

Tracking universal health coverage  
2023 global monitoring report



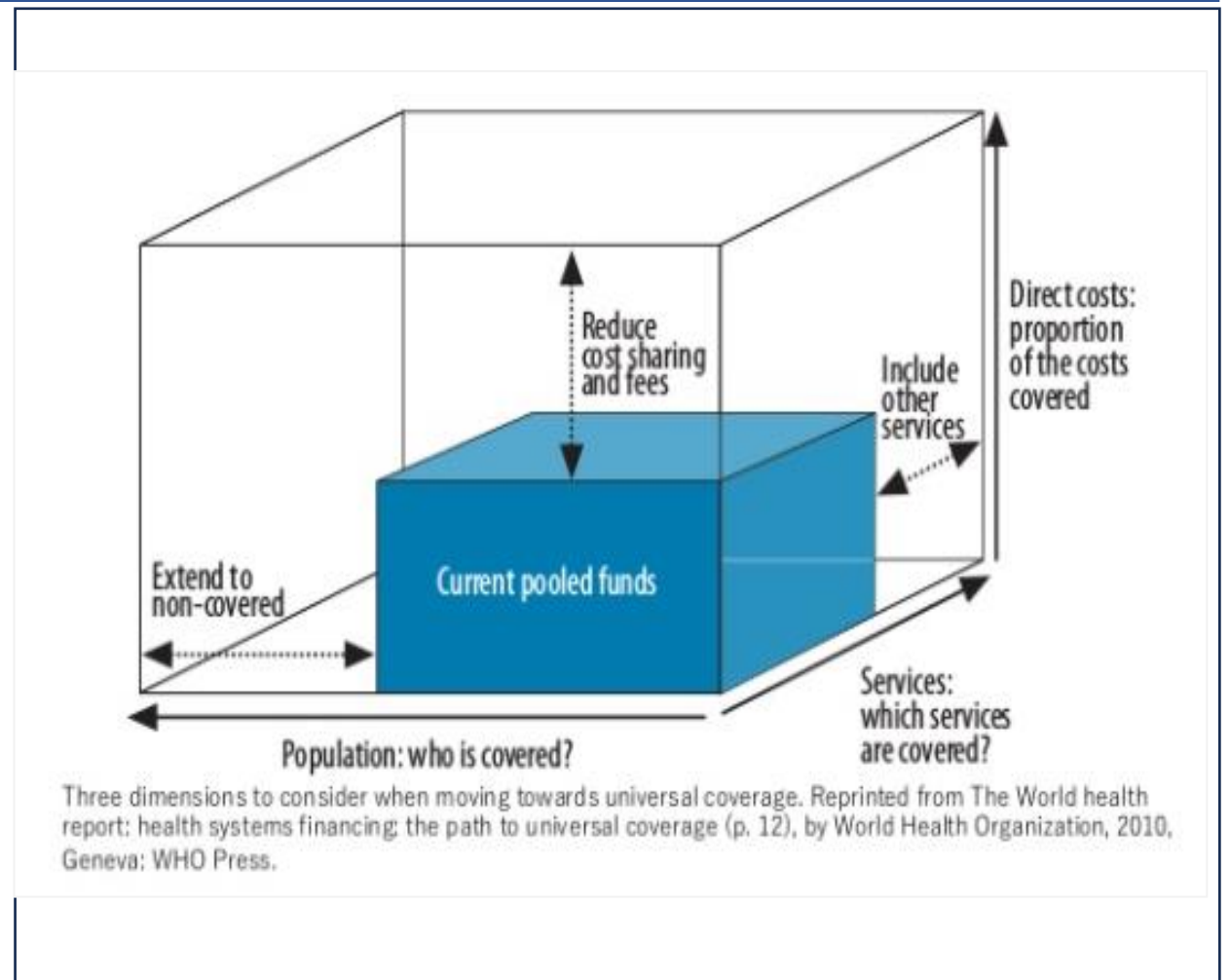
**Too many** *left behind* on the path  
to Universal Health Coverage:

Launch of the 2023 UHC Global  
Monitoring Report

September 2023

# What is Universal Health Coverage (UHC)?

UHC *means* that all people – no matter who they are or where they live – can receive quality health services, when and where they are needed, without incurring financial hardship



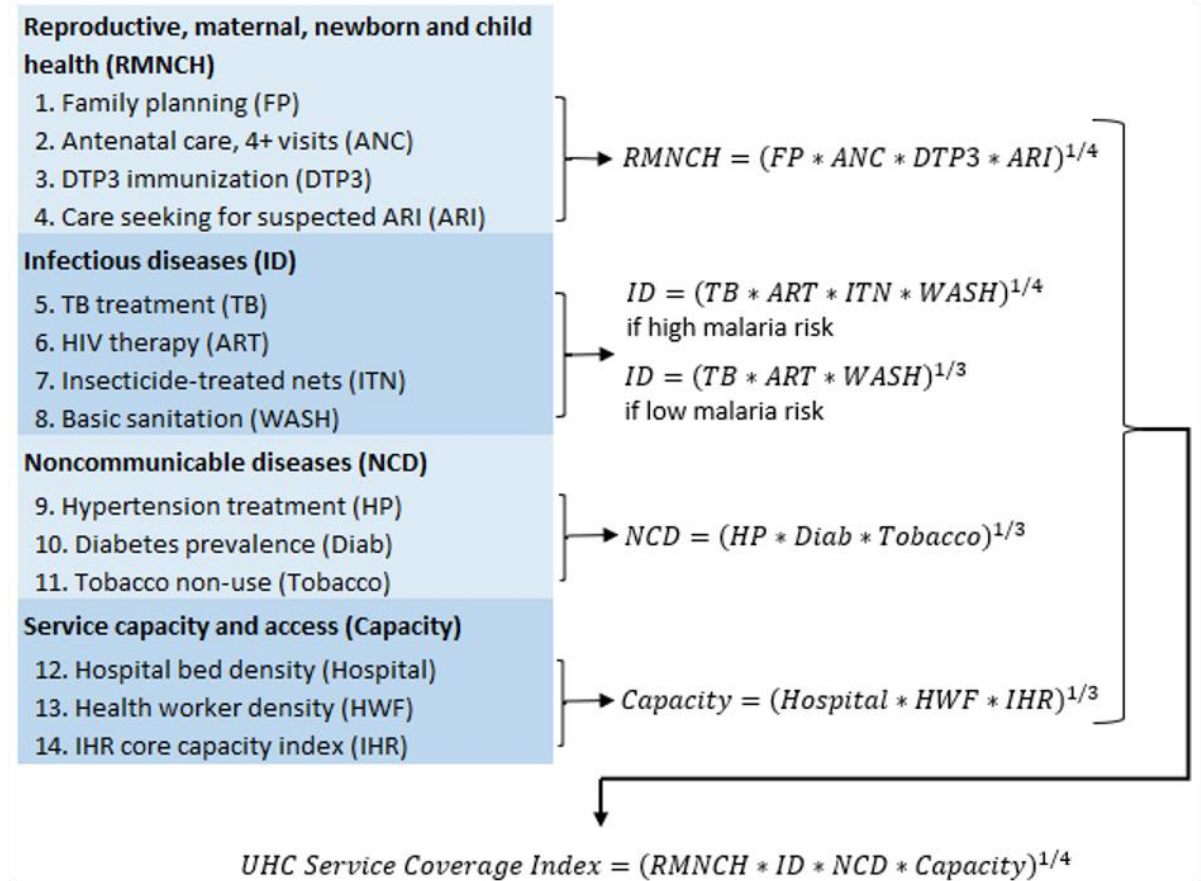
# 1. SERVICE COVERAGE



# Measurement of health service coverage (SDG 3.8.1)

- The current service coverage index (SCI) uses a basket 14 indicators across 4 key areas of health service coverage.
- The SCI tracks crude not effective coverage.
- Input values are a combination of reported admin data, survey data, and modeled estimates, updated every 2 years.

## Calculation of Service Coverage Index (SCI)

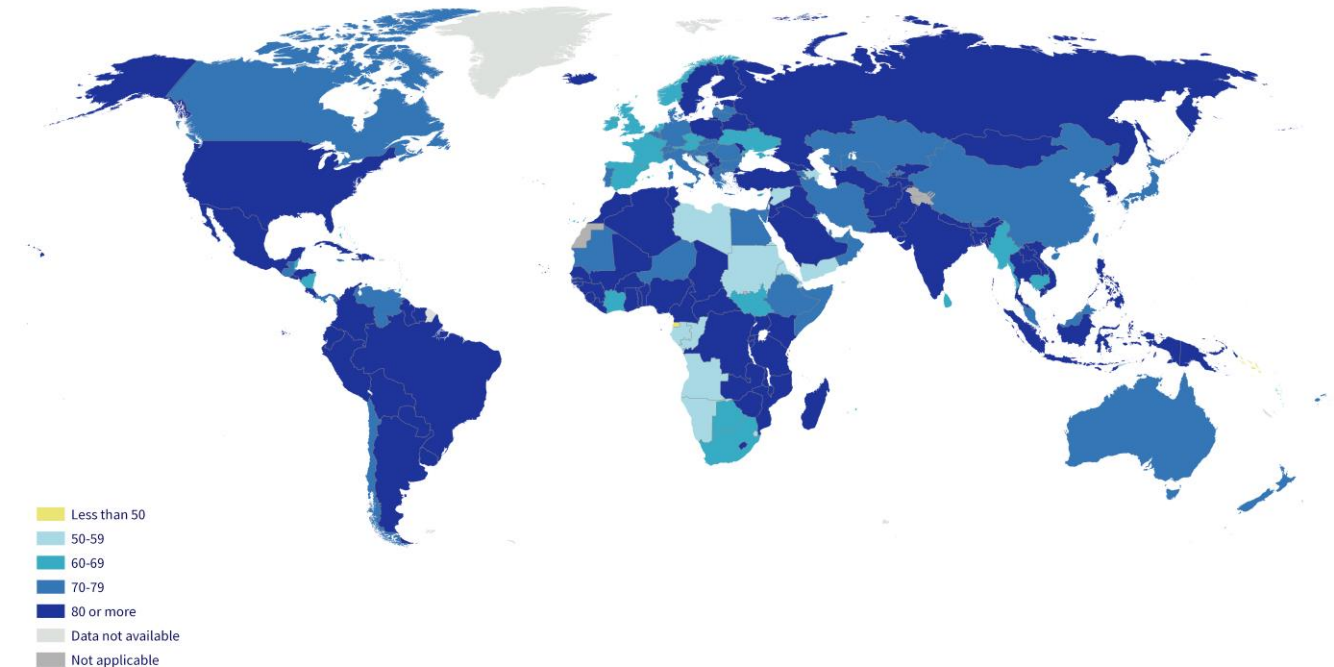


# Data availability for the service coverage index

## Availability of primary data for SCI for the time-period 2017-2021



- The report presents country, regional, and global estimates of service coverage for the following reference years: 2000, 2005, 2010, 2015, 2017, 2019, and 2021.
- Countries had at least one primary data point from the period 2017-2021 for 76% of indicators.



