The present report is submitted in accordance with the political declaration of the high-level meeting on universal health coverage, held on 23 September 2019 (General Assembly resolution 74/2). In the political declaration, Member States requested the Secretary-General to provide, during the seventy-seventh session of the General Assembly and in consultation with the World Health Organization and other relevant agencies, a report including recommendations on the implementation of the political declaration towards achieving universal health coverage, which would serve to inform the high-level meeting to be convened in 2023.

The present report provides an update on progress made with regard to universal health coverage, as well as other health-related Sustainable Development Goals. Priorities for action by governments and all relevant stakeholders towards the progressive realization of universal health coverage and health for all are also identified in the report.

* The present report was submitted late in order to reflect the most recent information.
I. Introduction

1. In September 2023, which marks the halfway point of the implementation of the 2030 Agenda for Sustainable Development, the General Assembly will convene a series of high-level meetings to review progress on the Sustainable Development Goals since 2015 and identify priority actions for 2023 onward to ensure the fulfilment of the 2030 Agenda. Three of the high-level meetings will focus on the progress made on Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The three meetings will cover universal health coverage, tuberculosis, and pandemic prevention, preparedness and response. Progress on the health-related Goals, including financing for development and job creation in the health and care economy, will also be discussed in other high-level events and meetings. Other key events are the Sustainable Development Goals Summit in 2023 and the Summit of the Future, to be held in 2024.

2. Preparations for these high-level meetings come at a time when the world has endured almost three years of the coronavirus disease (COVID-19) pandemic and concurrently faces crises caused by climate change and natural disasters, conflicts, profound economic recession, rising inflation, public and private debt and growing energy and cost-of-living challenges, all of which have a direct bearing on the health and well-being of the world’s 8 billion people.

3. Urgent action is needed. Strengthening health systems to deliver essential services has been central to the recovery of countries from previous conflicts and crises, supported by development assistance where required. Evidence-informed approaches and tools are available to help all countries cope with challenges and get back on track towards the progressive realization of universal health coverage, the Sustainable Development Goals and health for all.

4. The present report therefore aims to inform Member States about progress towards universal health coverage based on the latest available data; evidence-based priorities for action, including orienting health systems towards primary health care; and the opportunity afforded by the seventy-fifth anniversary of the World Health Organization (WHO) in 2023 to inspire and catalyse additional multisectoral and multilateral actions by governments and all relevant stakeholders towards the progressive realization of universal health coverage and health for all.

II. Progress towards universal health coverage

5. A key target of Sustainable Development Goal 3 (target 3.8) is to achieve universal health coverage. Progress towards universal health coverage is tracked by two indicators: indicator 3.8.1, which measures coverage of essential health services, and indicator 3.8.2, which measures catastrophic out-of-pocket health spending as an indicator of financial protection against the cost of health services.

6. Global monitoring reports on universal health coverage are produced by WHO and the World Bank Group every two years. While the universal health coverage service coverage index (indicator 3.8.1) increased from 45 to 67 between 2000 and 2019, the rate of recent progress has slowed compared with pre-2015 gains.\(^1\) The largest gains between 2000 and 2019 occurred in the South-East Asia and Western Pacific regions. The trend regarding financial hardship over the same period has been negative, with the incidence of catastrophic out-of-pocket spending on health (indicator 3.8.2) increasing continuously between 2000 and 2017.

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impoverished or further impoverished by out-of-pocket health spending, the total number facing financial hardship was estimated to be between 1.4 billion and 1.9 billion people in 2017.²

7. Averages of global, regional and national progress on universal health coverage often mask inequalities. For example, service coverage for reproductive, maternal, child and adolescent health tends to be higher among people who are richer, more educated and living in urban areas. People living in poorer households and with family members aged 60 and older are more likely to incur catastrophic and impoverishing health spending. Financial barriers to accessing essential services lead to forgone health care. The number of people facing financial and other types of barriers is currently not captured explicitly in the service coverage index (indicator 3.8.1) and is not captured at all in the incidence of catastrophic health spending (indicator 3.8.2). The United Nations is in the initial stages of the 2025 comprehensive review of the global indicator framework for the Goals and targets of the 2030 Agenda, and indicator 3.8.1 will be reviewed and revised in its entirety by 2025.

