

Universal health coverage

Report by the Director-General

1. This report summarizes progress towards universal health coverage (UHC) for 2023–2024, building on reports to the governing bodies¹ and including primary healthcare and integrated people-centred health services, in response to resolutions WHA72.2 (2019) and WHA76.4 (2023) and decision WHA77(16) (2024).
2. Governments committed to Sustainable Development Goals target 3.8 to achieve UHC by 2030, including financial protection and access to quality essential health services. In resolution WHA76.4, the Health Assembly requested the Director-General to support Member States in preparing for the 2023 second high-level meeting of the United Nations General Assembly on UHC. Following that high-level meeting, Member States committed to redoubling efforts towards UHC² and decided to convene the next high-level meeting on UHC in 2027.

Progress towards universal health coverage

3. **UHC progress is off track globally, but some countries have demonstrated that real progress is possible.** Over 4.5 billion people were not covered by essential health services in 2021. Financial hardship has worsened since 2000, with 2 billion people experiencing catastrophic or impoverishing health spending³ due to out-of-pocket health costs in 2019. The global UHC service coverage index increased from 45 to 68 (out of 100) from 2000 to 2021, slowed from 2015 to 2019 (65–68) and stalled from 2019 to 2021. However, 30% of countries expanded service coverage while reducing catastrophic out-of-pocket health spending since 2000.
4. **Stalled progress towards UHC has staggering human costs.** There has been no progress in reducing maternal mortality since 2015, with nearly 300 000 women dying every year in pregnancy or childbirth. Childhood immunization has stalled, with 2.7 million additional children unvaccinated or under-vaccinated in 2023 compared to 2019. Noncommunicable diseases (NCDs) are rising, with 17 million people dying each year from NCDs before reaching the age of 70; 86% of these deaths occur in low- and middle-income countries.

¹ Documents A76/6, EB154/6, A77/32 and A77/33.

² United Nations General Assembly resolution 78/4 (2023).

³ Defined as exceeding 10% of a household budget.

5. **The fastest and most effective, equitable and inclusive path to UHC is through a primary healthcare approach.** This approach could deliver 90% of essential health services, potentially saving 60 million lives, and increase global life expectancy by 3.7 years by 2030, and generate an estimated 75% of the projected health gains under the Sustainable Development Goals.

Key activities and achievements

Primary healthcare approach

6. **Accelerating the primary healthcare approach.** WHO launched “Implementing the primary healthcare approach: a primer”⁴ and a compendium with over 300 case studies of health systems transformation in 2024.⁵ The WHO Academy strengthening primary healthcare global leadership course was launched in 2024, with 116 leaders from 77 countries.

7. **Regional primary healthcare initiatives and platforms** convened and supported Member States and partners to exchange lessons and accelerate implementation, as follows.

- **Alliance for primary healthcare in the Americas.** Launched in 2023 by WHO/PAHO, the Inter-American Development Bank and the World Bank, the initiative supports the transformation of health systems based on a primary healthcare approach to ten countries (Bolivia, Colombia, Dominica, the Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Panama and Uruguay). In the Caribbean, the Alliance launched a dialogue between the health and finance sectors to improve health financing and health systems efficiencies.
- **Regional primary healthcare platforms.** The South-East Asia regional platform for primary healthcare-oriented health systems convenes Member States and partners to facilitate learning, collaboration and alignment. The Regional Office for South-East Asia and the country office for the Maldives launched a primary healthcare demonstration site at Faafu Atoll, Maldives, and the Regional Office for Europe launched a primary healthcare demonstration platform in Spain.
- **Multi-year programmes established** with Jordan and the European Union in 2024 to enhance access to essential health services for all, including vulnerable populations such as refugees, as well as with Cambodia to launch a primary healthcare booster implementation framework in 2023.
- **Engaging parliamentarians to advance UHC progress.** WHO continued engagement with the Inter Parliamentary Union to advance implementation of the global parliamentary resolution on UHC. The Regional Office for the Western Pacific hosted the Asia-Pacific Parliamentarian Forum in 2023 and 2024 to advance investments in primary healthcare and the health workforce. This facilitated WHO support to Fiji to transform its primary healthcare system to tackle NCDs.