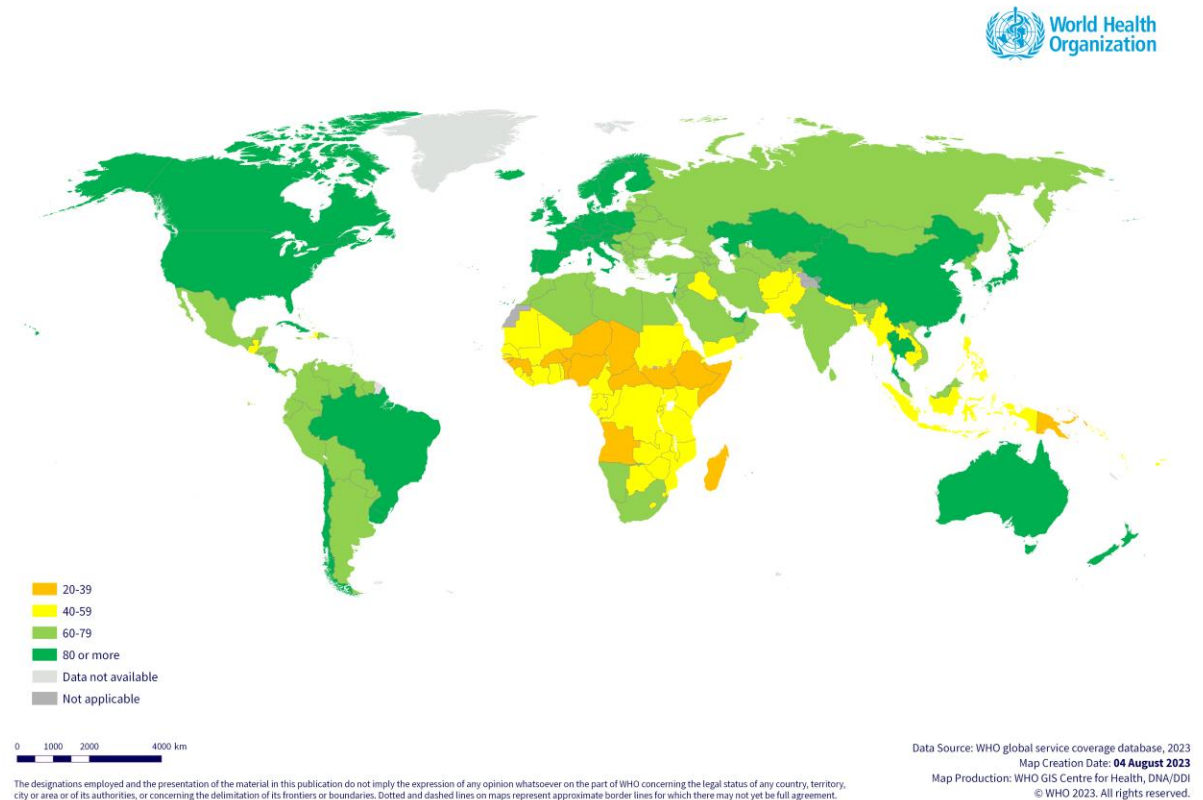
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Data Source: WHO global service coverage database, 2023  
Map Creation Date: 04 August 2023  
Map Production: WHO GIS Centre for Health, DNA/DDI  
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# Too many countries still have low UHC SCI scores

- In 2021, the country-level service coverage index (SCI) scores ranged from 28 to 91.
- The change in SCI from the 2000 baseline to 2021 ranged from less than 1 to 39 index points.
- Most countries saw improvements of 20-29 points since 2000.

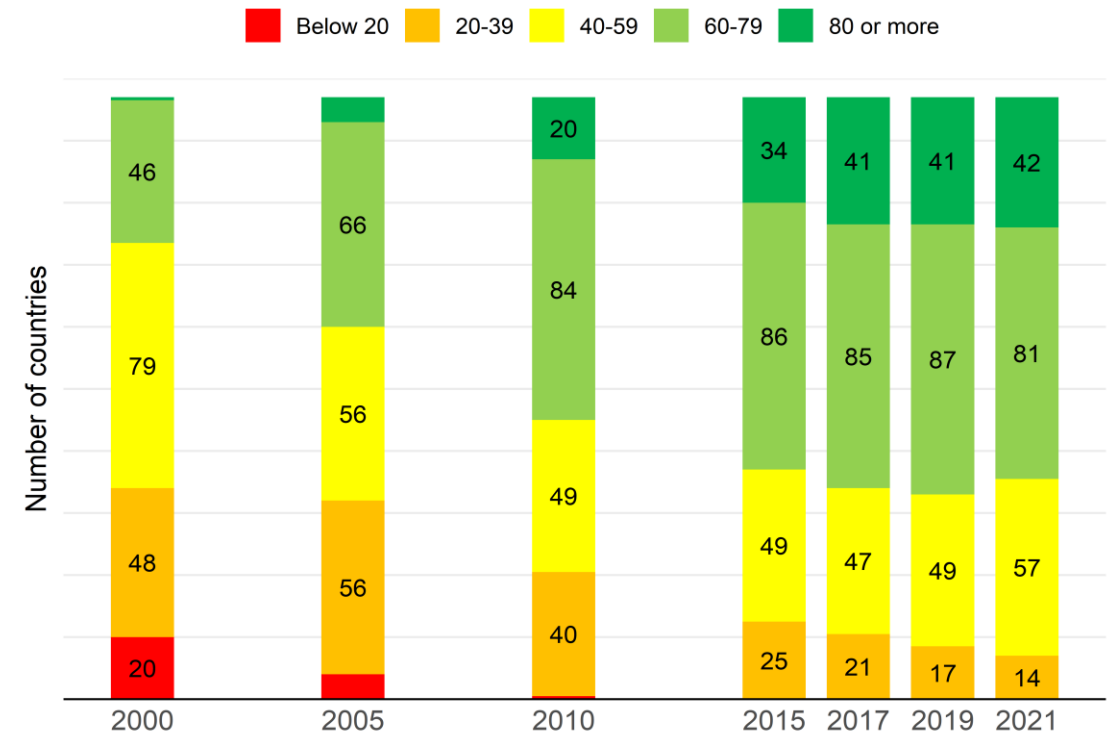
UHC Service Coverage Index (SCI) by country, 2021



# Too little progress has been made in recent years

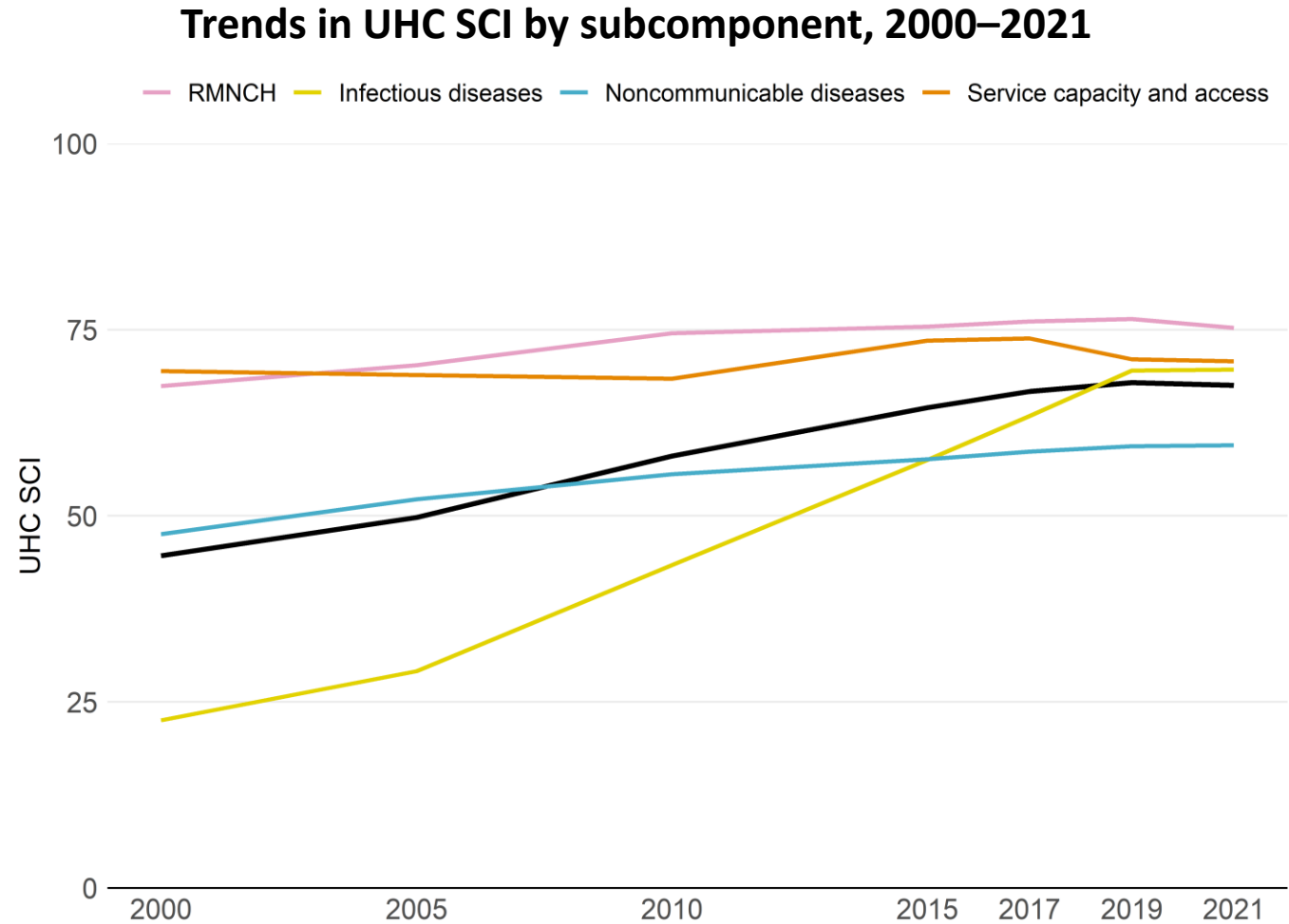
- 123 countries had high or very high SCI scores in 2021, compared to 47 countries in 2000.
- However, since 2015, the pace of service coverage expansion has decelerated.
- Globally, there has been no change in the SCI since 2019.

