

## Universal Health Coverage: realistic and achievable?

On Dec 12, 2012, the UN General Assembly endorsed a resolution urging countries to accelerate progress toward Universal Health Coverage (UHC). Since 2017, Dec 12 has been proclaimed as an official UN-designated day: International Universal Health Coverage Day—a day for the global movement supporting UHC to raise awareness and to call on political leaders to deliver access to health care for all.

UHC is not a recently invented concept. It is firmly anchored in WHO's 1948 Constitution, which declares that health is a fundamental human right. Today, it is embedded in the Sustainable Development Goals (SDGs)—SDG 3.8 sets a target to “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.” UHC is therefore underpinned by three key ideas: equity, quality, and affordability. WHO's General Programme of Work for 2019–23 has set an ambitious goal of 1 billion more people benefiting from UHC by 2023.

How far are we towards delivering that goal?

In this issue of *The Lancet Public Health*, Mark Moses and colleagues estimate the cost of achieving UHC in all countries. They estimate the funding and services needed to achieve UHC globally and for every country on the basis of current utilisation of health services, their unit costs, and the burden of disease. Moses and colleagues generated a time-series of health-care utilisation, together with current levels of outpatient visits and inpatient admissions in all countries. The authors combined their results with information on country specific health-care service costs and disease burdens to calculate the funding necessary to reach UHC. Globally, they estimate the gap to UHC to be \$1177.69 billion (international dollars; 95% uncertainty interval 896.05–1456.56). Beyond these global estimates, the authors present data for individual countries and calculate the additional cost needed to meet the UHC standard as a percentage of a country's gross domestic product. Taking the Netherlands as a reference for the UHC standard of utilisation, very few countries reached the threshold.

Such national data and country comparisons are important for informing political leaders and policy makers on progress and gaps, but they do not capture

the full picture. For Simon Wieser and Klaus Eichler, writing in an accompanying Comment, the quality of health-care services is likely to differ between countries, and inefficiencies in current health-care systems need to be considered when calculating UHC costs. Financing is an essential, and often forgotten, component of UHC. But progress toward UHC also requires coordinated actions across the different pillars of a health system—the health workforce in particular, but also health service delivery platforms and governance. Importantly, efforts also need to draw on in-country capacity and local context. For Irene Agyepong, reflecting on Ghana's quest for UHC at the annual Academy of Medical Sciences-Lancet International Health Lecture, it is crucial that a global goal such as UHC does not ignore local country context.

It is becoming clear that countries need a customised path towards UHC. There is no off-the-shelf model to implement. Public health researchers have much to offer to improve the understanding of the local and specific needs of communities. For Robert Verrecchia and colleagues, how UHC relates to public health has not received the consideration it deserves. “Public health advocates will need to do more to promote not only the health benefits of public health interventions but also the economic and political benefits too”. As Verrecchia and colleagues note, “UHC reforms are an inherently political process”.

The fact that UHC demands high-level political commitment does not mean that the health community has little leverage on its own to accelerate action to achieve UHC. WHO's commitment to 1 billion more people protected by UHC by 2023 is not an empty promise. In 2019, the agency will introduce a radical new organisational structure to reflect its strategic ambitions. Dr Tedros, WHO's Director-General, is reforming WHO to make it a more effective political instrument to deliver UHC. As a regular attendee at G20 meetings and a former foreign minister in Ethiopia, his political influence could well exceed that of any current global health leader. As 2019 beckons, we should be optimistic that UHC is not merely an idealistic hope. It is, instead, a perfectly realistic and achievable objective.

■ *The Lancet Public Health*

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*The Lancet* 2018; **392**: 2229–36