8. Annual reviews of the state of commitment to universal health coverage conducted by the International Health Partnership for UHC2030 show that, following the 2019 high-level meeting on universal health coverage, country commitments to universal health coverage per year almost doubled between 2019 and 2021.³ However, in 2022, this positive trend stagnated and even reversed in some countries. The majority of countries recognize and reflect universal health coverage as a goal in laws and national plans; however, the lack of specific operational steps and inadequate public financing for health are pushing progress towards the targets for Goal 3 further off track. Moreover, the commitments of countries do not address all three dimensions of universal health coverage, namely service coverage, population coverage and financial protection. Most commitments are focused on service coverage (44 per cent) and population coverage (43 per cent), while commitments and clear targets concerning the financial protection dimension are generally lacking (13 per cent). There is systematic underprioritization of, and underinvestment in, reducing financial barriers to health care. Countries continue to rely on fragmented disease- and service-specific programmes and interventions instead of operationalizing comprehensive commitments to universal health coverage delivered through one national policy and an integrated national health system.⁴

9. During the height of the COVID-19 pandemic, Member States reported extensive disruptions to essential health services. In total, 92 per cent of Member States experienced disruptions, and on average these disruptions affected almost half (45 per cent) of the 66 essential services being monitored.⁵ Disruptions to routine immunization services are of increasing concern; 25 million children under the age of 5 years missed out on routine immunization in 2021 alone. Potentially life-saving emergency, critical and operative care interventions also showed increased service disruptions during the pandemic, with 37 per cent of countries reporting disruptions to ambulance services, 33 per cent to 24-hour emergency room services and 24 per cent to emergency surgeries. Inequities in access to COVID-19 vaccines are stark, with 22 per cent of the population fully vaccinated in lower-income countries compared with 75 per cent in high-income countries as at 19 December 2022.

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² Ibid. 2023 data updates on universal health coverage progress will be made available at the WHO Global Health Observatory and the SDG Global Database.
³ UHC2030, “State of UHC commitment review: key findings”.
⁴ Ibid.
10. The COVID-19 pandemic took a significant toll on progress across all the Sustainable Development Goals. For the first time in a generation, extreme poverty increased, with an estimated 75 million to 95 million more people living in extreme poverty, compared with pre-pandemic projections. Income inequality and the cost of living have also risen. As a result of the pandemic, millions of children missed out on schooling and over 100 million more children and young people fell below the minimum levels of proficiency in reading. Women and girls were disproportionately affected owing to lost jobs, increased unpaid care work, and domestic violence. The United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) stated that, before the pandemic, 243 million women and girls had experienced physical and/or sexual violence by an intimate partner in the 12 months prior to April 2020 and that gender-based violence, the “shadow pandemic”, had intensified further since the outbreak of COVID-19.

11. Inequalities across and within countries continue to be pervasive and can be countered only through global solidarity and concerted action.

12. International Universal Health Coverage Day, on 12 December, serves as an annual opportunity to increase global awareness, international solidarity and international cooperation and action towards the achievement of universal health coverage. The themes of the International Day were “Keep the promise” in 2019, “Health for all: protect everyone” in 2020, “Leave no one’s health behind: invest in health systems for all” in 2021 and “Build the world we want: a healthy future for all” in 2022. A multi-stakeholder coordination group, hosted by the International Health Partnership for UHC2030, manages the campaign, including driving momentum and mobilizing partners in advance of 12 December. In 2022, the campaign reached over 100 million users on social media, led to over 10,000 visitors visiting the campaign microsite (uhcday.org) and saw 111 activities, by over 40 countries, take place to mark the International Day.

13. The Universal Health Coverage Movement Political Advisory Panel, including seven eminent universal health coverage political champions, has actively engaged with political leaders to sustain and further strengthen the political momentum for universal health coverage. The Panel members advised political leaders and senior officials on opportunities to further use political processes to sustain high-level momentum for universal health coverage and how multi-stakeholder partnerships can follow up on the political declaration of the high-level meeting on universal health coverage.

