

**CIVIL SOCIETY COMMENTARY ON THE
*TRACKING UNIVERSAL HEALTH COVERAGE:
2023 GLOBAL MONITORING REPORT (GMR)***



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Introduction

About the GMR

Universal Health Coverage (UHC) means that all people have access to the quality health care they need without incurring financial hardship. To achieve UHC—a global target under the United Nations Sustainable Development Goal (SDG) 3 (target 3.8),¹—it is critical to monitor whether all people have equitable and affordable access to effective health services across countries and regions. At the United Nations High-Level Meeting (UN HLM) on UHC in 2019, member states set targets to progressively cover one billion additional people with quality essential health services by 2023, with a view of covering all people by 2030, and to stop the rise and reverse the trend of catastrophic out-of-pocket (OOP) health expenditures and eliminate impoverishment due to health-related expenses by 2030.

To track progress on UHC implementation, the Global Monitoring Report (GMR), published bi-annually by the World Health Organization (WHO) and the World Bank, tracks two SDG UHC indicators:

- 3.8.1, which captures the service coverage dimension of UHC (measured using the Service Coverage Index (SCI))
- 3.8.2, which captures the population exposed to financial hardship due to OOP payments made when using health services (measured by catastrophic and impoverishing health spending)

[This data](#) for the 2023 report on these indicators, entitled *Tracking Universal Health Coverage: 2023 Global Monitoring Report (2023 GMR)*,² was collected and calculated in partnership with member states via country consultations with nominated national government focal points and national statistics

¹ SDG 3.8 reads, “Achieve universal health coverage, 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.”

² *Tracking Universal Health Coverage: 2023 Global Monitoring Report* is available online at <https://www.who.int/publications-detail-redirect/9789240080379>

offices. Civil society and other stakeholder participation was not mentioned in the GMR.

Civil Society Commentary

The purpose of this commentary is to highlight civil society’s calls to action for governments based on the results of the 2023 GMR and civil society perspectives on progress toward UHC. To enhance accountability and tracking of progress on the implementation of the *Political Declaration of the High-level Meeting on Universal Health Coverage 2019: “Universal health coverage: moving together to build a healthier world”* and SDG 3.8, the CSEM and partners organized 37 civil society country- and regional-level consultations in 2021 and 2022 as part of the [State of the UHC Commitment Review](#). The consultations captured stories, experiences, and perspectives from civil society and communities on progress made toward achieving UHC. This commentary represents the perspectives of civil society based on [data](#)³ collected from the **country consultations** and is meant to complement and strengthen the GMR, which does not include data from civil society. The commentary also supports and expands on the [Action Agenda from the UHC Movement](#), which was developed by the UHC2030 High-Level Meeting Task Force and has been used by stakeholders in the lead-up to the UN HLM on UHC scheduled for September 21, 2023.

We call on governments to act on the recommendations provided in this commentary. We also ask that all civil society and other stakeholders use these calls to action, in addition to the Action Agenda, in their ongoing advocacy to hold governments accountable for their commitments to UHC, particularly after the 2023 UN HLM on UHC.

³ 2021 and 2022 Country Consultations on UHC, “*From Commitments to Action: Civil Society Perspectives on Reaching Universal Health Coverage*,” is available online at <https://csemonline.net/civil-society-perspectives-souhcc-2022/>



Box 1.1 Summary Results of the 2023 GMR

While 42 countries saw improvement in service coverage since 2000, this year's GMR said, "the world is less prepared today than it was at the launch of the SDGs for the challenges of tomorrow ... [and] off track to make significant progress towards UHC."

Service Coverage:

- 1 Although there have been some improvements in health service coverage since 2001—for example, the number of countries with a high SCI score increased from one to 42 by 2021—progress has stagnated. Further improvements have been minimal or come to a complete halt.
- 2 The most significant increases in service coverage have been in infectious disease services (particularly, HIV antiretroviral therapy coverage), while service coverage for non-communicable diseases (NCDs) and reproductive, maternal, newborn and child health (RMNCH) has improved minimally and any further progress has mostly come to a halt.
- 3 Overall, inequalities in service coverage between countries have decreased since 2000, but inequalities within countries persist as access to health services vary among different population groups. For example, those living in rural areas and the poorest communities experience less coverage than the national average.

