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Universal Health Coverage: An Annotated Bibliography



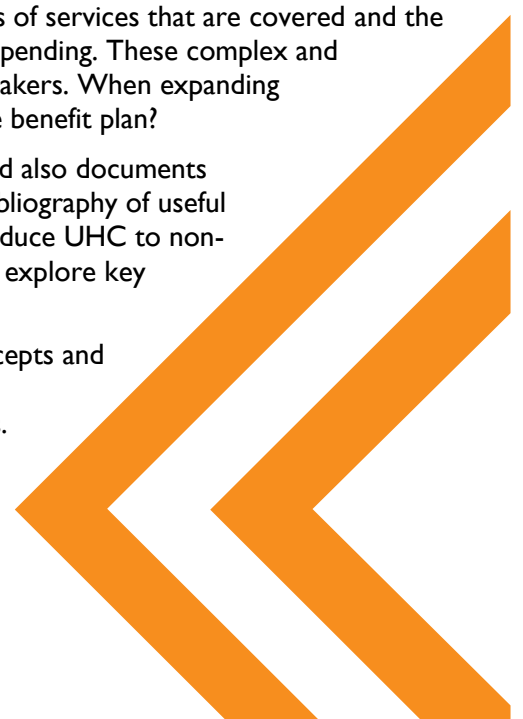
Introduction

The idea of universal health coverage (UHC) as a goal of health policy has gained wide acceptance at country and global levels. UHC is now a fixture of the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in September 2015. Under Goal 3 of the SDGs, “Ensure healthy lives and promote wellbeing for all at all ages,” Target 3.8 aims to “Achieve UHC, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” The goals of UHC are closely aligned with the USAID priorities of Ending Preventable Maternal and Child Deaths (EPCMD) and creating an AIDS-Free Generation (AFG), and USAID has supported UHC reforms in many countries.

The question on policymakers’ minds today is not *why* countries, with the support of the international development community, should work towards UHC, but rather *how* they can accelerate progress towards UHC. The main goal of UHC is that all people have access to effective and high-quality health services, without experiencing financial hardship. Strengthening country health systems to achieve this goal, however, is no easy task. As visualized in the World Health Organization’s (WHO) UHC “cube” framework, for example, making progress towards UHC is not only about expanding the number of people who have access to services, but also the types of services that are covered and the proportion of costs that are paid for by mechanisms other than out-of-pocket spending. These complex and interrelated objectives inevitably pose tradeoffs and difficult choices for policymakers. When expanding coverage, who should be covered first? What services should be included in the benefit plan?

There is growing literature that builds the evidence base in support of UHC, and also documents important policy lessons on achieving UHC. This brief presents an annotated bibliography of useful resources on UHC, targeting USAID staff. It includes high-level reports to introduce UHC to non-health systems experts, as well as references for books and journal articles that explore key policy questions in more depth.

The 26 selected resources are organized in the following sections: 1) Basic concepts and background, 2) Measurement, 3) Country examples and applications, 4) Health financing, 5) Benefit plans, 6) Other relevant topics, and 7) Additional resources. While not an exhaustive list of the topics and resources relevant to UHC, this brief aims to cover the basics and to inspire the reader to ask the right questions when exploring UHC.



UHC: Basic Concepts and Background

Arguing for Universal Health Coverage

WHO. 2013. Geneva: WHO. Available at: http://www.who.int/health_financing/UHC_ENvs_BD.PDF

This report provides a brief overview of UHC and the health, economic and political benefits of moving towards UHC. Geared toward a civil society audience, the report includes examples of how civil society organizations can help advance the UHC agenda.

The World Health Report: Health Systems Financing: The Path to Universal Health Coverage

WHO. 2010. Geneva: WHO. Available at: <http://www.who.int/whr/2010/en/>

The seminal 2010 World Health Report presents the WHO's vision of UHC through a financing lens. The report is organized around 3 central health financing themes: a) raising more money for health; b) improving financial risk pooling; and c) achieving more health for the money through improved efficiency. The executive summary provides an excellent overview of UHC and the challenges faced by today's policymakers and practitioners.