14. Recognizing the need for greater collaboration and harmonization across health stakeholders and programmes, the Coalition of Partnerships for Universal Health Coverage and Global Health was established in 2021 to unite health leaders and advocates behind a common goal to align advocacy and accountability efforts to achieve universal health coverage and advance achievement of the Sustainable Development Goals. The Coalition brings together a wide range of issues under the umbrella of universal health coverage, including tuberculosis, malaria, HIV, non-communicable diseases, antimicrobial resistance, health security and maternal, newborn, child and adolescent health.

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III. Progress on other health-related Sustainable Development Goals

15. Trends of insufficient progress and inequities were observed for both Goal 3 and other targets supported by universal health coverage. These trends include those for maternal, newborn and child health; communicable diseases, including HIV, malaria, tuberculosis and neglected tropical diseases; non-communicable diseases, including heart diseases, diabetes, cancer and chronic respiratory diseases and their risk factors; mental health; substance use disorders; road traffic injuries; sexual and reproductive health and gender equality; and social and environmental determinants of health. Examples of these trends include:

- Target 3.1, of reducing the global maternal mortality ratio to 70 deaths per 100,000 live births, remains distant, with a current global ratio of 211;\(^9\)
- The global under-5 mortality rate was 37 per 1,000 live births for 2020 – far greater than target 3.2 of at least as low as 25 under-5 deaths per 1,000 live births. More than 5 million children died before reaching the age of 5 years in 2020;\(^10\)
- Progress is lagging on targets for communicable diseases. Malaria cases and deaths increased in 2020, in contrast to the target under the WHO global technical strategy for malaria 2016–2030 of reducing cases and deaths by 90 per cent by 2030. Africa accounts for 95 per cent of malaria cases and 96 per cent of malaria deaths. The incidence of HIV infections declined by only 39 per cent between 2010 and 2020 (see E/2022/55), against a target of 75 per cent. Tuberculosis deaths decreased by 5.9 per cent between 2015 and 2021, far less than the 75 per cent reduction envisioned by 2025. In 2021, both tuberculosis incidence and mortality increased, reversing years of progress, owing to disruptions caused by the COVID-19 pandemic;\(^11\)
- The number of people treated for at least one neglected tropical disease decreased by 35 per cent in 2020 compared with 2019 (from 1,207 million to 798 million) and then increased by 11 per cent to 888 million in 2021;\(^12\)
- Globally, non-communicable diseases led to 74 per cent of all deaths in 2019. Indicator 3.4.1 to reduce premature mortality due to non-communicable diseases declined from 22.9 per cent in 2000 to 17.8 per cent in 2019, but the rate of decline is insufficient to meet the target of a one third reduction from 2015 values;\(^13\)
- Achieving mental health indicator 3.4.2 to reduce deaths by suicide by one third by 2030\(^14\) will be challenging;
- More than 8 million deaths a year are linked to substance use and tobacco use (target 3.5), with 80 per cent of deaths in low- and middle-income countries;\(^15\)

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\(^10\) See [www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)](www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)).
\(^12\) See [E/2022/55](E/2022/55) and WHO, Global Tuberculosis Report 2022 (Geneva, 2022).
\(^16\) See [www.who.int/news-room/fact-sheets/detail/tobacco](www.who.int/news-room/fact-sheets/detail/tobacco).
IV. Priority areas for action

A. More and better investment in one national plan with government financing for universal health coverage

16. The 2022 WHO global health expenditure report re-emphasizes that government financing is paramount to accelerate progress towards universal health coverage. The latest data available show that higher government spending is associated with lower reliance on out-of-pocket expenditures. There is wide variation between countries at the same level of public financing in the extent to which they rely on people’s direct contributions through out-of-pocket payments to fund the health system. Out-of-pocket payments depend on people’s own ability to find the means to pay for the health care they need. Lacking this ability, they may forgo care, which can lead to a continuing cycle of poor health and more out-of-pocket spending. This situation underscores the importance of national plans, priorities and policies focused on the progressive realization of universal health coverage.

