bangladesh	32	1.7	46	7 (2015)	13		72		No	Repressed	41	26
	Benin	98	2.0	41	8 (2016)	17	1	40		No	Obstructed	39	40
	Bhutan	31			19 (2016)	207	3	20		Yes	Obstructed		68
	Bolivia	35		60		303	4	26		Yes	Obstructed	10	29
	Botswana	38		60	31 (2012)	534	3	5		Yes	Narrowed	8	61
	Burkina Faso	81		39	7 (2012)	27	2	36	86	No	Obstructed	24	41
	Burundi	61	2.3	43		25	3	19	75	No	Closed	7	17
	Cambodia	29	4.1	55	11 (2014)	44	1	59		No	Repressed	20	20
	Cameroon	84	3.0	44		24	1	70		No	Repressed	7	25
	Central African Republic	122				4	1	60		No	Closed		26
	Chad	123	1.2	29	4 (2013)	23	1	56		No	Repressed	2	19
	Comoros	69	1.3			16	1	75		No	Narrowed	8	27
	Congo	48				88	1	44			Repressed		19
	Congo, Democratic Republic	91	1.5	40		6	1	37	46	No	Closed		20
	Cote d'Ivoire	89	1.7	44		41	1	36	78	No	Obstructed	24	35
	Djibouti	62		47	8 (2014)	80	2	20	72	No	Repressed		31
	Dominica	34				398	4	28		No	Open		57
	Equatorial Guinea	90				186	1	72		No	Closed		16
	Eritrea	43				13	1	52		No	Closed		24
	Ethiopia	59	1.3	39		18	1	38	80	No			34
	Gabon	48	1.5	52	33 (2016)	283	2	26	44	No			31
	Gambia, The	64	2.0		17 (2015)	53	3	20		Yes			37
	Ghana	49	1.4	45		87	2	36	69	No	Narrowed	50	41
	Guatemala	28	2.9	57		142	2	56	58	No	Obstructed	61	27
	Guinea	86	2.9	35	4 (2016)	10	1	54	74	No	Obstructed		28
	Guinea-Bissau	84	1.0			31	2	37		No	Obstructed		16
	Guyana	31	1.2			173	2	41		No	Narrowed		37
	Haiti	72	1.6			13	1	36	79	No	Obstructed		20
	Honduras	18		64		137	3	49		No	Repressed	54	29
	India	39	3.0	56	29 (2016)	61	1	65		No	Obstructed	48	41
	Indonesia	25	3.1	49	16 (2012)	141	1	48		No	Obstructed	64	38
	Iraq	30			27 (2014)	112	1	76		No	Repressed	3	18
	Jamaica	15		60	21 (2016)	300	3	24		No	Narrowed		44
	Kenya	46	1.2	57	18 (2014)	52	2	33	67	No	Obstructed	46	27
	Korea	3		80		1442	4	37			Narrowed		57
	Kyrgyz Republic	20	3.3	66	81 (2014)	129	4	48		No	Obstructed	55	29
	Lao PDR	63	3.2	48	15 (2014)	58	1	45		No	Closed		29
	Lesotho	86	1.1	45		143	5	17		No	Obstructed		41
	Liberia	75	1.3	34		9	1	20	77	No		36	32
	Madagascar	44		30	4 (2012)	35	2	22		No	Obstructed	34	25
	Malawi	55	1.4	44		31	3	11		No	Obstructed	26	32
	Mali	106	2.2	32		20	1	46	70	No	Obstructed	39	32
	Mauritania	79	1.7	33		69	2	48	66	No	Repressed		27
	Morocco	23		65	15 (2014)	188	2	53		No	Obstructed	45	43
	Mozambique	72	0.7	42	5 (2013)	5		7		No	Obstructed	41	23
	Myanmar	49	3.8		15 (2012)	61	1	74		No	Repressed	7	29
	Namibia	44	2.1			594	6	8	54	No	Narrowed	50	53
	Nepal	34	2.6	46	26 (2014)	27	1	60		No	Obstructed	52	31
	Nicaragua	17		70	23 (2014)	229	4	36		No	Repressed	43	25
	Niger	85	1.3	33		14	2	52		No	Obstructed		34
	Nigeria	100	2.7	39		36	1	72		No	Obstructed	17	27
	Pakistan	75	1.8	40	15 (2015)	37	1	66		No	Repressed	44	33
	Panama	16		75	38 (2013)	950	4	31		Yes	Narrowed		37
	Papua New Guinea	53				70	3	6		No		50	28
	Paraguay	21	6.4	69	23 (2012)	388	4	36		No	Obstructed	43	29
	Philippines	28	3.8	58		101	1	54		No	Obstructed	67	36
	Rwanda	38	2.1	53	9 (2015)	31	2	26		No	Repressed	22	56
	Senegal	45	2.5	41	4 (2016)	31	1	44		No		51	45
	Sierra Leone	111	0.9	36		23	2	38		No	Obstructed	38	30
	Solomon Islands	21			20 (2013)	107	5	3		No	Open		44
	Somalia	127			1 (2014)					No		8	10
	South Africa	37	1.6	67	60 (2016)	582	4	8		No	Narrowed	89	43
	South Sudan	96				15	1	61		No	Closed	5	13
	Sudan	63	1.9		42 (2014)	86	2	63		No	Closed	2	16
	Suriname	20				513	3	10	50	No	Open		43
	Swaziland	54	2.0	58		407	5	11			Repressed		38
	Tajikistan	34	2.4	65	70 (2014)	54	2	63		No	Repressed	30	25
	Tanzania	54	1.1	39	4 (2014)	34	2	26	44	No		10	36
	Timor-Leste	48	2.2	47		88	2	10		No	Obstructed	40	35
	Togo	73	2.7	42		27	2	51	72	No	Obstructed		30
	Turkmenistan	47	3.1		71 (2014)	240	1	71		No	Closed		20
	Uganda	49	1.6	44	7 (2015)	19	1	41	65	No	Repressed	60	26
	Uzbekistan	23			149 (2014)	205	3	43		No	Closed		23
	Venezuela	31				276	2	46			Repressed		18
	Yemen	55	1.8	39		15	1	81			Closed		14
	Zambia	60	1.7	56	10 (2016)	74	2	28	62	No	Obstructed	8	35
	Zimbabwe	50	2.0		12 (2014)	38	2	26		No	Repressed	23	22