

PAYING FOR UNIVERSAL HEALTH COVERAGE

The need to pool financial resources

All countries have agreed to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals. Many low- and middle-income countries therefore need to strengthen their health systems. This calls for substantial and sustained financial resources, and political commitment at national and international level.



PROBLEMS OF FRAGMENTATION & INEQUITY IN HEALTH SERVICES

No country will achieve UHC without investing public money in the health system as a whole. 'Scattered initiatives, and problems related to donor assistance for health - like volatility, fungibility, and distortion of priorities - are not bringing us closer to universal and equitable access to health services.



I don't think it's worth walking 20 miles to the health post for professional help if I don't even know whether someone is there to help, whether there are medicines, or what the costs are?



As a doctor I want to serve my people, but there are no jobs for me in the public health system. Maybe I should work for a project, a private business, or go abroad?

government official

Most of my time is spent managing funds that fill gaps in our health budget or finance other health programs. We need a proper budget to achieve UHC!

WHAT SHOULD HAPPEN? A POOL FOR A PLAN We must pool funds from domestic resources, like taxes and insurance payments, for risk sharing, cross-subsidization and to strengthen the foundations of the health system, like its workforce. It should all be part of one realistic plan, tailored to each country's checks & balances. **DOMESTIC** For many low-income countries, available domestic revenue will **RESOURCES** not be sufficient for UHC in the near future. The international community should act by adding resources to the pool and address issues in international trade, finance and taxation that limit countries' fiscal space. INTERNATIONAL **COUNTRY** COMMUNITY **Development** assistance 🚅 **NATIONAL POOL OF PUBLIC RESOURCES** for health **FOR UHC** to UHC conducive and at least \$86 per † † macroeconomic environment **EOUITABLE REDISTRIBUTION** ommodities supply chain information systems service delivery health workforce governance **PROSPECT PROSPECT PROSPECT** Sufficient investments in The health workforce reaches the There is good governance to ensure

threshold of 445 doctors, nurses and

midwives per 100,000 people. Health

workers are employed under decent

working conditions.

primary health care and outreach programmes. Essential quality health

services are accessible, and free at

point of entry.

equitable access to health: health

services are funded, managed, and

delivered to meet the needs of people

and communities.