Number of countries by UHC SCI group, 2000–2021



# Too little progress across all essential services

- The infectious diseases component of the SCI drove progress since 2000 (average +7% annually)
- However, noncommunicable diseases (NCDs), reproductive, maternal, newborn, and child health (RMNCH), and health service access and capacity – saw only gradual increases (1% or less)
- All components have seen no progress or deterioration in recent years

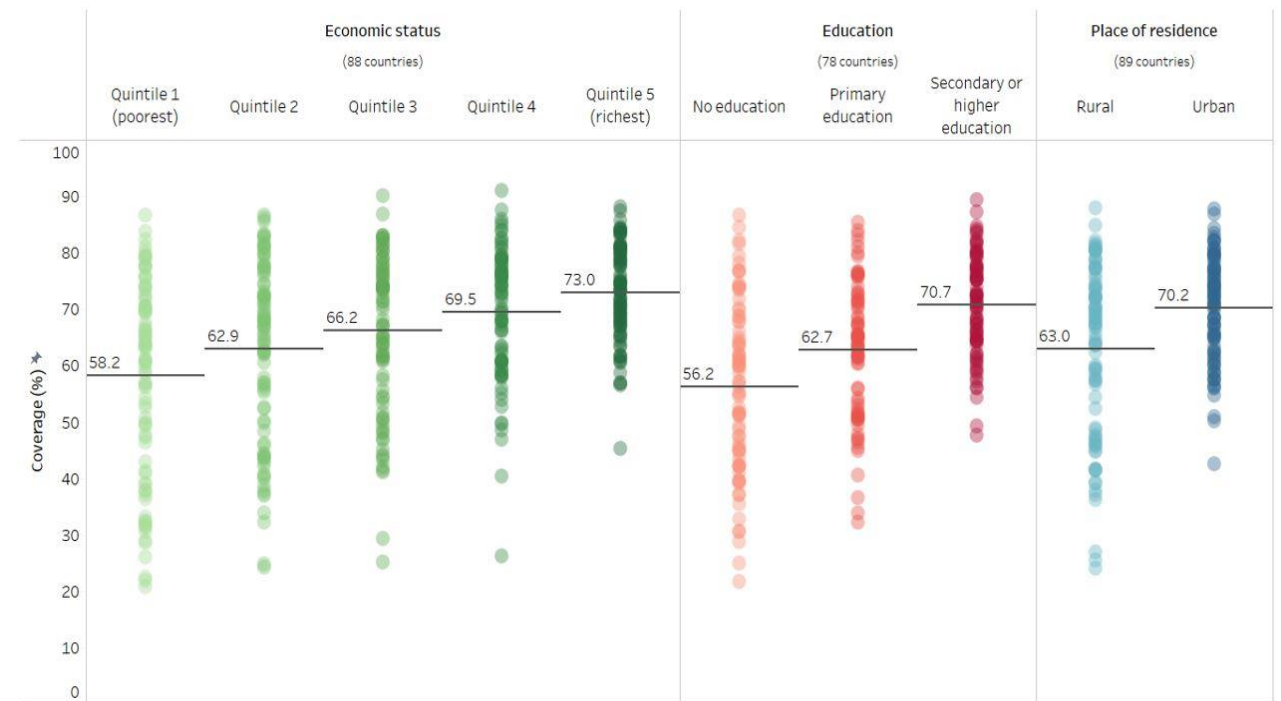




# Too many disparities within countries

- When the index is converted to population coverage, in 2021, it was estimated that about 4.5 billion people were not covered by essential services.
- Household survey data shows that those living in rural areas, the poorest households, and those with the lowest educational attainment are least likely to be covered by essential services.

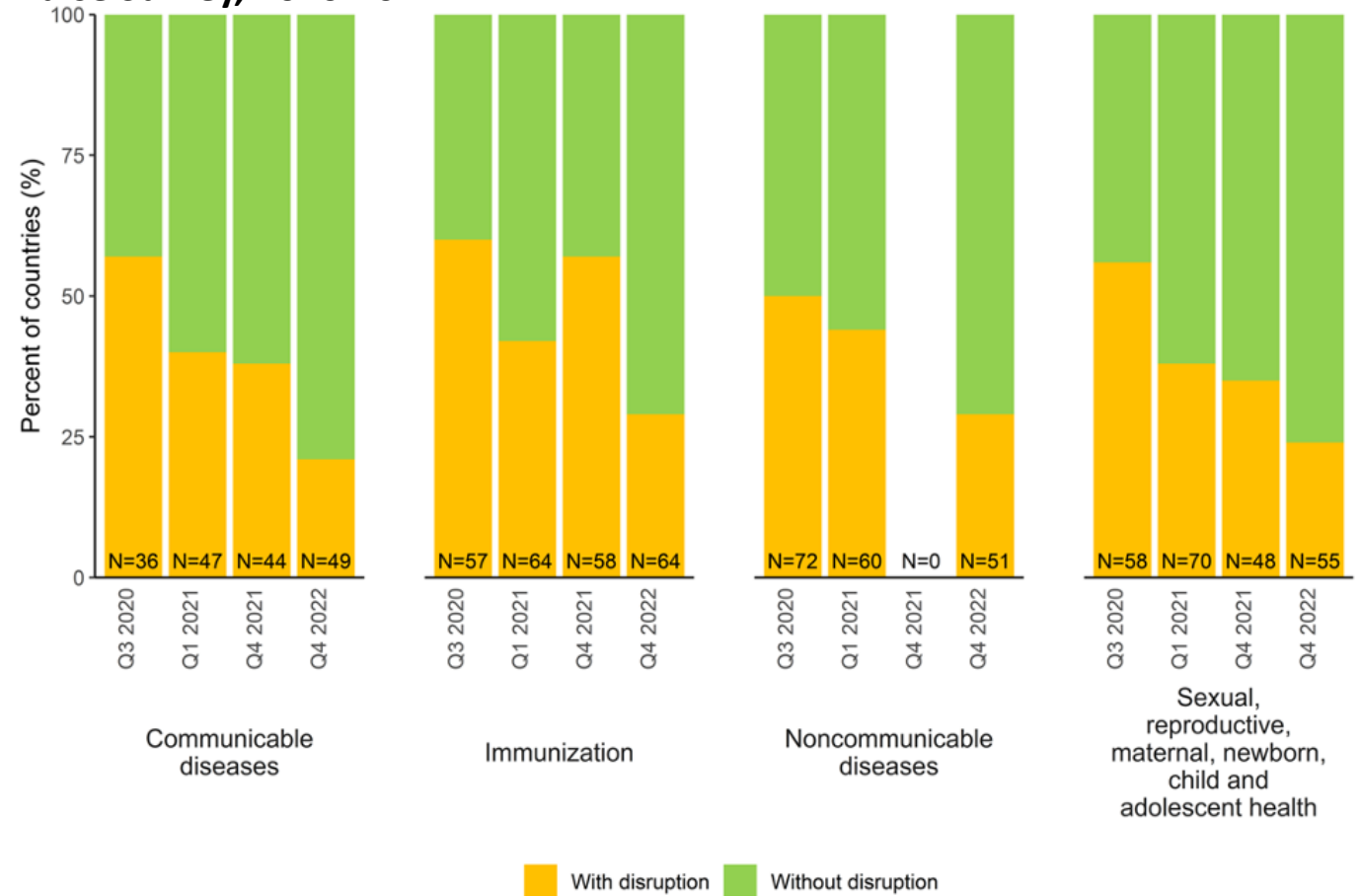
**RMNCH composite coverage index by multiple dimensions of inequality, 2011–2020**



# Too little is known about the long-term impact of COVID-19

- Essential services, such as TB treatment and child immunizations, were disrupted throughout the COVID-19 pandemic.
- By the end of 2022, fewer disruptions of essential health services were being reported compared to any previous time in 2020 and 2021.