Financial Hardship:

- 1 The proportion of the population facing catastrophic levels of out-of-pocket health spending has increased, surpassing 1 billion in 2019.
- 2 Low- and middle-income countries (LMICs) have experienced improvements in service coverage but also suffer from the largest increases in catastrophic health spending.
- 3 While people at the extreme poverty line experienced an 80% decrease in impoverishing OOP expenses between 2000 and 2019, those at the relative poverty line experienced a 42% increase in impoverishing OOP expenses in the same period.

Impact of COVID-19:

Although there is a significant lack of data available due to COVID-19-related shutdowns and limitations in movement, the data that is available suggests that service coverage and financial hardship worsened during the pandemic.



Box 1.2 Summary Results of the 2021 and 2022 Country Consultations

In 2021 and 2022, the CSEM and partners organized 37 civil society country- and regional-level consultations as part of the State of the UHC Commitment Review. The consultations captured stories, experiences, and perspectives from civil society and communities on progress made toward achieving UHC. The results of the consultations provide additional insights on the GMR data, which is particularly important and relevant since the GMR itself does not include data from civil society.

Summary of the Consultation Results

Service Coverage:

- 1 Across the board, civil society reported that even where UHC indicators are being achieved, some communities are being left behind. The most vulnerable and marginalized portions of the population continue to face socio-cultural, financial, and legal challenges to accessing the health care services they need. More specifically, access to health services is especially lacking for those from lower income social sectors and rural populations, LGBTQIA+ communities, migrants and refugees, indigenous communities, women (including those with various intersectionalities, such as sex workers or drug users), children, and adolescents. Lack of information, stigma, and discrimination against certain populations prevent these individuals from accessing health care. This problem cuts across all countries, regardless of income level.
- 2 Both the GMR and country consultations reported distance to health facilities, OOP spending, and education as barriers to services; however, civil society also reported that stigma, discrimination, lack of trained health care workers, ineffective policies, and lack of political will to address inequalities constitute major hurdles to service coverage.

Financial Hardship:

- 1 Across all consultations, civil society agreed that the lack of government investment in health is a main cause of increased OOP spending.
- 2 All groups highlighted that financial hardship is felt most by vulnerable and marginalized groups.
- 3 Participants also agreed that strong UHC laws and regulations to increase access and reduce financial hardship are lacking. Where laws and regulations exist, they are poorly implemented, or civil society and communities are unaware of them.

Impact of COVID-19:

- 1 All consultations noted that COVID-19 negatively affected health systems in their country and, in particular, worsened access for the most vulnerable and marginalized populations.
- 2 Civil society highlighted the disruption of clinical services for mental health, sexual and reproductive care, NCDs, tuberculosis, HIV, immunizations, and palliative care (among others) as negatively impacting service coverage.
- 3 Financial hardship also increased in particular for those people who lost their source of income due to the pandemic but still had to pay OOP for health services.

Call to Action

Based on the results and recommendations from the GMR and the civil society country consultations, we call on governments to act on the following recommendations, which are aligned with the Action Agenda from the UHC Movement. We also ask civil society and other stakeholders to advocate for these calls to action as a way to get the world back on track to achieving health for all.

1

Increase commitments and political will for UHC. As noted in the GMR, to cover ground lost during the pandemic, governments must not only commit to UHC but also establish clear and deliberate policies that protect and prioritize investments in public health. Moreover, the country consultations demonstrated the need for governments to educate people on UHC and encourage all stakeholders to support and facilitate mobilization on UHC. Without political commitment, no report or recommendations, such as those outlined below, can be implemented to achieve UHC.

2

Collect, analyze, and use disaggregated data to inform decision making and ensure no one is left behind. The 2023 GMR frequently looks at inequalities between countries and regions. Other data has only been disaggregated by income level, geography, and education, with minimal examples of data disaggregation by age and gender. To truly understand the needs of the population, collecting and analyzing more disaggregated data (by sexual orientation, disability, migratory status, etc.)—which provides information on not just who is being left behind by the health system but also why—is critical.