17. In low-income countries, external aid accounts for, on average, 29 per cent of health spending. This proportion is higher than government spending on health from domestic sources, which is on average about 26 per cent of health spending, while
out-of-pocket spending constitutes a higher share, accounting for about 40 per cent and leading to high levels of financial hardship.

18. When public resources are limited, it is critical to deploy an inclusive, evidence-based process to define a nationally prioritized and costed package of health services with adequate government funding to ensure financial protection. Where fiscal space does not allow for full population coverage, coverage should be prioritized for populations in the most vulnerable situations, those experiencing greatest financial hardship and underrecognized and underserved populations, including refugees and migrants. Prioritization must also be age- and gender-responsive, deliberately improving access for women and girls.

19. WHO has a range of tools to support all countries in monitoring and accelerating progress towards universal health coverage. These include the Global Health Expenditure Database, which monitors financial inputs to national health systems and tracks time trends of country health spending, and the health financing progress matrix, which identifies country-specific recommendations on the policy shifts required to accelerate progress towards universal health coverage. To support countries in developing evidence-based national plans and packages for universal health coverage, WHO and its partners are developing an integrated health tool that will include the UHC Service Package Delivery and Implementation Tool and the OneHealth Tool for national strategic health planning and costing.

B. Unified national health system oriented to primary health care as a foundation for universal health coverage, health security and better health

20. Each country has a national health system, and WHO recommends orienting this health system to primary health care. This enables universal access to the full range of integrated quality services and products that people need for health and well-being throughout life and facilitates people’s active participation in decisions that affect their health and well-being. Primary health care, through essential public health functions, provides an important link to health security measures and, through multisectoral action, supports addressing the determinants of better health.

21. Ninety per cent of essential interventions for universal health coverage can be delivered using a primary health-care approach across all levels of the health system. There are significant efficiency gains from integrated service delivery. It has been estimated that 75 per cent of the projected health gains from the Sustainable Development Goals could be achieved through primary health care.25

22. Inequitable access to medical products hinders progress towards universal health coverage. Universal health coverage based on primary health care could be significantly scaled up to reduce the burden of non-communicable diseases. In 2017, an estimated 9 million people living with type 1 diabetes relied on lifelong treatment with insulin for survival. Among people living with type 2 diabetes, an estimated 63 million people need insulin as part of their treatment, but only about half receive it.26 Only 36 per cent of the 826 million people in need of spectacles to correct their distance vision impairment have access to them, and nearly half of the estimated 1.28 billion people with hypertension are unaware of their condition, even though blood pressure monitors are available for individual and home use. Emphasizing the


dangers of inequalities, the theme of the World AIDS Day 2022 campaign was “Equalize”. This theme was used to call upon global leaders and citizens to equalize access to essential HIV/AIDS services, particularly for children and key populations, in order to end AIDS as a public health threat.

23. In almost all countries, health and care information, goods and services are provided by the public and private sectors and non-governmental organizations, including charitable and faith-based institutions. All these types of providers have an important role to play in the progressive realization of universal health coverage and related goals, such as Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and Goal 9 (Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation). Country policy and regulatory frameworks should optimize arrangements with non-State actors in alignment with each country’s national health plan and health system and the universal health coverage principles of ensuring equity and quality.

24. Integrating appropriate, safe and evidence-based traditional and complementary medicine is another potential area to expand services for health and well-being, including through primary health care, as noted in the 2019 political declaration on universal health coverage. WHO, with the WHO Global Centre for Traditional Medicine, is expanding the organization’s capacities to support Member States with evidence- and data-based strategies in this regard.

25. Institutionalizing mechanisms for social participation empowers people, communities and civil society to systematically inform decisions that affect public health, so that policies, programmes and plans better respond to their needs. This is a core component of a primary health care approach which fosters trust and improves health system accountability and resilience. Lessons and innovations from the COVID-19 pandemic are providing opportunities to scale up primary health-care approaches, for example the use of digital health technologies and the promotion of public health literacy, self-testing and use of community-based services. WHO has a range of digital health information resources that countries can adapt to provide people with reliable information to promote and protect their health and well-being, including a digital resource specifically for the public.  