Health service disruptions, by program-specific service area, four rounds of WHO Pulse Survey, 2020-2022



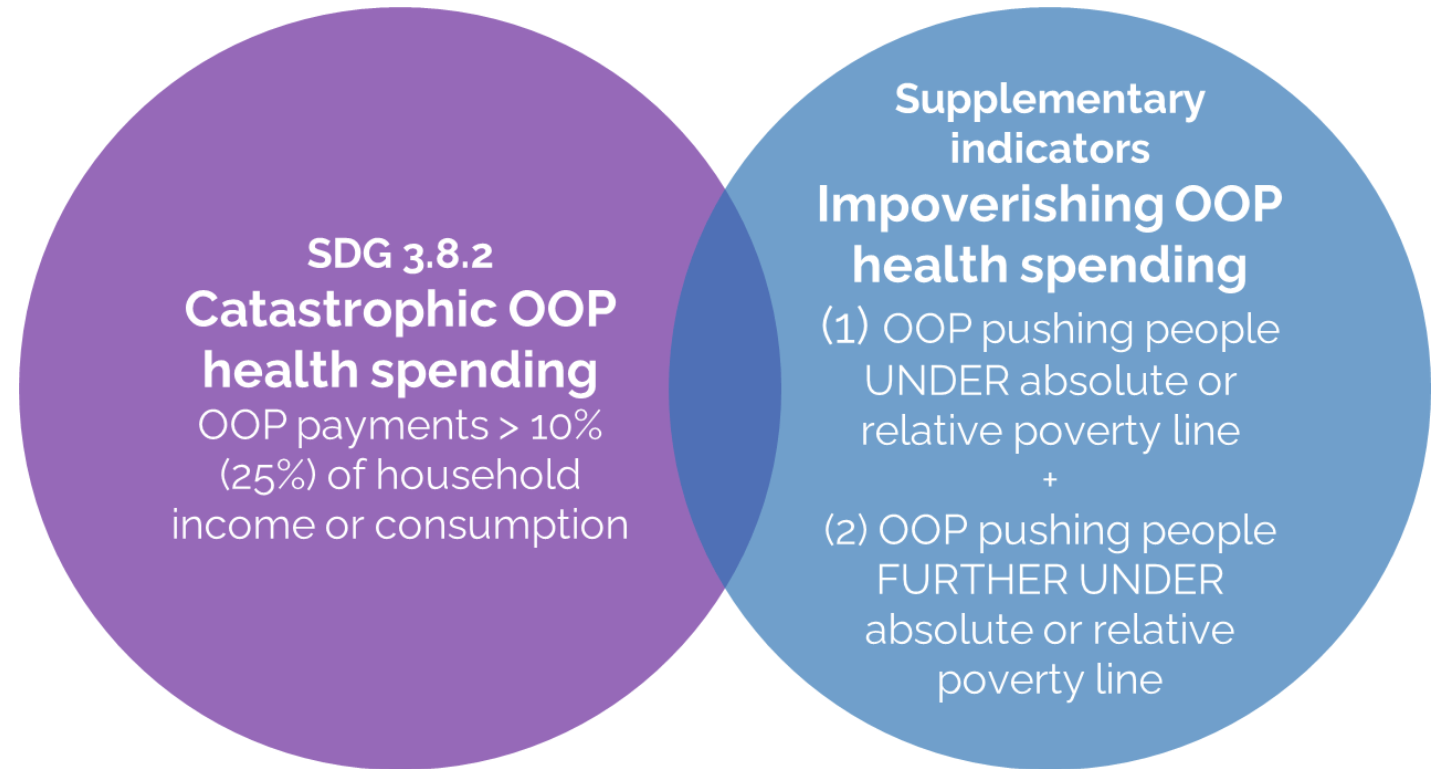
## 2. Financial Protection



# Lack of financial protection in health

The financial protection dimension of UHC is achieved when there are no financial barriers to accessing needed health services and goods and out-of-pocket (OOP) health spending is not a source of financial hardship.

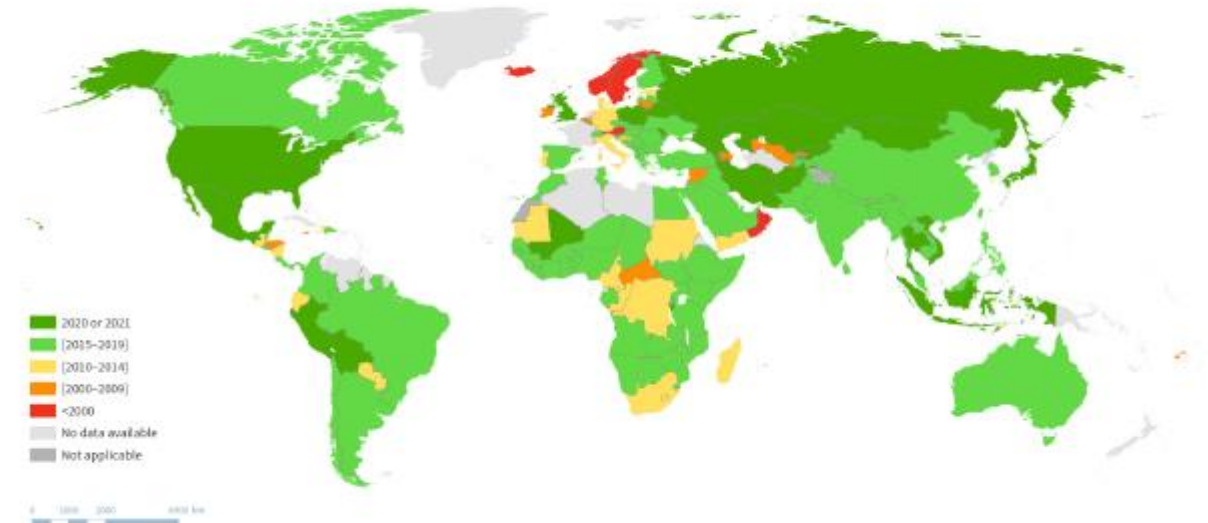
- UHC tracking focuses on financial hardship indicators of catastrophic and impoverishing OOP health spending
- Financial hardship in health occurs when OOP health spending threatens living standards and compromises access to other essential goods and services
- The report addresses forgone care due to financial barriers in a more limited way



# Data availability for financial hardship indicators

Fig. 2.15. Timeliness of financial hardship indicators

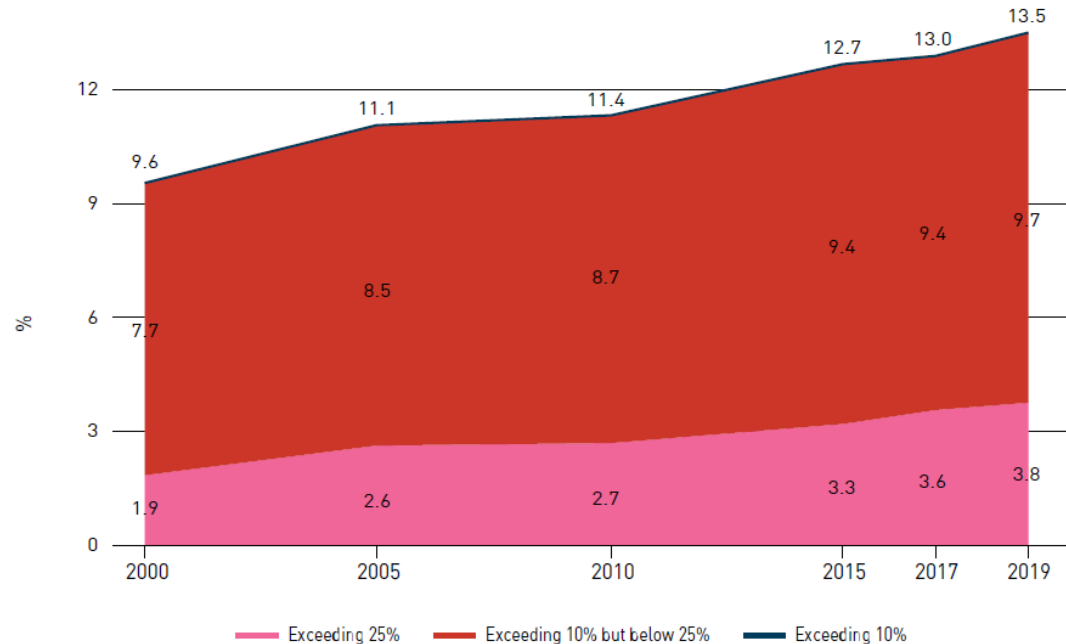
a. Most recent year for the incidence of catastrophic OOP health spending (SDG 3.8.2 indicators)



- The financial hardship indicators are estimated at the global and regional level for 6 reference years between 2000 and 2019
- Data from ~1,000 household surveys from 167 countries
- Data interpolated or modeled when country-level data not available for reference year
- COVID-19 interrupted household survey programs, leading to higher reliance on modelling for the 2019 estimates

# Too many people are facing catastrophic health spending

Global proportion of the population with OOP health spending exceeding 10% or 25% of the household budget

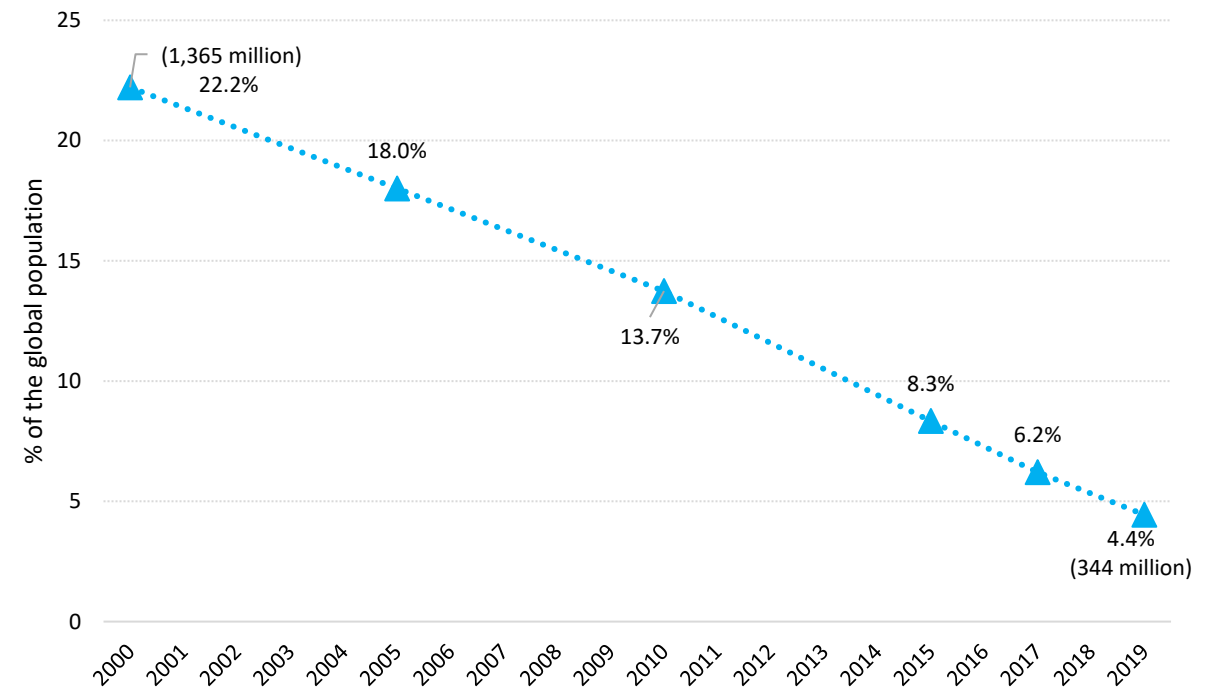


Source: Global database on financial protection assembled by WHO and the World Bank, 2023 [2,3].