3

Increase the quality and availability of health data. To achieve UHC, the global health community must routinely collect quality country- and regional-level

data to track trends. The 2023 GMR data does not include information on quality of health services, which should be tracked along with coverage and cost. For example, very little data is available on health care worker and infrastructure capacity. Proper resources, training, and adequate compensation for health care workers are critical, not only for delivering quality health services but also for global health security, as most of those workers provide primary health care (PHC) services and sit on the front lines of global health emergencies.

Additionally, the SCI covers only four key health areas: RMNCH, infectious diseases, NCDs, and service capacity. Within those four domains, only a small number of services are tracked, and they do not include the broader spectrum of essential health services (EHS) such as those in primary health care packages. It is crucial that governments begin to track more EHS, including other critical health domains (such as dental health). Lastly, the poor quality and quantity of data currently available also is due in part to lockdowns during the COVID-19 pandemic. Governments should establish digital platforms to collect health data to ensure that no disruptions occur during future pandemics.

"I am stretched to provide services for three health centers and an institution. Then people come to my home after I leave the health center. Too many responsibilities for one nurse. I am stressed out."

Country Consultation Participant and Health and Care Worker in Dominica

4

Create and implement stronger UHC policies and regulations. The GMR and country consultations provide multiple examples of UHC policies that can increase SCI scores and decrease financial hardship. Some examples include capping co-payments, extending coverage to include essential medicines, and developing pre-paid pooled compulsory contributions to fund the health system. Also

important are the development of policies that support the health care workforce and reduce OOP expenses, stigma, and discrimination, particularly among the most vulnerable populations.

5

Invest in health. Without investing more effectively and efficiently in health, populations will continue to pay OOP to cover the cost of quality health services. To decrease financial hardship, governments from LMICs should increase and stabilize levels of public health spending to at least 5% of gross domestic product (GDP), depending on the country's context. Domestic resource mobilization is the most sustainable health investment. Governments should also reorient their health system towards a PHC approach to accelerate UHC. As noted in the GMR, investing in PHC can increase SCI scores and improve the quality of health services and financial protection by making services more accessible, designing them for the people and their needs, and making them affordable—if not free of cost.

"The government spends a significant amount of money. But is that invested in the right place for the right people? We need to ensure that these investments are efficiently targeted at most needed communities." Country Consultation Participant in Sri Lanka

"It seems that the people who have access to health are the people who can buy access." Country Consultation Participant in Mexico

6

Engage civil society and communities. The GMR calls for all stakeholders, including civil society and communities, to better coordinate and support country progress toward UHC. To achieve this, governments must institutionalize and financially support the routine engagement of civil society and other stakeholders, including multilateral agencies and the private sector. Civil society is often on the front lines of existing health challenges (whether as service users or health workers, etc.). They can

provide governments with key data to determine the health needs of a population and effective strategies for meeting those needs. Civil society can also serve as a focal point for disseminating policy decisions, knowledge, and information to the communities.

"All vulnerable groups have become more invisible during the COVID-19 pandemic." Country Consultation Participant in Georgia

7

Ensure gender equity in UHC. Minimal data exists on gender and UHC. For example, the GMR only reported on the SCI scores for select RMNCH services, which unfortunately experienced little to no increases. Some data demonstrated that female-led households experienced more financial hardship due to OOP expenses than male-led households. However, more data on gender is needed to determine why women experience less service coverage and more financial hardship. Governments should also be monitoring the number of women in leadership and/or decision-making roles, as this can contribute to improvements in health services for women. As noted above, data on health care workers (of which women make up 80%), such as remuneration and gender pay gaps, is critical to ensure that both the quantity but quality of health services increase.

8

Emphasize the link between UHC and pandemic preparedness and response. The COVID-19 pandemic clearly demonstrated how the lack of UHC and resilient health systems can impact the health and welfare of people, particularly during a public health emergency. The GMR demonstrates how weak health systems that are not geared toward UHC can lead to disruptions in health care, exacerbate regional/country- and population-level inequities, and result in a lack of quality health data, service coverage, and financial protection, among other things. Governments therefore must demonstrate the need to achieve UHC as a first step toward pandemic preparedness and response.