26. Scaling up and sustaining essential public health functions are vital to the recovery and resilience of national health systems for universal health coverage and health security. While some of these functions extend beyond the health sector, primary health care explicitly comprises multisectoral action and provides an integrative link. For example, protecting populations against health threats, including environmental hazards, is a critical public health function. WHO leads the Alliance on Transformative Action on Climate and Health, which aims to support countries in building climate-resilient and sustainable health systems.

27. Encouragingly, these priority actions are being reflected in policy in national and regional forums, including recent discussions and resolutions of the WHO regional committees. Policy implementation, accompanied by sustainable financing for universal health coverage and primary health care, will result in measurable health improvements in countries and achievement for all health-related Goals.

27 See www.who.int/tools/your-life-your-health.
29 See for example WHO, Progress report on the implementation of the framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African region, document AFR/RC71/INF.DOC/6.
28. The WHO cross-cutting special programme for primary health care is scaling up its capacities to provide country-specific support on reorienting health systems to primary health care as a foundation for universal health coverage and health security. Through this primary health care platform, cross-programmatic and partnership support to countries will be intensified in an integrated way. WHO also collaborates on many universal health coverage and health-related initiatives with regional and global partners, including through the Global Action Plan for Healthy Lives and Well-being for All, the Universal Health Coverage Partnership and the International Health Partnership for UHC2030.

C. Leaving no one behind, informed by equity-oriented research and data

29. To support the recovery of Member States from the pandemic and the progressive realization of universal health coverage, there is an urgent need to improve national data infrastructure, basic data collection and production of statistics in line with international standards, and research to inform actions and monitor progress.

30. After being central to the COVID-19 pandemic response, research and innovation have a continued role to play in advancing science and technology and facilitating equitable access to their benefits. There is also an urgent need for implementation research on health systems and policy measures to support the progressive realization of universal health coverage based on primary health care.

31. Civil registration and collection of vital statistics need to be improved to allow better tracking of access to universal health coverage across the life course. Globally, 25 per cent of births and 30 per cent of deaths are not registered.

32. Even though equity is hardwired into the definition of universal health coverage, disaggregated data are required for all components of the universal health coverage index. Only 50 per cent of countries, however, have disaggregated data in their health statistics reports. National and subnational data are essential to identify and address barriers to health equity due to unfair, avoidable or remediable differences among population groups, defined by social, economic, demographic or geographical characteristics (including Indigenous Peoples and refugee and migrant populations displaced by conflict and economic and environmental crises).

33. Measurement also needs to be improved with regard to the capacity of health systems, including health workforce density and the distribution and types of health expenditure, particularly for primary health care. This measurement should include monitoring of financial hardship, quality of care and forgone care.

34. WHO has tools to support all countries in tracking progress towards universal health coverage. These tools include the WHO and World Bank Group global monitoring reports on universal health coverage, the WHO Global Health Observatory and the Health Inequality Monitor, the primary health care monitoring and evaluation framework, the SCORE for Health Data Technical Package, the International Health Partnership for UHC2030 annual review of the state of commitment to universal health coverage around the world and the Innov8 approach for reviewing national health programmes to leave no one behind.  

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D. Opportunities for multisectoral and multilateral action by all relevant stakeholders

35. The seventy-fifth anniversary of WHO in 2023, with the theme “Health for all”, offers an opportunity to inspire and catalyse multisectoral and multilateral action by governments and all relevant stakeholders between 2023 and 2030, the second half of the timeline for achieving universal health coverage targets and the health-related Sustainable Development Goals.

36. The Constitution of WHO stipulates that governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures. The experiences from the COVID-19 pandemic and Ebola outbreaks, conflicts and disasters in recent years have demonstrated that this provision requires multisectoral, whole-of-government action and not only the leadership of ministries of health. This demands that governments, citizens, the private sector, civil society, United Nations entities and all relevant stakeholders collaborate actively in leaving no one behind.

