

“LEAVING NO ONE BEHIND”

DELIVERING ON THE PROMISE OF HEALTH FOR ALL

Reflections of the Civil Society Engagement Mechanism for UHC2030 on the Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report

Executive Summary

Conducted by:
Civil Society Engagement Mechanism (CSEM)
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“As we embark on this great collective journey,
we pledge that no one will be left behind.
Recognizing that the dignity of the human person
is fundamental, we wish to see the goals and
targets met for all nations and peoples and for
all segments of society. And we will endeavour
to reach the furthest behind first.”

(2030 Agenda for Sustainable Development)*

* UN Sustainable Development Goals Knowledge Platform. Transforming our world: the 2030 Agenda for Sustainable Development.
<https://sustainabledevelopment.un.org/post2015/transformingourworld>

Executive summary

This paper from the Civil Society Engagement Mechanism for UHC2030 (CSEM) is written in response to an invitation from the UHC2030 Core Team. From the perspective of civil society, and with a focus on vulnerable populations, the paper provides a commentary on the **Primary Health Care on the Road to Universal Health Coverage 2019 Monitoring Report** (hereafter ‘2019 Monitoring Report’) and the existing global UHC monitoring process, and offers recommendations towards realizing the goal of UHC. It is offered in the spirit of deepening the conversation and focuses on the principle of “leaving no one behind”.

To deliver the promise of achieving UHC by 2030, the world first needs to know how far we have progressed on the journey, and how well we are doing on different aspects of UHC. The 2019 Monitoring Report provides just that. This is the first global monitoring report that provides estimates of numbers of people who are covered by essential health services (and those who are not). This data is extremely useful for monitoring the progress.

The 2019 Monitoring Report shares more bad news than good news.

More than half of the world’s population does not have access to essential health services. Neither the interim target of having 1 billion more people covered by 2023, nor the final goal of achieving UHC by 2030, will be met unless efforts are significantly accelerated. With the current level of effort, at least one third of the world’s population will remain uncovered in 2030.

The commitment to provide financial protection has not moved from rhetoric to reality. More people are experiencing financial hardship due to health care expenses than ever before. In excess of 930 million people had to spend more than 10% of their household budget on health care, and 210 million people crossed the 25% threshold. Hundreds of millions of people are

pushed into poverty each year just because they seek health care.

The only good news is that the service coverage index (SCI) is improving, especially in low-income countries (LICs) and lower-middle-income countries (LMICs). However, this improvement was largely the result of the rapid scale-up of infectious disease interventions between 2005 and 2010.

Even with the above impressive increase, coverage of infectious disease interventions is still the lowest among all the components of service coverage, and LICs and LMICs are still the places where services are least available.

Non-communicable diseases raise different concerns as there is almost no progress in this area globally, and also because data is seriously lacking.

Inequity and inequality are widespread

In all World Bank income groups, service coverage is higher than population coverage. This illustrates the fact that service availability does not translate to accessibility and utilization, and signals widespread inequity between income groups.

Another significant gap between income groups is seen with regard to health system capacity, pointing to striking inequality. The gaps have persisted since the beginning of the century.

Lower-income countries are a ground for grave concern.

Unsurprisingly, service coverage is lowest in LICs. LMICs are home to half of the total number of people left without coverage of essential health services in the entire world. Yet, more and more people in these countries are spending at least 10% of their household budget on health care, accounting for 45% of the world’s population who are forced to do this – and the figure is on the rise.

While the 2019 Monitoring Report presents a very useful overall picture of UHC progress in the world, it fails to identify the people who are left behind.

There is almost no data disaggregation by the key dimensions of equity such as gender, age, wealth, ethnicity, disability, geographic location, fragile states and conflict situations, nor analyses of inequity due to factors that cause marginalization such as migratory status, sexual orientation, gender identity or identification registration. Chapter 3 on gender and equity is an encouraging attempt to address equity in UHC but falls short of providing an overview of the situation.

The report fails to reflect the provision of financial protection (or lack of it) to vulnerable populations. Having more health care needs but less of their essential health needs covered (due to facing barriers to enrol in a financial protection mechanism and/or encountering obstacles to utilize services eligible to them), vulnerable populations are more likely to experience catastrophic expenditure and more likely to forgo their health care needs.

The existing UHC monitoring processes leave the most vulnerable populations out.

Although they may manage to present the overall picture of UHC progress in the general population. Household surveys and facility data are unlikely to capture data from these populations as the most vulnerable people are often those who are stigmatized, hidden, imprisoned, illiterate, and/or undocumented. The services most essential to each vulnerable population may be different from those the UN and Member States selected as indicators of coverage.