Vision for Health Systems Strengthening (HSS) 2015-2019

USAID. 2015. Washington, DC: USAID. Available at: <https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf>

USAID's Vision for HSS presents a guide for the Agency's work in health systems strengthening, which is viewed as a vehicle to create an enabling environment for UHC. As described in the Vision, HSS is a critical component of the Agency's strategy to achieve and sustain an AIDS-free generation, end preventable maternal and child deaths, and advance the Global Health Security Agenda. The vision focuses on 4 key strategic outcomes of USAID's HSS work: 1) financial protection; 2) essential services; 3) population coverage; and 4) responsiveness. The report includes examples of successful USAID HSS projects, and it presents a set of priority objectives for each health system building block to guide USAID's investment in health systems strengthening.

Going Universal: How 24 Countries Are Implementing Universal Health Coverage from the Bottom Up

Cotlear D, Nagpal S, Smith O, Tandon A, and Cortez R. 2015. Washington, DC: World Bank. Available at: <http://documents.worldbank.org/curated/en/2015/09/25018544/going-universal-24-developing-countries-implementing-universal-health-coverage-reforms-bottom-up>

"Going Universal" synthesizes the lessons learned from 24 systematic country case studies, focusing on the "how." Key topics of the report include: expanding population coverage and expanding benefits packages, financing options to improve risk pooling and reduce out of pocket spending, strengthening accountability, and improving health care provision. The appendices include detailed statistics on the UNICO countries, as well as a literature review of the impact of different programs seeking to advance UHC. Individual country case studies can be found here:

<http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series>

Global Health 2035: A World Converging within a Generation

Jamison DT, Summers LH, Alleyne G, et al. 2015. *Lancet* 382:1898–955. Available at: <http://www.thelancet.com/commissions/global-health-2035>

This report presents the case for a new investment framework to achieve impressive health gains by 2035. The report centers on 4 major themes: 1) there are enormous returns—both social and economic—on investing in health; 2) convergence is possible—we can reduce infectious, maternal and child mortality rates in developing countries to levels seen in the developed world through strategic investments; 3) fiscal policies have the potential to curb the rise of non-communicable diseases (NCDs); and 4) pro-poor strategies to achieving UHC are an efficient way to improve health and financial protection. A massive undertaking in financial and economic modelling, the report estimates that investing in health in low and middle-income countries yields returns 9-20 times greater than the costs.

Impact of Health Systems Strengthening on Health

Hatt L, Johns B, Connor C, Meline M, Kukla M, Moat K. 2015. Health Finance and Governance Project. Available at: <https://www.hfgproject.org/impact-hss-health/>

At its core, UHC is about strengthening health systems to improve access to health services, financial protection and equity. This report takes an inclusive view of health systems strengthening activities, and synthesizes the body of evidence of the impact of HSS interventions through a review of systematic reviews. Ultimately, Hatt et al. find that health systems strengthening activities can produce substantial positive effects on health status and health systems outcomes including mortality and morbidity, service utilization, financial protection, and quality.

Measurement

Monitoring Progress Towards Universal Health Coverage at Country and Global Levels: Framework, Measures, and Targets

WHO/World Bank. 2015. Geneva: WHO. Available at: http://www.who.int/healthinfo/universal_health_coverage/report/2014/en/

This report reflects efforts to build consensus around UHC indicators and presents a framework based on three dimensions of UHC: access to services, financial protection, and equity. For service coverage, the report proposes a set of tracer indicators to monitor access to priority services, such as delivery by a skilled birth attendant and immunization. Two additional indicators are proposed for financial protection: protection from catastrophic health expenditures, and protection from health impoverishment. For both access to services and financial protection, the framework proposes disaggregating all indicators by gender, place of residence and socioeconomic status to measure equity across different population groups.

Tracking Universal Health Coverage: First Global Monitoring Report

WHO/World Bank. 2015. Geneva: WHO. Available at: http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/

The First Global Monitoring Report presents the first global assessment of UHC based on the 2014

monitoring framework developed by WHO and the World Bank, and outlines 3 main challenges to monitoring UHC: 1) sourcing quality data; 2) measuring quality; and 3) measuring effective coverage to reflect actual access to services, as opposed to enrollment in a program. Despite the challenges, the report highlights that progress is measurable, and that countries are making progress. Further, the report explores additional potential tracer indicators, such as coverage of diabetes and hypertension treatment. Though indicators for noncommunicable diseases are currently not collected as widely as those indicators related to maternal and child health, it is imperative that countries begin collecting better data on NCDs, not only to improve measurement of progress towards UHC, but to better understand and help curb the steady rise in NCDs.