- The global proportion of the population with catastrophic out-of-pocket health spending continuously increased since 2000
- In 2019:
  - 13.5% of the global population lived in households that spent more than 10% of their budget on OOP health spending – corresponding to **more than 1 billion people**
  - 3.8% of the global population lived in households that spent more than 25% of their budget on OOP health spending

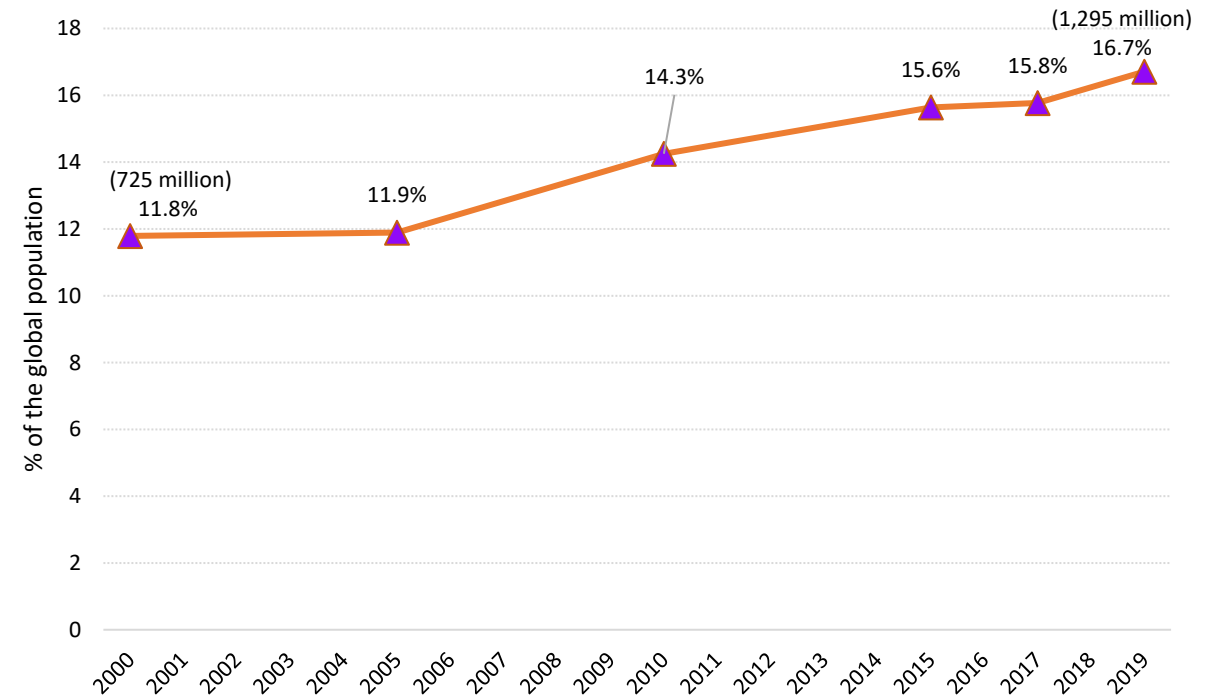
# Too many people are facing impoverishing health spending

- Impoverishing OOP health spending at the *extreme poverty line* (\$2.15 a day per person in 2017 PPP) has reduced from 22.2% of the global population in 2000 to 4.4% of the population in 2019
- Progress achieved at a time during which poverty rates substantially reduced in many settings
- Despite the progress, **344 million** individuals in 2019 lived in households that experienced such impoverishing OOP health spending



# Too many people are facing impoverishing health spending

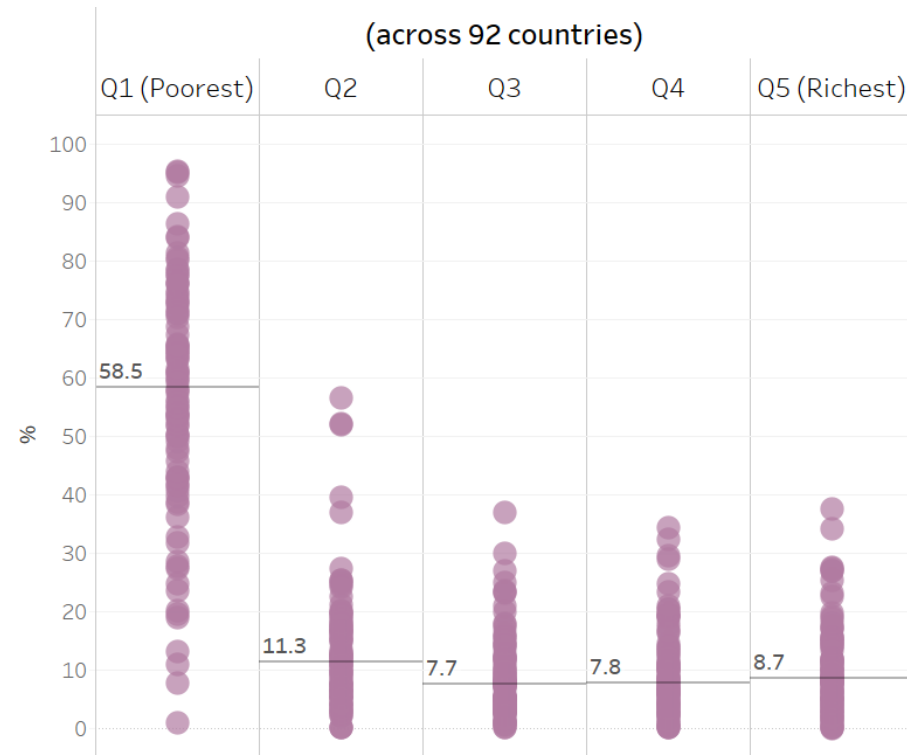
- Impoverishing health spending at the *relative poverty line* (60% of a country median per capita consumption) has *increased* from 11.8% of the global population in 2000 to 16.7% of the population in 2019
- In 2019, **1.3 billion** individuals globally lived in households impacted by such impoverishing OOP health spending





# The most vulnerable populations face a larger burden

## Proportion of the population with catastrophic or impoverishing health spending

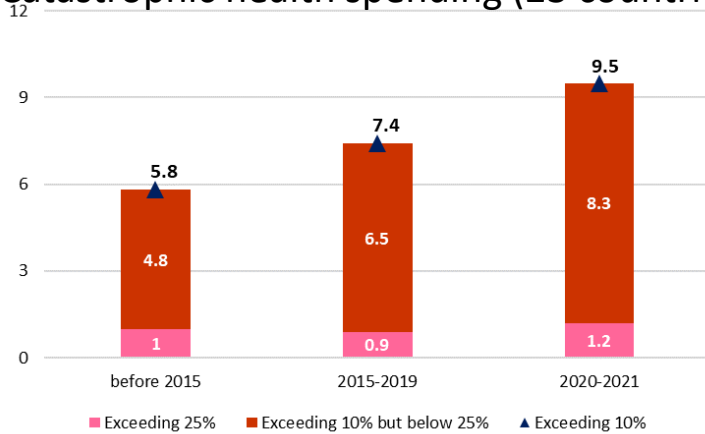


\_\_\_: The horizontal line correspond to the median of values across countries.

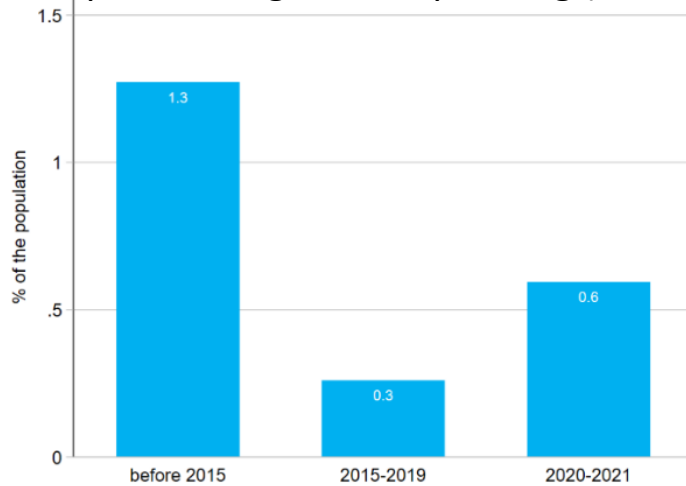
- The poorest populations are more exposed to financial hardship related to OOP health spending
  - mostly due to higher rates of impoverishing health spending
- Households with older members are more likely to incur catastrophic OOP health spending
- Impoverishing OOP health spending is more prevalent in rural areas
- Variations by other household characteristics presented in the report

# Worsening financial protection in health during COVID-19

Catastrophic health spending (23 countries)



