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Implementing pro-poor universal health coverage

Universal health coverage (UHC)—the availability of quality, affordable health services for all when needed without financial impoverishment—can be a vehicle for improving equity, health outcomes, and financial wellbeing. It can also contribute to economic development. In its *Global Health 2035* report, the *Lancet* Commission on Investing in Health (CIH) set forth an ambitious investment framework for transforming global health through UHC.[1] The CIH endorsed pro-poor pathways to UHC that provide access to services and financial protection to poor people from the beginning and that include people with low income in the design and development of UHC health financing and service provision mechanisms. The CIH argued that pro-poor UHC offers the most efficient way to provide health and financial protection, and proposed pathways through which pro-poor UHC could be achieved.

Countries worldwide are embarking on health system reforms that move them closer to UHC, in many cases with a clear pro-poor focus. Along the way, there is a wealth of guidance on the technical aspects of UHC, such as designing health service packages and developing health financing systems. However, there is very little practical guidance on how to implement these policies.

Motivated by a shared interest in helping to close this gap, in July, 2015, we convened a workshop on implementation of pro-poor UHC, hosted by the CIH and held at the Rockefeller Foundation's Bellagio Center, with additional support from the US Agency for International Development's Health Finance and Governance Project. The following statement arises from deliberations at the workshop, which were informed by country experiences in implementation of UHC with pro-poor outcomes and empirical evidence.

There is strong and increasing national and global support for UHC, for which effective health system development is the key foundation. Achieving UHC means assuring that health systems make available the services—prevention, promotion, treatment, rehabilitation, and palliation—that people might need to use over their lifetimes, and that these services are also of good quality, responsive, and affordable.

WHO's 2010 World Health Report (*WHR 2010*), *Health Financing: The Path to Universal Coverage*,[2] was a landmark in the global movement towards UHC. The increasing support for UHC can be noted in the accumulation of important meetings, statements, resolutions, and publications since *WHR 2010*. Examples from the past 3 years include *Global Health 2035*;[1] a special collection of 19 papers in *PLOS Medicine* on monitoring UHC;[3] a 2014 World Health Assembly resolution on health intervention and technology assessment in support of UHC;[4] the June, 2015, publication by WHO and the World Bank of the first UHC global monitoring report, *Tracking Universal Health Coverage*;[5] and a guide for policy makers on delivering UHC, published by the World Innovation Summit for Health.[6]

All 194 WHO member countries endorsed UHC as a guiding principle in 2011 and more than 100 are actively seeking this goal. Many are also trying to ensure that they do not move backwards as a result of recent financial and economic crises. Many countries have made great progress in expanding services to reach the poor, mobilising additional domestic funding for health, reducing direct out-of-pocket payments to ensure affordability and financial protection, and using funds more efficiently to get more health for the money.

Attention has increased to varied health system developments that need to accompany health financing reforms, including service delivery models adapted to specific contexts, development and appropriate deployment of a health workforce, assurance of the availability of essential medicines, improvements in governance and transparency, including processes and methods for deciding what services and interventions to cover under UHC, and collection and reporting of crucial information for policy decisions.

Countries have many opportunities to share their experiences and lessons on the journey to UHC—through the Joint Learning Network for UHC, the International Decision Support Initiative, the P4H Leadership for UHC Programme, the ASEAN Plus Three UHC Network Programme, the Disease Control Priorities Network, other bilateral learning and sharing platforms, and through organisations such as WHO, the World Bank, and the Regional Development Banks.

Many countries, however, remain challenged by financial constraints, increasing citizen demands,

For more on the **Joint Learning Network** see http://www.jointlearningnetwork.org/

For more on the **International Decision Support Initiative** see www.idsihealth.org

For more on the **P4H Leadership for UHC Programme** see http://p4h-network.net/global/cpd/

For more on the **ASEAN Plus Three UHC Network Programme** see http://www.aseanplus3uhc.net/

For more on the **Disease Control Priorities Network at the University of Washington's Department of Global Health** see http://dcp-3.org/

political obstacles, the surge in non-communicable diseases on top of the unfinished agenda of infectious, maternal, and child deaths, and by the complexity of moving towards UHC.

Two common challenges that need concerted cross-sectoral action are how to ensure that poor and vulnerable people are protected on the path to realisation of UHC, and how to provide financial protection mechanisms to people in the informal sector. A key lesson from research evidence and country experience is that the public budget plays a crucial role in financing the poor and informal sector, whereas a payroll tax can be an important source of financing for the formal sector.

We call on national governments committed to UHC to adopt three key principles as the foundation of UHC: aim for pro-poor universalism from the start (ie, ensure that poor people are covered as the first priority on the road to covering the entire population), provide adequate financial protection, and strengthen the health service delivery system to be accessible by all, especially poor and vulnerable individuals. National governments should provide vocal political leadership to implement pro-poor policy reforms; successful reforms will result in greater use of needed services by the poor, which is the foundation for pro-poor UHC outcomes. Governments should also show political commitment by ensuring that, as the economy grows, there is a corresponding rise in domestic resources dedicated to health (with financial risk protection) and high priority health-related investments (eg, water and sanitation, education). Governments also need to ensure that the political leadership of the health sector has adequate capacity and technical skills, and to establish explicit, transparent national decision-making mechanisms and processes for deciding how best to allocate resources to UHC. Adequate resources should be directed to the development of strong health systems; in particular, functioning primary health care is a cornerstone of UHC. Governments should actively work with citizens in designing UHC and they should ensure that they are responsive to public demands through participatory multistakeholder governance. Finally, they should monitor progress towards and achievement of UHC goals, and document and publish experiences of successes and setbacks on the pro-poor path to UHC.

We also call on donors and international agencies to meet their pledges for international development assistance, particularly for low-income countries, adhere to the Busan Partnership agreement for effective development cooperation,[7] and commit to investment in the global functions of health aid.[8] This commitment should include fostering of leadership and stewardship both globally and nationally, and provision of global public goods, such as the generation and sharing of knowledge about technical aspects of UHC and the political economy of its implementation, and facilitation of cross-country exchange of experience. They should support countries to achieve UHC through health systems strengthening—eg, by helping to build national capacity in management, monitoring and assessment, information management, and evidence-based health priority setting, and through analytical and managerial training in both technical and political areas. Lastly, donors and international agencies should support monitoring of progress towards UHC in the post-2015 agenda, including coverage of key health services and financial protection.

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We declare no competing interests.

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