Meeting Report
Monitoring Progress towards Universal Health Coverage
A conversation with civil society partners
January 21, 2014

Background

Over the past 18 months, stakeholders across UN bodies, national governments, civil society, the private sector, and international financing institutions, have contributed to a dialogue about the content of the Post-2015 health agenda. A common theme in many discussions has been Universal Health Coverage (UHC) – which the World Health Organization defines as “the idea that all people should be able to access the health services they need without incurring financial hardship when paying for them.” Civil society organizations around the world have expressed keen interest in universal health coverage – how it is defined, financed, and measured, as well as how it is positioned within the Post-2015 health agenda.

Recently, there has been great interest in the work underway by the World Health Organization and the World Bank to develop ways to monitor progress towards UHC in countries. In December 2013, the organizations released the discussion paper Monitoring Progress towards Universal Health Coverage at Country and Global Levels: A Framework. Recognizing the importance of the WHO/World Bank effort, on January 21, 2014 the UN Foundation, in collaboration with the World Health Organization and the World Bank, convened civil society stakeholders to discuss monitoring progress toward UHC.

The meeting began with a presentation by the paper authors, including Dr. Tim Evans (Director, Health, Population and Nutrition, World Bank), Dr. Ties Boerma (Director, Health Statistics and Informatics, World Health Organization), Dr. David Evans (Director, Health Systems Financing, World Health Organization), and Dr. Adam Wagstaff (Research Manager, Human Development and Public Services, World Bank).

The paper authors welcomed feedback from civil society participants; highlights and major themes from the discussion are included below. All participants are encouraged to submit written feedback to uhcmonitoring@who.int by February 15.

Discussion highlights and themes

- **Equity:** Several participants commended the framework’s focus on equity through income disaggregation, but argued that income disaggregation alone does not capture other critical equity dimensions such as gender, geography, ethnicity, age, disability, and sexual orientation. These social determinants of health coverage may need to be incorporated in the final UHC measurement framework, as well as in the broader post-2015 health agenda. Further, some participants felt that the global community should set coverage targets, rather than leave target-setting to national governments. Global targets provide the incentive for national governments to ensure access to quality health services for marginalized / vulnerable groups, and also give civil society a powerful advocacy tool to hold their governments accountable.

- **“80 / 40” coverage target:** Several participants made points related to the proposed “80 / 40” target, which pursues 80% health service coverage for the poorest 40% of the population. Some suggested that the 80% coverage target is not sufficient; to be universal, coverage needs to be 100%. Others shared concerns that the focus on the lowest 40% could exclude vulnerable people who hover around the 40% line. Finally, some asked why a focus only on the lower two wealth quintiles is preferable to setting a coverage target for each income quintile.
• **Financing**: Discussion around financing highlighted several unresolved questions about which financing reforms would be necessary to achieve UHC. Some participants suggested a financing target that would measure public/national spending on health as a percentage of the total expenditure on health. Others expressed concern about the cost of UHC to national governments, and noted that the global call for UHC has not always been accompanied by increased calls for official development assistance for health. Still others encouraged some measurement of the “deterrent” factor of out-of-pocket expenditures on health - that is, the detrimental effects of out-of-pocket expenditures on people’s health-seeking behavior.

• **UHC within the post-2015 health agenda**: Participants asked how the authors saw a universal health coverage target / goal fitting within the Post-2015 health agenda. World Bank responded that universal health coverage is not a substitute for overall health outcome goal; rather, it is a means to the “end” of improved health outcomes.

• **Sexual and reproductive health and rights**: Participants raised concerns about the potential for systematic omission of sexual and reproductive health and rights (SRHR) from ‘essential services’ packages due to political sensitivities. Discriminatory policies and discrimination within the health system - such as parental and spousal consent laws and laws that criminalize homosexuality - could further constrain service provision and preclude universal access to SRHR. One way to mitigate this risk could be to link this proposed framework link back to accountability mechanisms for existing human rights commitments.

• **Data availability and country capacity**: Many participants expressed concern about capacity and interest for data monitoring at the country level. As this framework is only as useful as countries’ capability for data collection and analysis, the global community may need to set up a formal way to provide this technical assistance to countries.