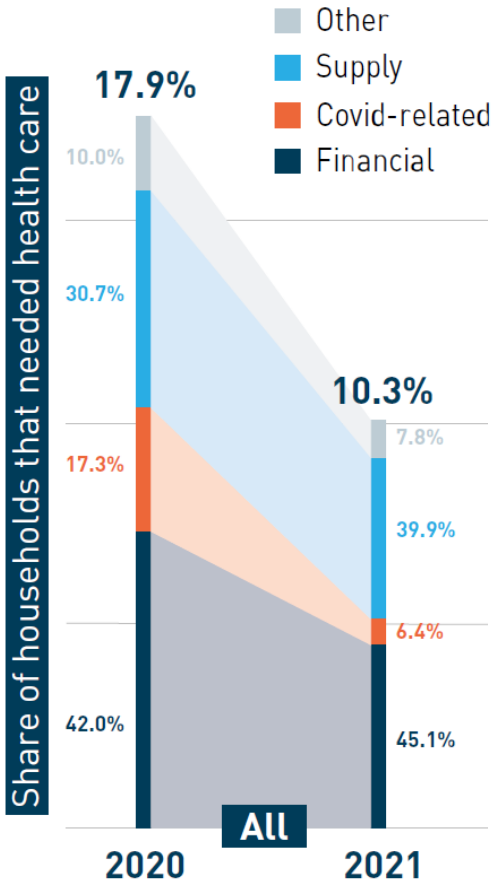
Impoverishing health spending (12 countries)



- Data from a limited number of countries with data available from 2020/21 shed light on trends in financial hardship during the COVID-19 pandemic
- Higher rates of catastrophic and impoverishing health spending during the COVID-19 pandemic relative to rates in 2015-2019
- Not a global picture but suggesting worsening of financial protection during the pandemic
  - Supported by other data sources

# Too many people forgo health care because of financial barriers

- Lack of financial protection in health also occurs when individual forego needed care due to financial barriers
- Data from 25 countries, collected through phone surveys in 2020/21, representing all income groups
- Even during the COVID-19 pandemic, financial reasons were most commonly cited as a reason for not receiving needed care
  - >40% in 2020 and 2021



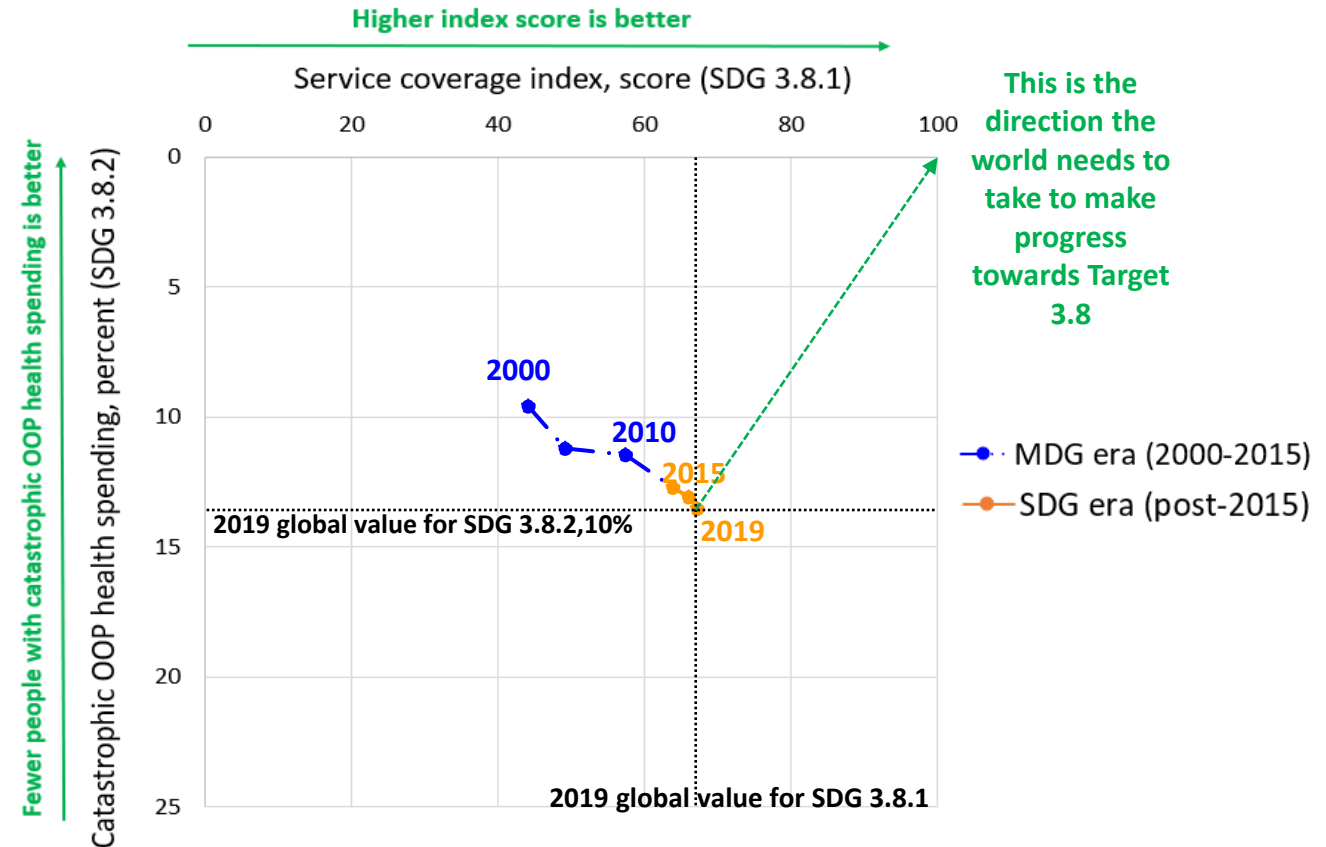
# 3. Universal Health COVERAGE



# Globally, joint progress in both UHC dimensions is *left behind*

UHC service coverage index (SDG 3.8.1) and catastrophic OOP health spending (SDG 3.8.2, 10% threshold), 2000–2019

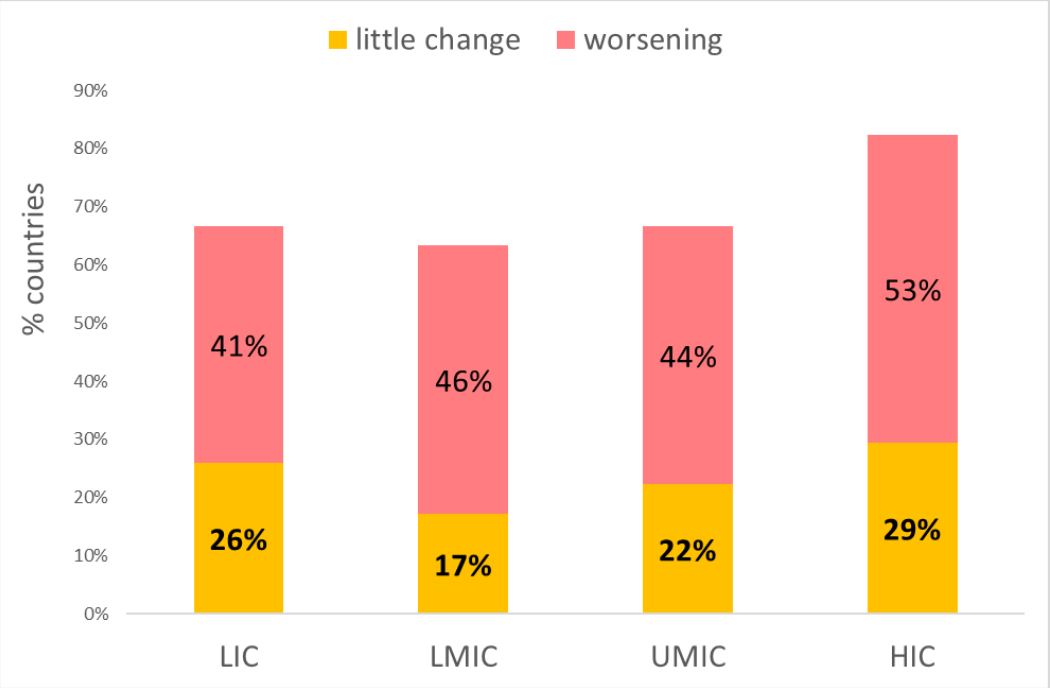
- **Since 2000:** clear improvements in expanding service coverage relative to catastrophic health spending, which has continued to worsen over time.



**The global pattern** of the lack of dual progress is **consistent** across all regions, country income groups and **most countries at all income levels**

**96/138 countries**

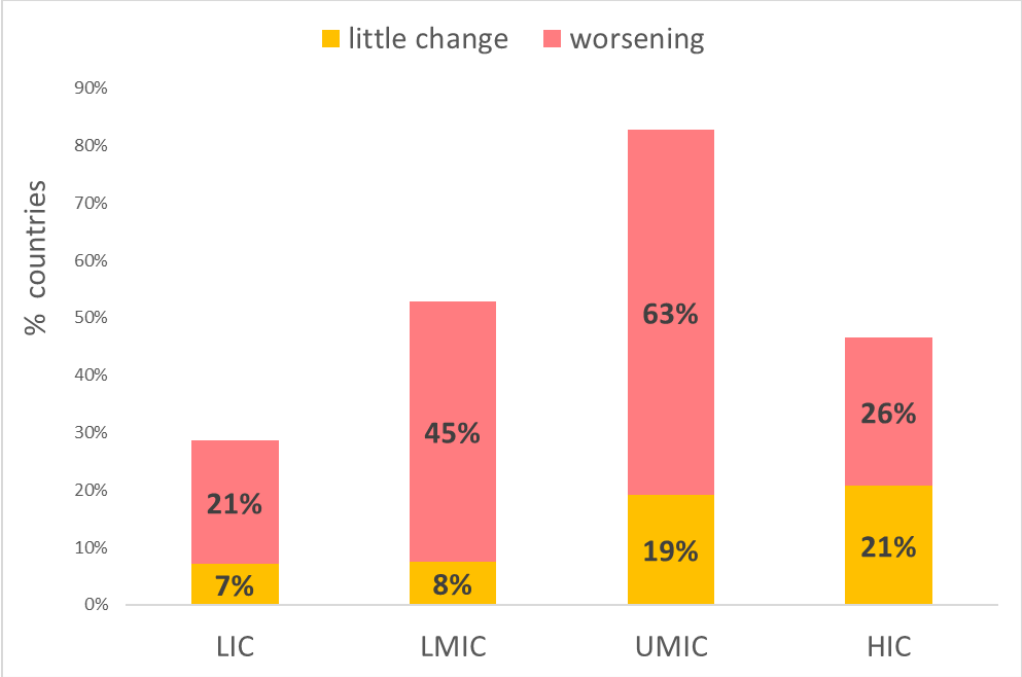
little change or worsening in catastrophic OOP health spending **since 2000** while service coverage improved