Further, indicators to monitor financial protection can only partially monitor financial hardship due to health care cost. Out-of-pocket expenditure does not account for non-medical costs, which can be steep and become a barrier. The data on people who are pushed into poverty fails to count people who are already in poverty, and who are pushed deeper when they have to pay out-of-pocket for health care. And the people living in so much poverty that they cannot even afford to pay for health care are completely left behind in the monitoring of financial protection.

The CSEM welcomes and appreciates the invitation to provide a commentary to the 2019 Monitoring Report as a concrete action by WHO, the World Bank and UHC2030 to engage civil society and coordinate our efforts in monitoring UHC progress. We regret that a similar partnership-building effort does not happen in many countries around the world, and look forward to this situation changing. The standard process of collecting, collating, validating and analysing data does not typically involve civil society and vulnerable populations, and this must change.

Recommendations

1

The UHC movement should firmly uphold the principle of “leaving no one behind”, which is articulated in the SDG Agenda as “reach the furthest behind first”.

To achieve that, at every level, UHC actors should:

- Identify the people who are consistently being left behind;
- Identify their essential health needs, including the needs distinctive from those of the general population;
- Understand the reasons why they cannot access or use services essential to them;
- Enlist them as key partners in advocating for inclusive, rights-based, effective and sustainable UHC policy and programmes; and
- Engage them in the planning, budgeting, implementing, and monitoring of services so these are more appropriate, accessible, acceptable and sustainable, and the interventions are more likely to reach them with satisfactory outcomes.

3

To improve service coverage of UHC, intensified efforts are needed in LICs and LMICs where service coverage is far below the global average level to:

- Significantly increase coverage of both the infectious disease and non-communicable disease components of UHC packages, as infectious diseases are still at the lowest coverage level among all the components of UHC and non-communicable diseases show no progress;
- Continue efforts to expand services for reproductive, maternal, newborn and child health; and
- Thoroughly review the systems that provide essential health services, to have in place and implement plans that mobilize and strengthen the capacities of service providers from different sectors to meet the health needs of all populations, including the distinctive needs of vulnerable populations. Community-based services that mobilize community service providers and engage community participation should be considered for the populations whom the public sector finds hard to reach.

2

The monitoring of UHC, at all levels, should embrace the “leave no one behind” mindset and make every effort to gather the most accurate and up-to-date information about UHC progress among people who are furthest behind. In doing so, UHC monitoring should:

- Be aware that some vulnerable populations are severely marginalized, hidden or appear as hard-to-reach to the people outside their own community, to the extent that the usual monitoring approaches may not be relevant;
- Recognize that health services essential to vulnerable populations may differ from those for general populations and that their living circumstances, culture, and/or values may not be similar to those of the general population; and
- Engage vulnerable communities in the entire process of monitoring – from selecting, developing, reviewing indicators and tools, as well as data collection, analysis, verification and dissemination. Doing so will increase the relevance of the monitoring process and accuracy of information as well as the use of data.

4

To get closer to the targets of covering 1 billion more people by 2023 and to achieve UHC by 2030, the pace of expanding population coverage needs to be significantly accelerated.

- LICs and LMICs should be the focus ground for acceleration as they have the highest concentration and numbers of people who are left without coverage of essential health services in the world;
- Vulnerable populations in all settings are left furthest behind and should be prioritized for any effort to increase population coverage; and
- Primary health care has been rightly identified and recommended by the 2019 Monitoring Report as “the route to UHC” and should receive the investment and attention it deserves.

5

The recent deterioration of financial protection is unacceptable and is the biggest failure of the UHC promise, and this necessitates immediate attention. The governments, UN, the World Bank, WHO, relevant UN agencies and all stakeholders should make every effort to cut down out-of-pocket expenditure. Greater reliance on public spending on health coupled with so-called progressive universalism, i.e. taking steps to benefit the most disadvantaged people first, should be the main strategy.

6

Engagement of and investing in civil society as a key stakeholder is essential to achieving UHC that leaves no one behind. Civil society is often best placed to gain access to vulnerable populations, to represent and prioritize their messages for equitable access to quality health services. Civil society helps to ensure that they are informed of health policies, that their voices are heard and that they can participate in improving their countries' health systems and budget. Civil society also has a proven track record of being a very effective, reliable and resilient advocacy force, and is well placed to ensure social accountability.



Civil Society Engagement Mechanism for UHC2030
Management Sciences for Health

4301 Fairfax Drive
Arlington
VA, 22203

www.csemonline.net

Email: csem@msh.org

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