

UHC2030, the global movement to strengthen health systems for universal health coverage (UHC), will publish multi-stakeholder review called *'The State of UHC Commitment'* in December 2020. The report will include hard data on progress in UHC as well as stories about healthcare services at the global, regional, and national levels. The **Civil Society Engagement Mechanism for UHC2030 (CSEM), Global Health Council and Partners in Health convened civil society organizations working in the United States (U.S.)** to discuss stories of healthcare access to include in this report. *Focus group participants noted the following key points.*

Healthcare in the U.S. and the impact of COVID-19:

- Americans were already struggling to receive the care they needed prior to the pandemic due to inequalities in insurance coverage, differences in costs of care by geography and type of service, and bias and discrimination. These inequalities have been exacerbated by the COVID-19 pandemic.
- Participants noted that healthcare in the US is largely focused on maximizing profits rather than prioritizing population health, which has hindered pandemic efforts.
- While healthcare has been a key election issue in the U.S, the understanding of UHC is different from international conversations. Additionally, the fragmentation of the health system makes collecting and comparing data about coverage difficult.

“COVID-19 has highlighted that... we don't have a good national healthcare system... it's all splintered. They're all competing against each other and driving up the price [of PPE and testing].”

Affordability and access to care:

- Even though the U.S. has some of the best quality care in the world, the quality is not uniform across services, geographies, and populations. The fragmented nature of the healthcare system has resulted in many gaps in health care access.
- There has been a long-term underinvestment in primary healthcare and public health measures including for prevention. The COVID-19 pandemic has led to further closures of primary health clinics, which is especially worrying considering that the high mortality rates seen with COVID-19 in the U.S. may be due to untreated or under-treated underlying conditions.
- Populations that are especially vulnerable to inadequate access to care are those in precarious employment situations where they are left out of employer-sponsored health insurance but are ineligible for Medicaid. People who fall into this coverage gap also include those with lower educational attainment, communities of color, and other marginalized populations.

“Our access to a variety of healthcare is a direct means of our social determinants of health. How little our healthcare system does to address these systemic inequities.”

“We tend to define value as quality over cost, which is sort of void of an equity lens... Quality for whom is always the question.”

Investing more and investing better, and moving forward together:

- Even for people with health insurance in the U.S., health care costs can be exceptionally prohibitive due to gaps in coverage and hidden fees. In states with more “universal” health plans, such as Massachusetts, there are still people who fall through the cracks and services that are not covered.
- Participants highlighted that there is critical need for more investment in preventive care, care coordination, and public health at the community level. There should be a strong focus on investing in frontline workers in the community and integrating programs with existing community structures.