37. The International Health Partnership for UHC2030 supported an inclusive multi-stakeholder consultation on action-oriented policy recommendations that country leaders should implement to strengthen resilient and equitable health systems, advance universal health coverage and health security, and deliver health for all by 2030. The multi-stakeholder action agenda covers the following eight areas, which are well aligned with the evidence-based priority actions in the present report: 31

- Champion political leadership for universal health coverage
- Leave no one behind
- Adopt enabling laws and regulations
- Strengthen the health and care workforce to deliver quality health care
- Invest more, invest better
- Move together towards universal health coverage
- Guarantee gender equality
- Connect universal health coverage and health security

38. The high-level meeting on universal health coverage in September 2023 will be an opportunity to think beyond the existing situation and strengthen health systems for the future. This will be critical for building resilience to global shocks and ensuring that we are prepared for current and future pandemics and other crises, including climate change.

E. Tracking progress and accountabilities, with a focus on those left behind

39. The 2019 political declaration set global universal health coverage targets. In the political declaration, Member States also agreed to set measurable national targets and strengthen national monitoring and evaluation platforms to support regular tracking of the progress made towards the achievement of universal health coverage by 2030. A range of tools are available to support monitoring and accountability efforts for universal health coverage, including:

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31 UHC2030, “From commitment to action: action agenda on universal health coverage from the UHC movement”.
United Nations progress reports, such as the progress report of the Secretary-General on universal health coverage, the annual Sustainable Development Goals reports, the Global Action Plan for Healthy Lives and Well-being for All progress reports, the report of the Special Rapporteur on the right to health and the report of the Secretary-General on global health and foreign policy;

WHO and World Bank global monitoring reports on universal health coverage, including country-level data on the universal health coverage service coverage index and financial protection. There are also other WHO tools, such as the global health expenditure reports, the country universal health coverage dashboards and the Health Inequality Monitor, and other tracking instruments, such as the health financing progress matrix and the cross-programmatic efficiency analysis;

International Health Partnership for UHC2030 multi-stakeholder reviews on actions that governments can take to fulfil their commitments towards universal health coverage, including synthesis reports and country-specific profiles on the state of universal health coverage commitment;

Other reviews led by countries and regional groups, such as the high-level political forum voluntary national reviews, regional in-depth reports on universal health coverage and other health-related Sustainable Development Goals, and the universal health and preparedness review.

Ultimately, the collective accountability for commitments towards universal health coverage and health for all is to people, particularly to those being left behind. Individuals and communities can raise their voices to demand universal access to high-quality health services, products and information without financial hardship; to be well informed and participate actively in decisions that affect their health and well-being; and, as rights holders, to demand the accountability of governments and partners towards the progressive realization of universal health coverage and health for all.

V. Recommendations

The following are recommendations for Member States in their preparation for the 2023 high-level meetings of the General Assembly and for the achievement of the 2030 Agenda:

(a) Support whole-of-society efforts to develop a coherent health and sustainable development narrative and align collective action at the halfway point of the 2030 Agenda to secure new actions and investments by national, regional and global actors towards achieving universal health coverage targets, health security, and the Sustainable Development Goals;

(b) Engage with global health initiatives, the World Bank, the International Monetary Fund and regional economic bodies and institutions to encourage long-term, sustainable investment in universal health coverage and health security and to explore mechanisms to assist with promoting government spending on education, health and social protection;

(c) Convene multisectoral and multi-stakeholder consultations to engage governments, the private sector, civil society, United Nations entities and other partners to review progress towards universal health coverage and related issues concerning health security and the health-related Goals and to prioritize actions and investments for 2023 to 2030 in support of Member State priorities and national health plans. These consultations should be supported by partners in
the Global Action Plan for Healthy Lives and Well-being for All, the Universal Health Coverage Partnership, the International Health Partnership for UHC2030 and its Coalition of Partnerships for Universal Health Coverage and Global Health, and other major development partners at the global, regional and country levels;

(d) Align the work of the General Assembly, the World Health Assembly and others on health-related matters in the second half of the timeline for reaching the Sustainable Development Goals, for example with a mechanism for a comprehensive biennial health review, with in-depth focus on specific health topics as required.