Assessing Latin America's Progress Toward Achieving Universal Health Coverage

Wagstaff A, Dmytraczenko T, Almeida G, Buisman G, et al. *Health Affairs* 34(10):1704-1712. Available at: <http://content.healthaffairs.org/content/34/10/1704.full.html>

This article operationalizes the measurement framework developed by the WHO and World Bank to develop an overall index of UHC achievement and assess the progress of 20 Latin American countries on the path to UHC. Latin America illustrates the challenges to measuring UHC: while all 20 countries have explicit legal frameworks guaranteeing the right to healthcare and many have achieved high levels of population coverage with financial protection schemes, many people still struggle to access needed healthcare services. This disconnect between policy and the population's actual access to services highlights the need to the importance of measure effective coverage. Using data from 112 household surveys, the authors constructed an overall index of UHC achievement, including access to priority services and financial protection. Ultimately, the results show that while Latin America has not achieved UHC, countries are making progress.

Country Examples and Practical Applications

Implementing Pro-Poor Universal Health Coverage: Lessons from country experience: Practice Brief

Global Health 2035. Available at :
<https://www.hfgproject.org/practice-brief-implementing-pro-poor-universal-health-coverage-lessons-from-country-experience/>

This practice brief summarizes key lessons from the Rockefeller Foundation’s Bellagio workshop on implementing pro-poor UHC. The event brought together 21 practitioners and academics to discuss key questions including political and public engagement, generating and using evidence, expanding UHC, promoting quality and efficiency, and fostering international collective action. In addition to the practice brief, the HFG website also links to other resources developed at the workshop, including a policy brief and longer report on implementing pro-poor UHC.

Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies

Maeda A, Araujo E, Cashin C, et al. 2015. Washington, DC : World Bank. Available at:
<http://documents.worldbank.org/curated/en/2014/06/19761878/universal-health-coverage-inclusive-sustainable-development-synthesis-11-country-case-studies>

This report synthesizes lessons learned from 11 country case studies, including experience from high-income countries such as France and Japan, as well as lower income countries like Bangladesh and Ghana. The report focuses on three themes: 1) the policy process and political economy of UHC reforms; 2) health financing; and 3) human resources for health. The political economy and policy of advancing UHC reforms has largely understudied until very recently, and the financing and HRH consideration are critical to any UHC reform.

Toward Universal Health Coverage and Equity in Latin America and the Caribbean: Evidence from Selected Countries

Dmytraczenko T, Almeida G, ed. 2015. Washington, DC: World Bank. Available at:
<https://openknowledge.worldbank.org/handle/10986/22026>

The Latin American and Caribbean region has a long tradition of innovative health reform in the pursuit of UHC, and this report offers key insights for policymakers and practitioners exploring UHC reform not only in Latin America but in other contexts as well. The report presents a thorough analysis of countries’ progress towards UHC and discusses the diverse approaches that different countries have taken to move towards UHC. Key reform themes discussed include leveraging public financing to reach the poor and the informal sector, mobilizing public financing for health, strengthening primary health care and reducing fragmentation and segmentation to address equity among different subsystems.

The Politics of Universal Health Coverage in Low- and Middle-Income Countries: A Framework for Evaluation and Action

Fox A, Reich M. 2015. *Journal of Health Politics, Policy and Law* [Epub ahead of print]. Available at:
<http://www.ncbi.nlm.nih.gov/pubmed/26195606>

This article presents a “theory-based framework for analyzing the politics of health reform for UHC.” The framework is based on four stages of the policy cycle (agenda setting, design, adoption, and implementation) and on four variables that influence the reform process (interests, institutions, ideas and ideology). Drawing from the theoretical and applied literature on policy reform, this framework helps us understand why some reforms succeed and others fail. Ultimately, the framework is useful for policymakers and practitioners, advocates and researchers in navigating the political complexities of reforming health systems to move towards universal health coverage.

Making Fair Choices on the Path to Universal Health Coverage: Final Report of the WHO Consultative Group on Equity and Universal Health Coverage

WHO. 2014. Geneva: WHO. Available at: http://apps.who.int/iris/bitstream/10665/112671/1/9789241507158_eng.pdf?ua=1

This report provides an in-depth discussion of the key issues of fairness and equity in health reforms for UHC. As policymakers grapple with how to expand priority services, include more people and reduce out-of-pocket payments, they face difficult choices. If benefit packages are to be expanded, which services should be added first? When including more people, who should be included first? When seeking to increase prepayment and pooling to reduce OOP spending, how should this be done? The choices related to these policy questions inevitably imply making tradeoffs, and this report presents a valuable discussion of their implications, including which tradeoffs are acceptable or unacceptable from an ethics perspective that prioritizes equity and fairness.