# of countries by income groups

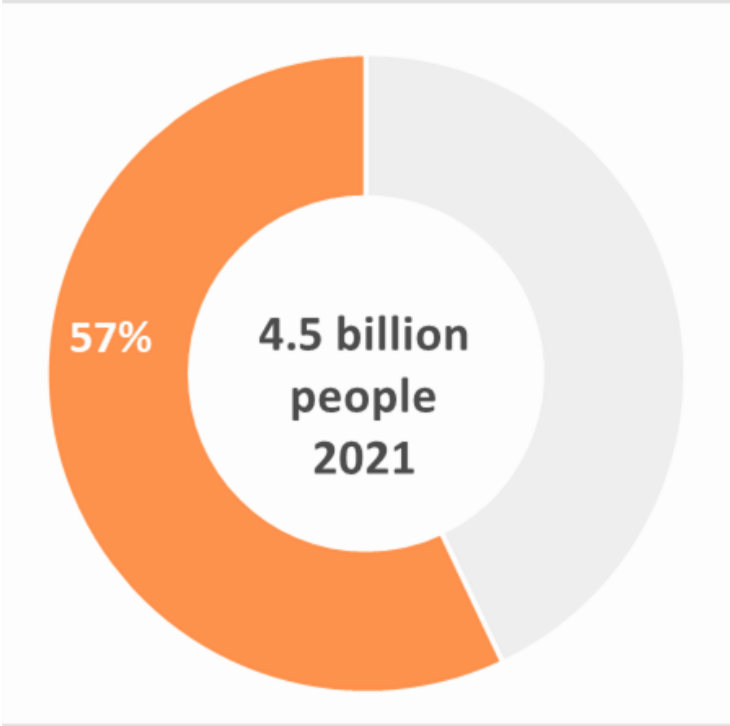
**108/191 countries**

little change or worsening in service coverage **since 2015**

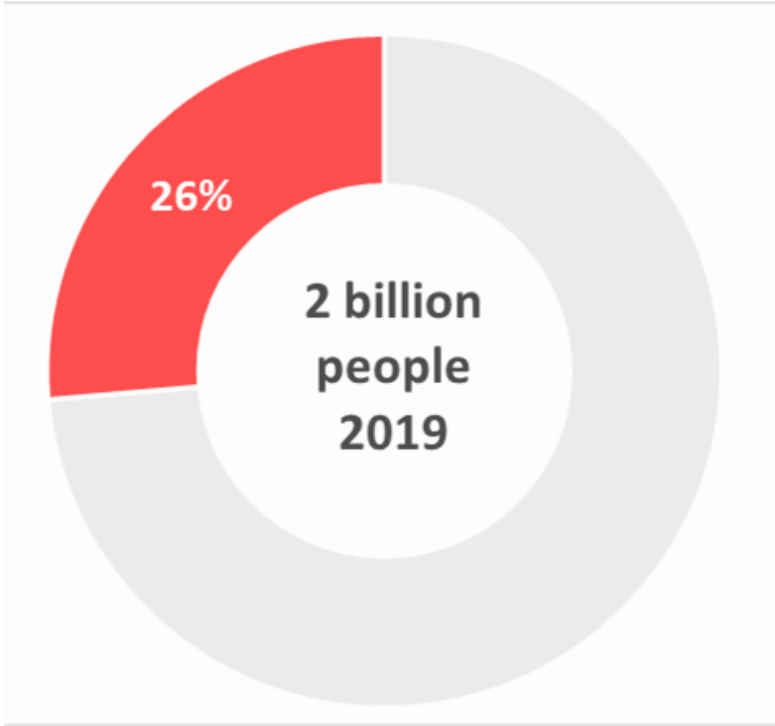


# of countries by income groups

# Overall, **billions** are left behind **on the path to UHC** !



Lack full coverage of essential health services



Face any form of financial hardship due to OOP health spending (catastrophic, impoverishing or both)

# Overall, **billions** are left behind on the path to UHC ! Why?

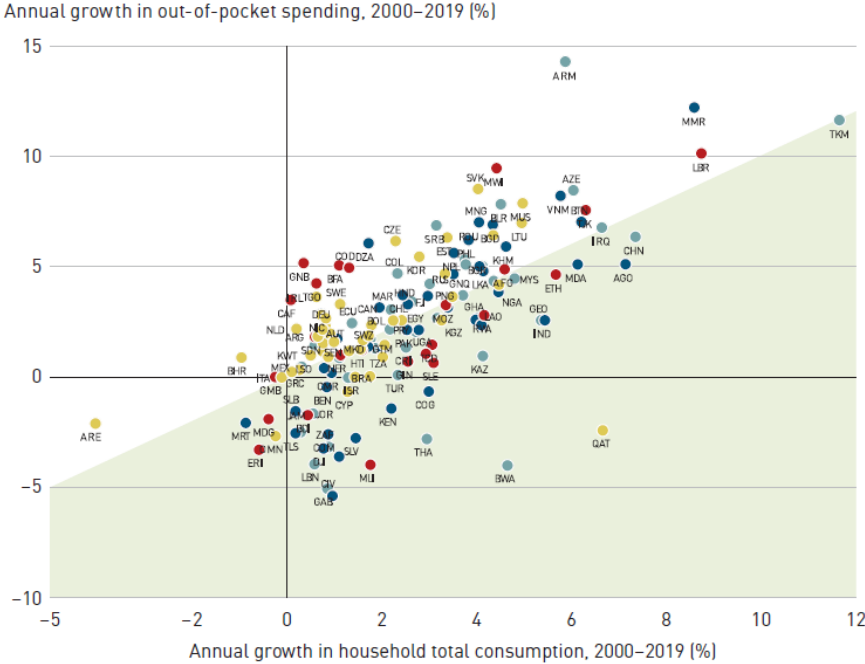
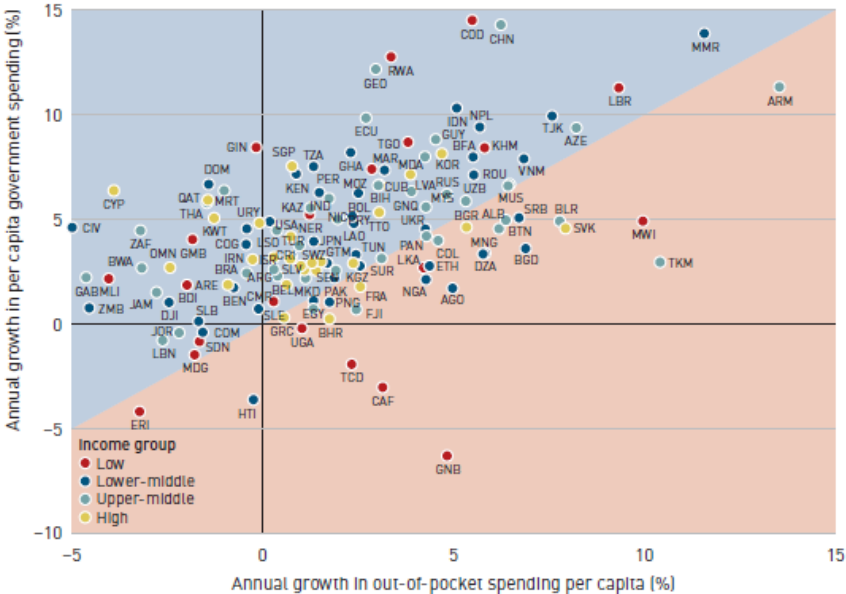
Most countries made efforts to invest more public money in health (2000-2019)

but

Out-of-pocket health spending is absorbing a greater share of household's budget (2000-2019)

**FIGURE 1.8** In most countries, annual growth in government spending on health in real terms was higher than growth in out-of-pocket spending (OOPS) from 2000 to 2019

**FIGURE 1.12** Out-of-pocket spending per capita increased in relation to household total consumption in half the countries analysed and decreased in the other half



Note: Growth rates are based on per capita values in constant (2020) national currency units. Country-specific gross domestic product deflators were used to convert current values to constant values. Only countries with data for all years (2000-2019) are included. In countries in the blue shaded area, annual growth in government spending on health was higher than growth in OOPS; in countries in the red shaded area, annual growth in OOPS was higher. Data source: WHO Global Health Expenditure Database, 2022.

