

All roads lead to universal health coverage



All roads lead to universal health coverage—and this is our top priority at WHO. For me, the key question of universal health coverage is an ethical one. Do we want our fellow citizens to die because they are poor? Or millions of families impoverished by catastrophic health expenditures because they lack financial risk protection? Universal health coverage is a human right.

At least 400 million people have no access to essential health services,¹ and 40% of the world's population lack social protection.² Think about the human reality behind these numbers: the young mother who dies in childbirth in a fragile state because she lacks access to health care; a young child dropping out of school due to family impoverishment caused by health expenses; and an adult living in inner city of a middle-income country suffering from chronic non-communicable diseases and not getting treatment.

I know from personal experience that it is possible for all countries to achieve universal health coverage, including key public health interventions. The paper in this issue of *The Lancet Global Health* by Karin Stenberg and colleagues³ shows that, even at low levels of national income, countries can make progress. Many countries at different levels of economic development have achieved universal health coverage, showing this to be more a political than an economic challenge.

The world has agreed on universal health coverage. Sustainable Development Goal 3.8 sets the following target by 2030: 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. How should WHO help countries to achieve universal health coverage?

Universal health coverage is ultimately a political choice. It is the responsibility of every country and national government to pursue it. Countries have unique needs, and tailored political negotiations will determine domestic resource mobilisation. WHO will catalyse proactive engagement and advocacy with global, regional, and national political structures and leaders including heads of state and national parliaments.

Countries will also need to know where they stand on universal health coverage, benchmarked against others. WHO will develop a measurement system based

on Sustainable Development Goal 3.8 indicators to benchmark countries on their attainment of universal health coverage.

Beyond benchmarking, countries learn from their peers, especially those they see as having similar political or economic contexts. WHO will document best practices in universal health coverage at the country level. Some countries might be doing better on quality service coverage while others might be doing better on financial protection. Within service coverage, countries might prioritise one category (eg, reproductive, maternal, and child health) while others might be doing better on non-communicable diseases or mental health. Countries take different paths—using either public or private providers—although public finance will always need to provide social protection for the poor to improve equity and so no one is left behind.

Once this learning has occurred, countries may request technical assistance. WHO should be prepared to provide technical assistance to countries based on their specific needs, across the full range of health-related Sustainable Development Goals. It should work to sustain and build upon recent successes including polio, HIV/AIDS, neglected tropical diseases, and maternal and child health. Because access to appropriate medicines, vaccines, and diagnostics is an important component of universal health coverage, WHO's activities on expedited prequalification of vaccines and essential drug and diagnostics lists are important. Moreover, universal health coverage includes not just health care but also health promotion and prevention and a broader public health approach. A strong primary health care platform with integrated community engagement within the health system is the backbone of universal health coverage.

Universal health coverage and health emergencies are cousins—two sides of the same coin. Strengthening health systems is the best way to safeguard against health crises. Outbreaks are inevitable, but epidemics are not. Strong health systems are our best defence to prevent disease outbreaks from becoming epidemics. WHO will continue to implement the International Health Regulations and conduct Joint Evaluation Exercises with countries—of which 70 will be completed by the end of 2017.

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Achieving universal health coverage will require innovation. Also, what is measured is managed so data matters. Based on evidence and data, WHO will track progress on how the world is meeting the health-related Sustainable Development Goal indicators. Universal health coverage is not an end in itself: its goal is to improve the other health-related Sustainable Development Goals.

We have a historic opportunity to make transformational improvement in world health. Let's use the opportunity at the next UN General Assembly in September 2017 to make universal health coverage a reality for many more people.

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I am Director-General of WHO. I declare that I have no competing interests.

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- 1 WHO/World Bank. New report shows that 400 million do not have access to essential health services. <http://www.who.int/mediacentre/news/releases/2015/uhc-report/en/> (accessed July 12, 2017).
- 2 International Labour Organization. Global health protection crisis leaves almost 40% of the world's population without any coverage. http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_326227/lang--en/index.htm (accessed July 12, 2017).
- 3 Stenberg K, Hanssen O, Tan-Torres Edejer T, et al. Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries. *Lancet Glob Health* 2017; published online July 17. [http://dx.doi.org/10.1016/S2214-109X\(17\)30263-2](http://dx.doi.org/10.1016/S2214-109X(17)30263-2).