⁴ [Implementing the primary health care approach: a primer](#). Geneva: World Health Organization, 2024 (accessed 9 October 2024).

⁵ [Primary Health Care Country Case Study Compendium](#). Geneva: World Health Organization (accessed 9 October 2024).

8. **Over 50 countries have developed national guidelines for self-care by 2024, within five years of the publication of the WHO guideline on self-care interventions.**⁶ WHO published implementation guidance in July 2024 and a competency framework for health and care workers in July 2023 to scale-up evidence-based self-care health products through a primary healthcare approach.

Health systems strengthening

9. **Expanding quality service coverage through integrated health services.** Field surveys in three countries in the Region of the Americas informed the development of integrated health services delivery networks and strengthened management information systems in an additional three countries. WHO supported Timor-Leste in developing its integrated health service policy, national quality policy and national quality standards, while also supporting the establishment of simulation/skill laboratories in all hospitals and critical care units.

10. **Strengthening financial protection.** In the Western Pacific Region, WHO developed the regional action framework for health financing to achieve universal health coverage and sustainable development, endorsed by Member States in October 2024. WHO also supported countries across all regions to strengthen financial protection for UHC. For example:

- Reforms towards UHC were rolled out in Kenya, Mauritania, Nigeria, Senegal, Sierra Leone and Zambia in the African Region; and Azerbaijan, Georgia, Kyrgyzstan, North Macedonia, the Republic of Moldova, Tajikistan and Uzbekistan in the European Region.
- National health financial reforms and social health insurance were strengthened to improve financial protection in Mongolia, the Philippines and Viet Nam. WHO supported Egypt in implementing its universal health insurance for UHC and supported Morocco in developing its new health financing strategy to advance financial protection. Nepal approved a new national health financing strategy for 2023–2033, and Indonesia launched its new health law including health financing and health workforce reforms.
- Chile launched a policy to ensure that access to health services is free of charge at the point of care for all. Belize removed all fees charged in public hospitals to ensure universal access. Guyana was supported to implement a package of free essential health services at the first level of care. Mexico is advancing financial coverage for uninsured groups and will begin providing access to health services free at the point of care from 2024.
- Access to primary healthcare was facilitated in Ukraine with the support of WHO to strengthen financial protection through health financing reforms, regulations and setting tariffs, especially in rural areas and complex emergency situations. WHO and partners supported Afghanistan in sustaining service provision with financial protection.

11. **Strengthening health expenditure data, analysis and tracking UHC progress.** WHO published its annual Global Health Expenditure Database in December 2023 and December 2024. WHO and the World Bank published the 2023 UHC Global Monitoring Report. Regional reporting strengthened over the 2023–2024 period. The Regional Office for the Western Pacific launched its first report on monitoring financial protection in October 2023. The Regional Office for Europe launched its regional report on financial protection, covering 40 countries, and a new digital

⁶ [WHO guideline on self-care interventions for health and well-being, 2022 revision](#). Geneva: World Health Organization, 2022 (accessed 15 October 2024).

platform (UHC Watch) tracking progress on affordable access to healthcare in over 45 countries. The Regional Office for the Americas launched a dashboard on primary healthcare for UHC in December 2023 and a factsheet on health financing and supported five countries in updating their financial protection indicators. The annual UHC report for the South-East Asia Region for 2024 was released. In the African Region, 41 of 47 Member States conducted at least one year of national health accounts for tracking and analysing health expenditure, used the health accounts data to inform policy discussions in the period 2023–2024 and released a new report on health financing and financial protection in December 2024.

12. **Health and care workforce.** The Regional Office for Africa launched a Health Labour Market Analysis tool in October 2024, while the Africa Health Workforce Investment Charter was adopted in May 2024⁷ to stimulate investments to halve health workforce shortages by 2030. The Regional Office for the Eastern Mediterranean launched a new flagship initiative in October 2024 on investing in a resilient health workforce.⁸

13. **New regional pooled procurement mechanisms.** Out-of-pocket health costs are largely driven by medicines costs. The Regional Office for Africa established pooled procurement with regional economic communities and small island developing States, with the first procurement resulting in a 40% reduction in the cost of selected medicines in 2024. The Regional Office for the Eastern Mediterranean is establishing a new pooled procurement mechanism to improve medicines availability, reduce costs and support equitable distribution to vulnerable populations.