Delivering Universal Health Coverage: A Guide for Policymakers. Report of the WISH Universal Health Coverage Forum 2015

Nicholson D, Yates R, Warburton W, Fontana G. 2015. Doha: World Innovation Summit for Health. Available at: <http://wish-qatar.org/summit/2015-summit/reports-en/universal-health-coverage-en>

This report synthesizes evidence and lessons learned on achieving UHC for a policymaker and politician audience. Nicholson et al. discuss the pros and cons of different options and present brief country case studies of successful reforms. Further, the report explores key factors for the successful implementation of UHC reform, including factors such as stakeholders support, governance, and the availability of resources. Strong political commitment at the highest levels, the report argues, is the most important factor for the success of UHC reforms.

Health Financing

Health Financing for Universal Coverage and Health System Performance: Concepts and Implications for Policy

Kutzin J. 2013. *Bulletin of the World Health Organization* 91:602–611. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3738310/>

This article unpacks the definition of health financing for UHC and explains how health financing reforms can influence health system performance to contribute to the objectives of UHC. Further, Kutzin argues that “universal means universal,” that countries should use the entire population (and the health system as a whole) as the unit of analysis when designing and implementing health reforms. In addition, the article notes that “financing policy action is a necessary but not sufficient condition for progress” towards UHC. Other factors such as the availability of human resources and the organization of service delivery systems are also critically important.

Domestic Innovative Financing for Health: Learning from Country Experience

Nakhimovsky S, Langenbrunner J, White J, Vogus A, Zelelew, Avila C. 2015. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc. Available at: <https://www.hfgproject.org/domestic-innovative-financing-health-learning-country-experience/>

This report analyzes the question of how to generate additional resources for health, and synthesizes the available evidence for policymakers and practitioners grappling with the question of how to finance health reforms aiming for UHC. Rooted in country examples, the report presents a framework for analyzing innovative options for raising revenue for health based on four criteria: 1) effectiveness and sustainability; 2) governance and efficiency; 3) progressivity and fairness; and 4) macroeconomic impact. Reviewing both successes and failures, Nakhimovsky et al. discuss the tradeoffs associated with different financing options in the hopes of contributing to a productive dialogue between government, development partners, and civil society on how to finance UHC reform.

Scaling Up Affordable Health Insurance: Staying the Course

Precker AS, Lindner ME, Chernichovsky D, Schellekens OP, ed. 2013. Washington, DC: World Bank. Available at: <https://openknowledge.worldbank.org/handle/10986/13836>

Expanding health insurance is one common approach to improve financial protection and move towards UHC; this volume provides a comprehensive look at how countries can scale up health insurance. Recognizing that there is a debate about the role of public and private insurers, the authors point to existing evidence showing that “when properly designed and coupled with public subsidies, health insurance can contribute to the well-being of the poor and middle-class households, not just the rich.” Drawing from examples in numerous countries, the book discusses the preconditions that enable scaling up as well as the implementation challenges that arise.

Performance-Based Financing Toolkit

Fritsche GB, Soeters R, Meessen B. Washington, DC: World Bank. Available at: <https://openknowledge.worldbank.org/handle/10986/6002>

“What is performance-based financing (PBF)? Why is this used to finance health services in lower- and lower-middle-income countries? If practitioners want to introduce PBF in their country, how shall they do it?” These are the questions Fritsche et al. set out to answer in this comprehensive toolkit that synthesizes the World Bank’s experience with PBF programs. The toolkit defines PBF as “supply-side incentives predominantly for quantity of services conditional on quality,” and situates PBF within the broader universe of results-based financing programs (RBF). Different strategies that attempt to improve health system performance through financial incentives and conditionalities are a common element of health reform in many countries; for those countries whose UHC reforms involve PBF, this toolkit may be useful.

Benefit Plans

Using Evidence to Design Health Benefit Plans for Stronger Health Systems: Lessons from 25 Countries

Nakhimovsky S, Peterson L, Holtz J, Connor C, Mehtsun S, Folsom A, Hatt L. 2015. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc. Available at: <https://www.hfgproject.org/using-evidence-health-benefit-plans/>

Health Benefit Plans (HBPs) are a cornerstone of UHC initiatives in many developing countries seeking to set explicit priorities for government-funded health services. Drawing from lessons from 25 countries, Nakhimovsky et al. examine the role of evidence in the design of HBPs. The report explores how HBPs contribute to key objectives of UHC such as equity and financial protection, as well as how countries have achieved financial and political sustainability of their benefit plans. Program adaptation to new technologies, changing population health needs, and shifting political dynamics, for example, is critical to achieving sustainability. Ultimately, based on these lessons, the report presents a series of actionable items for stakeholders seeking to maximize the role of evidence in the design of health benefit plans.