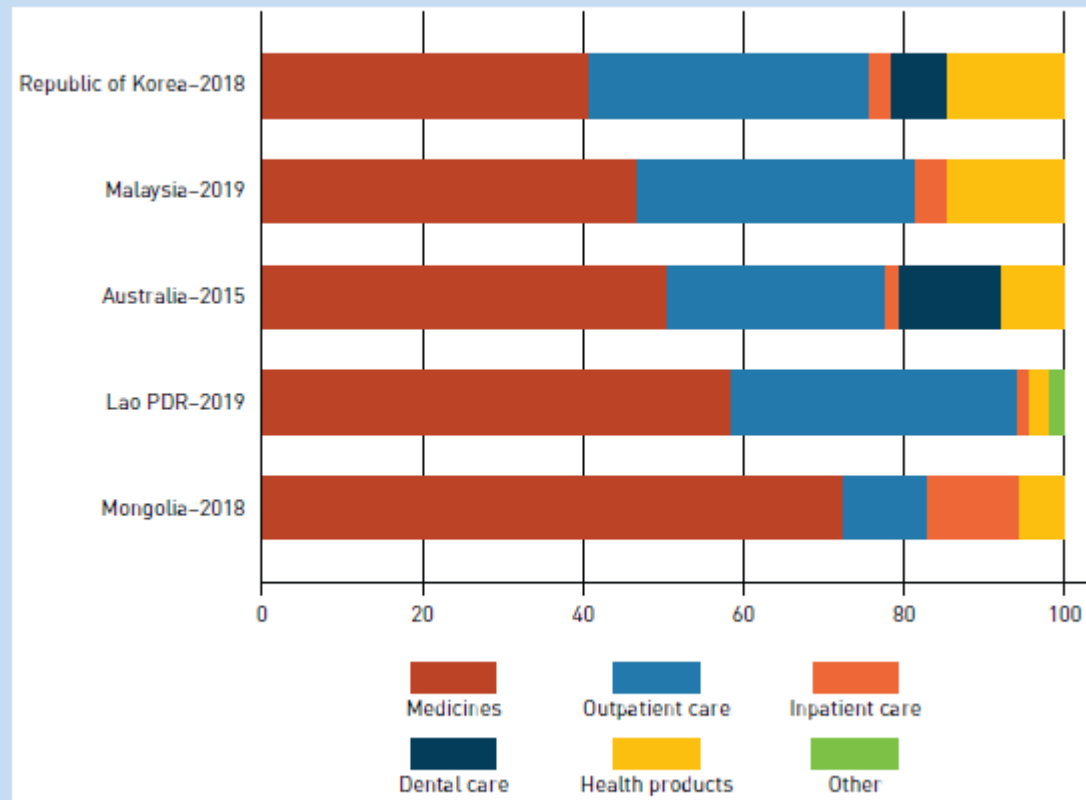
Note: Annual growth rates are based on per capita values in constant (2019) national currency units. Data source: WHO Global Health Expenditure Database, 2021.





# Overall, **billions** are left behind on the path to UHC ! Why?

Fig. 4.8. Composition of OOP health spending, the latest year available, evidence from various countries

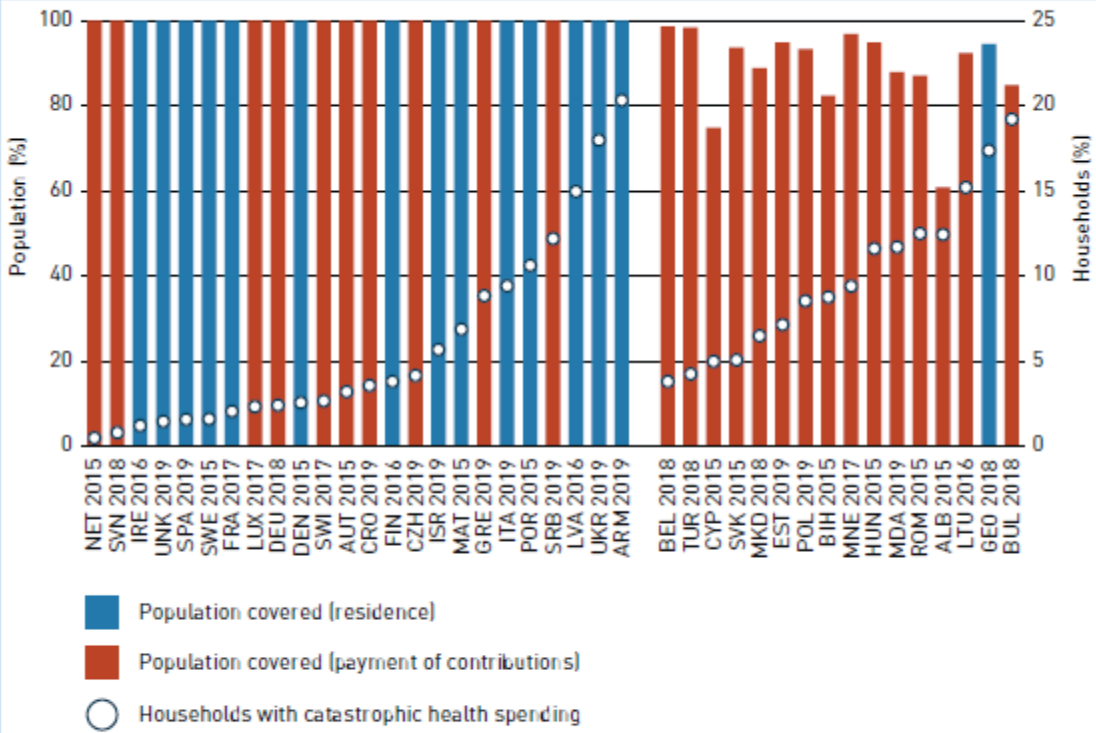


Source: Background data prepared by WHO for the forthcoming WHO Western Pacific Region report on financial protection (90).

- Publicly funded benefit packages are not comprehensive enough or services/treatments included not sufficiently readily available/accessible
- Medicines are the main drivers of household's out-of-pocket health spending

# Overall, billions are left behind on the path to UHC ! Why?

Fig. 4.7. Population coverage, the main basis for entitlement and catastrophic health spending, 2019 or latest available year before COVID-19



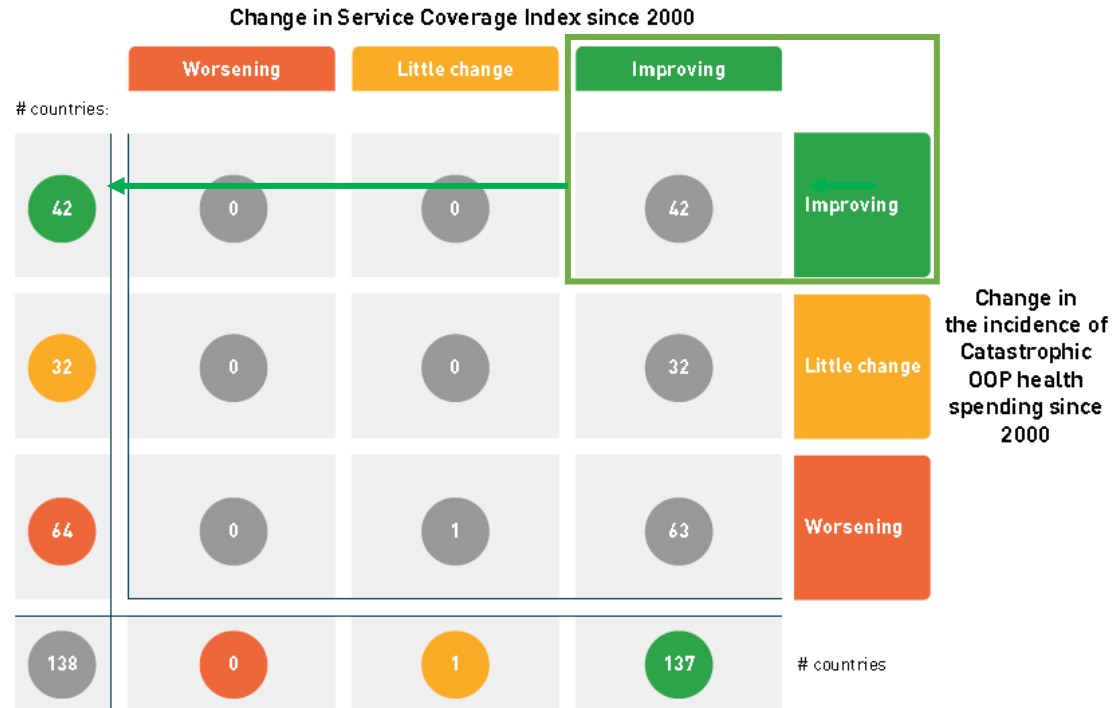
Note: The share of the population covered is for the same year as catastrophic health spending and does not necessarily reflect the current situation (e.g. in Cyprus). Countries are ranked by the incidence of catastrophic health spending in two groups. Countries on the left: population coverage is universal (100%) or near universal (>99%). Countries on the right: population coverage is <99%. Blue: the main basis for entitlement is residence. Red: the main basis for entitlement is payment of contributions.

Source: WHO Barcelona Office for Health Systems Financing (72) and WHO Regional Office for Europe (2019) (44).

- Even in high income countries with less fragmented systems, also have gaps in coverage policies, leading to **significant gaps** for example in **population coverage**

# An alarming picture – and call to action!

## Categories of change in SDG indicators 3.8.1 and 3.8.2 for 138 countries since 2000



Everywhere some countries improved service coverage and reduced catastrophic health spending!

- Strong political commitment
- Comprehensive package of essential health services
- Limit out-of-pocket health spending and exempt the poorest
- Use public funding efficiently and equitably
- Invest in timely primary and disaggregated data on UHC

Note: 1. Analysis only includes the 138 countries with at least two reported data points for SDG 3.8.2 since 2000; annualized rate of change based on the available periods for each indicator, for SDG 3.8.2, the median minimum year was 2004, and the median maximum year was 2017; for SDG 3.8.1, all years 2000–2021 were available for all countries.

# Tracking universal health coverage

## 2023 global monitoring report



**For more information:**

**Read the full report:** [Universal Health Coverage Global Monitoring Report 2023](#)

**Watch the video:** [2023 Universal Health Coverage Global Monitoring Report](#)

**Download your country profile (SDG 3.8.1/SDG 3.8.2) :**

<https://data.who.int/indicators/i/9A706FD>

<https://data.who.int/indicators/i/A65146D>

**Download the full dataset:**

<https://www.who.int/data/gho/data/major-themes/universal-health-coverage-major>

[Universal Health Coverage Data \(worldbank.org\)](#)