14. **Essential public health functions.** The Regional Office for the Americas facilitated the identification of capacity gaps in 16 countries and the development of roadmaps in 10 countries, contributing to national plans and investment programmes; and supported the capacity-building of subnational health authorities and over 17 000 public health professionals, with academic institutions.

15. **Digital health.** The Regional Office for South-East Asia and the Government of India convened a global conference on digital health, “Taking UHC to the last citizen”, with 25 countries and partners. The Regional Office worked with Sri Lanka to launch its digital health blueprint, while providing support to Bangladesh, the Maldives, Nepal and Timor-Leste in developing and finalizing their digital health blueprints.

Main challenges

16. **There are huge inequalities in health spending across and within countries. Of the 2 billion people facing financial hardship, 1.3 billion people were pushed or further pushed into poverty due to out-of-pocket health costs.** In 2021, 11% of the world's population lived in countries that spent less than US\$ 50 per person per year on health, while the average per capita spending was US\$ 4000 in high-income countries. Increased levels of government debt constrain health spending – 3.3 billion people live in countries where debt-interest payments are greater than health or education expenditure. Reforms to external funding approaches, as promoted by the Lusaka Agenda of December 2023, could facilitate the alignment of partners to domestic systems and priorities through “one plan, one budget, one monitoring and evaluation” processes.

⁷ [Africa Health Workforce Investment Charter](#). Brazzaville: WHO Regional Office for Africa; 2024 (accessed 14 October 2024).

⁸ Document EM/RC71/B-Rev.1.

17. **The health and care workforce situation with the projected shortfall of 11.1 million health and care workers by 2030**, particularly in low-income and lower-middle-income countries, must be addressed through urgent investments and action to deliver on UHC commitments.⁹

The way forward

18. **Act on the political commitment to accelerate UHC.** Member States, with the adoption of the political declaration on universal health coverage:¹⁰

- resolved to provide health coverage for 1 billion additional people by 2025, boost public financing and financial risk protection and eliminate impoverishment due to health costs by 2030;
- called for the prioritization of health in governments' budgets and parliamentary action, along with smarter investments in health promotion and disease prevention; and
- committed to scaling up investments in health and care workforce education and training, employment and decent work, protection and retention.

19. **Initiate a road map to the 2027 high-level meeting on UHC.** WHO will track progress on commitments made in the 2023 political declaration, support UHC reforms in countries and galvanize the support of the global health ecosystem to accelerate UHC, particularly in key priorities such as fragile, conflict-affected and vulnerable settings (FCVs), long-term care and financial protection.

20. **Enhance Secretariat support to Member States and stakeholders.** The Secretariat is resetting the **UHC Partnership**, through which WHO provides tailored three-level support on UHC in **125 Member States** for 2025–2027. WHO launched the **Health Impact Investment Platform** with regional development banks to catalyse US\$ 1.5 billion in investments in primary healthcare. WHO hosts **UHC2030**, a multi-stakeholder platform driving advocacy for UHC, and implements the **Working for Health programme and Multi-Partner Trust Fund** with the International Labour Organization and the Organisation for Economic Co-operation and Development to tackle the 11.1 million health worker shortfall. WHO has revamped its Special Programme on Primary Healthcare to advance strategic leadership.

21. **Strengthen data and monitoring.** The Secretariat will launch a global **survey to assess health systems for UHC** in 2025, and issue a global report and dashboard. WHO and the World Bank have started collecting data for the 2025 UHC Global Monitoring Report.

⁹ See EB156 reports on the health and care workforce.

¹⁰ United Nations General Assembly resolution 78/4 (2023).

Action by the Executive Board

22. The Board is invited to note the report and to identify opportunities to accelerate UHC. The following questions are proposed as a guide for discussion.

- How can Member States advance health systems reform through a primary healthcare approach?
- What priorities should the Secretariat support in preparation for the third high-level meeting of the United Nations General Assembly on UHC in 2027?