Health Benefit Plans in Latin America: A Regional Comparison

Giedion U, Bitrán R, Tristao I, ed. 2014. Washington, DC: InterAmerican Development Bank. Available at: <https://publications.iadb.org/handle/11319/6484?locale-attribute=en>

This book’s case studies document seven Latin American countries’ experience with Health Benefit Plans. All countries, rich or poor, face difficult questions on the path to UHC; what health services should be covered first, and how are policy decisions regarding health service coverage operationalized? This book is meant as a guide for policymakers and practitioners seeking to provide the best care, to the most people, within a context of limited resources. The introductory chapter provides an excellent overview of the rationale for adopting explicit benefit packages, and the case studies explore the rationale and priority-setting methods that led to the adoption of an HBP in each country. Further, the case studies also address the institutional arrangements and reforms that enabled

each country to finance, implement and adapt the health benefits plans to evolving circumstances.

Other Relevant Documents

The World Health Report: Primary Health Care: Now More than Ever

WHO. 2008. Geneva: WHO. Available at: <http://www.who.int/whr/2008/en/>

Strengthening primary health care (PHC) is an essential piece of the puzzle to move towards UHC, and this report revisits the values and principles of PHC as envisioned in the 1978 Alma Ata Declaration on Primary Health Care. UHC requires implementing policy reforms to ensure that everybody has access to quality and affordable health services. This report serves as a reminder to “put people first.” Chapter 3, for example, presents an overview of the essential features of PHC: “person-centeredness, comprehensiveness and integration, and continuity of care, with a regular point of entry into the health system.” Further, the report discusses the organization of primary care networks, such as the role of primary care teams as a hub of coordinating care, as well as key considerations to aligning priority health policies and programs with PHC.

Human Resources for Health and Universal Coverage: Fostering Equity and Effective Coverage

Campbell J, Buchan J, Cometto G, et al. 2013. *Bulletin of the World Health Organization* 91:853–863. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853950/pdf/BLT.13.118729.pdf>

There is no doubt that human resources for health play a central role in accelerating progress towards UHC; no health system can function without a skilled and motivated health workforce. Using an analytical framework adapted from the WHO’s “cube” framework for UHC, the authors explore lessons learned from HRH policy in Brazil, Ghana, Mexico and Thailand. For each country, Campbell et al. analyze the four dimensions of the health workforce—availability, accessibility, acceptability, and quality (AAAQ)—that lead to effective coverage and enable progress towards UHC.

Universal Health Coverage: An Annotated Bibliography & Annotated Bibliography 2.0

Global Health Programme/Rabin Martin. 2015. Available at: <http://rabinmartin.com/our-insights/reports/>

These annotated bibliographies present a more comprehensive review of the UHC literature.



About HFG:

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions

of their health systems, expanding access to life-saving health services. The HFG project is a five-year (2012-2017), \$209 million global health project. The project builds on the achievements of the Health Systems 20/20 project. To learn more, please visit www.hfgproject.org.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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The authors' views expressed here do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

Additional Resources

USAID Health Systems Strengthening

<https://www.usaid.gov/what-we-do/global-health/health-systems>

United Nations Sustainable Development Goals

<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

WHO Universal Health Coverage

http://www.who.int/universal_health_coverage/en/

World Bank Universal Health Coverage

<http://www.worldbank.org/en/topic/universalhealthcoverage>

Joint Learning Network

<http://www.jointlearningnetwork.org/>

Health Systems Hub

<http://healthsystemshub.org/>

Universal Health Coverage Day

<http://universalhealthcoverageday.org/welcome/>

Global Health 2035

<http://globalhealth2035.org/>

Global Health Workforce Alliance

<http://www.who.int/workforcealliance/en/>

World Bank Health Results Innovation Trust Fund

<https://www.rbfhealth.org/>

Primary Health Care Performance Initiative

<http://phcperformanceinitiative.org/>

World Bank UNICO Studies

<https://openknowledge.worldbank.org/handle/10986/13083>

Center for Health Market Innovations

<http://healthmarketinnovations.org/>